



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

Catholic Ladies of Columbia

NAIC Group Code.....0000, 0000	NAIC Company Code..... 56316	Employer's ID Number..... 31-4144574
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... March 12, 1897	Commenced Business..... March 12, 1897	
Statutory Home Office	700 Taylor Road, Suite 280..... Gahanna OH 43230	
	(Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	700 Taylor Road, Suite 280..... Gahanna OH 43230	800-845-0494
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Mail Address	700 Taylor Road, Suite 280..... Gahanna OH 43230	
	(Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	700 Taylor Road, Suite 280..... Gahanna OH 43230	800-845-0494
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.TheCLC.org	
Statutory Statement Contact	SHARON CALVELAGE	800-845-0494-
	(Name)	(Area Code) (Telephone Number) (Extension)
	sharoncalvelage@yahoo.com	614-944-4748
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. SHARON CALVELAGE	PRESIDENT	2. FAIRY WAGNER	SECRETARY
3. LONI A. PERKINS	VICE PRESIDENT OF OPERATIONS	4.	

OTHER

DEBORAH EVERS VICE PRESIDENT

DIRECTORS OR TRUSTEES

SHARON A. CALVELAGE	DEBORAH EVERS	FAIRY WAGNER	HARRIET AMENDOLA
IRENE BORROR	HELEN RALL	ALICE TEYNOR	

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. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature) SHARON CALVELAGE	(Signature) FAIRY WAGNER	(Signature) LONI A. PERKINS
1. (Printed Name) PRESIDENT	2. (Printed Name) SECRETARY	3. (Printed Name) VICE PRESIDENT OF OPERATIONS
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of _____ 2012	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____



LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1
		Life and Annuities
1.	Life insurance.....	270,835
2.	Annuity considerations.....	3,971,597
3.	Deposit-type contract funds.....	
4.	Other considerations.....	
5.	Total (Lines 1 to 4).....	4,242,432
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1	Paid in cash or left on deposit.....	
6.2	Applied to pay renewal premiums.....	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4	Other.....	
6.5	Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:		
7.1	Paid in cash or left on deposit.....	
7.2	Applied to provide paid-up annuities.....	
7.3	Other.....	
7.4	Total (Sum of Lines 7.1 to 7.3).....	0
8.	Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID		
9.	Death benefits.....	294,054
10.	Matured endowments.....	1,768
11.	Annuity benefits.....	1,972,196
12.	Surrender values. and withdrawals for life contracts.....	97,072
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14.	All other benefits, except accident & health.....	
15.	Total.....	2,365,089

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1	2
		Number of Certificates	Amount
16.	Unpaid December 31, prior year.....	8	6,919
17.	Incurred during current year.....	144	297,711
Settled during current year:			
18.1	By payment in full.....	145	295,484
18.2	By payment on compromised claims.....		
18.3	Total paid.....	145	295,484
18.4	Reduction by compromise.....		
18.5	Amount rejected.....		
18.6	Total settlements.....	145	295,484
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	9,146
POLICY EXHIBIT			
20.	In force December 31, prior year.....	8,486	54,895,995
21.	Issued during year.....	149	2,957,100
22.	Other changes to in force (net).....	(431)	(4,258,391)
23.	In force December 31, current year.....	8,204	53,594,704

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		94
2. Annuity considerations.....		10,000
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		10,094
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		2,631
10. Matured endowments.....		
11. Annuity benefits.....		70,571
12. Surrender values. and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		73,202

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	2		2,631
Settled during current year:			
18.1 By payment in full.....	2		2,631
18.2 By payment on compromised claims.....			
18.3 Total paid.....	2		2,631
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	2		2,631
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	78		233,413
21. Issued during year.....			
22. Other changes to in force (net).....	(2)		(2,631)
23. In force December 31, current year.....	76		230,782

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		277
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		277
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		2,749
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values. and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,749

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		2	2,411
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....		2	2,411
18.2 By payment on compromised claims.....			
18.3 Total paid.....		2	2,411
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		2	2,411
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....		104	453,048
21. Issued during year.....			
22. Other changes to in force (net).....		(4)	(8,518)
23. In force December 31, current year.....		100	444,530

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1
		Life and Annuities
1.	Life insurance.....	514
2.	Annuity considerations.....	100,169
3.	Deposit-type contract funds.....	
4.	Other considerations.....	
5.	Total (Lines 1 to 4).....	100,683
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1	Paid in cash or left on deposit.....	
6.2	Applied to pay renewal premiums.....	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4	Other.....	
6.5	Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:		
7.1	Paid in cash or left on deposit.....	
7.2	Applied to provide paid-up annuities.....	
7.3	Other.....	
7.4	Total (Sum of Lines 7.1 to 7.3).....	0
8.	Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID		
9.	Death benefits.....	579
10.	Matured endowments.....	
11.	Annuity benefits.....	38,215
12.	Surrender values. and withdrawals for life contracts.....	2,043
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14.	All other benefits, except accident & health.....	
15.	Total.....	40,837

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1	2
		Number of Certificates	Amount
16.	Unpaid December 31, prior year.....		
17.	Incurred during current year.....	1	579
Settled during current year:			
18.1	By payment in full.....	1	579
18.2	By payment on compromised claims.....		
18.3	Total paid.....	1	579
18.4	Reduction by compromise.....		
18.5	Amount rejected.....		
18.6	Total settlements.....	1	579
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT			
20.	In force December 31, prior year.....	21	366,303
21.	Issued during year.....	1	1,439
22.	Other changes to in force (net).....	(4)	(128,740)
23.	In force December 31, current year.....	18	239,002

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	0	0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0000

NAIC Society Code.....56316

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1
		Life and Annuities
1.	Life insurance.....	269,950
2.	Annuity considerations.....	3,861,429
3.	Deposit-type contract funds.....	
4.	Other considerations.....	
5.	Total (Lines 1 to 4).....	4,131,379
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1	Paid in cash or left on deposit.....	
6.2	Applied to pay renewal premiums.....	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4	Other.....	
6.5	Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:		
7.1	Paid in cash or left on deposit.....	
7.2	Applied to provide paid-up annuities.....	
7.3	Other.....	
7.4	Total (Sum of Lines 7.1 to 7.3).....	0
8.	Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID		
9.	Death benefits.....	288,095
10.	Matured endowments.....	1,768
11.	Annuity benefits.....	1,863,410
12.	Surrender values. and withdrawals for life contracts.....	95,028
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14.	All other benefits, except accident & health.....	
15.	Total.....	2,248,301

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1	2
		Number of Certificates	Amount
16.	Unpaid December 31, prior year.....	6	4,508
17.	Incurred during current year.....	141	294,501
Settled during current year:			
18.1	By payment in full.....	140	289,863
18.2	By payment on compromised claims.....		
18.3	Total paid.....	140	289,863
18.4	Reduction by compromise.....		
18.5	Amount rejected.....		
18.6	Total settlements.....	140	289,863
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	9,146
POLICY EXHIBIT			
20.	In force December 31, prior year.....	8,283	53,843,231
21.	Issued during year.....	148	2,955,661
22.	Other changes to in force (net).....	(421)	(4,118,502)
23.	In force December 31, current year.....	8,010	52,680,390

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Refunds Paid or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Collectively Renewable Certificates.....	NONE				
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....		0	0	0	0
26. Totals (Line 24 + 25.7).....		0	0	0	0

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	183,591
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	29,914
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).....	213,505
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	39,618
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	173,887

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. 2011.....	31,021	8,597		39,618
2. 2012.....	26,687	11,132		37,819
3. 2013.....	21,818	8,343		30,161
4. 2014.....	17,679	5,838		23,517
5. 2015.....	15,393	3,266		18,659
6. 2016.....	13,438	584		14,022
7. 2017.....	11,686	(831)		10,855
8. 2018.....	10,238	(802)		9,436
9. 2019.....	9,460	(772)		8,689
10. 2020.....	8,871	(749)		8,122
11. 2021.....	8,106	(730)		7,375
12. 2022.....	7,237	(662)		6,576
13. 2023.....	6,233	(567)		5,665
14. 2024.....	4,909	(476)		4,433
15. 2025.....	3,583	(364)		3,219
16. 2026.....	2,181	(252)		1,929
17. 2027.....	726	(201)		526
18. 2028.....	(619)	(204)		(823)
19. 2029.....	(1,303)	(210)		(1,513)
20. 2030.....	(1,367)	(217)		(1,583)
21. 2031.....	(1,471)	(222)		(1,694)
22. 2032.....	(1,590)	(206)		(1,796)
23. 2033.....	(1,707)	(164)		(1,872)
24. 2034.....	(1,890)	(119)		(2,009)
25. 2035.....	(1,976)	(73)		(2,050)
26. 2036.....	(1,595)	(24)		(1,620)
27. 2037.....	(1,172)			(1,172)
28. 2038.....	(730)			(730)
29. 2039.....	(254)			(254)
30. 2040.....	(1)			(1)
31. 2041 and Later.....				0
32. Total (Lines 1 to 31).....	183,591	29,914	0	213,505

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.....	432,144		432,144			0	432,144
2. Realized capital gains/(losses) net of taxes - General Account.....	(91,311)		(91,311)	5,238		5,238	(86,073)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	96,147		96,147			0	96,147
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	93,187		93,187			0	93,187
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	530,167	0	530,167	5,238	0	5,238	535,405
9. Maximum reserve.....	454,244		454,244			0	454,244
10. Reserve objective.....	323,086		323,086			0	323,086
11. 20% of (Line 10 minus Line 8).....	(41,416)	0	(41,416)	(1,048)	0	(1,048)	(42,464)
12. Balance before transfers (Lines 8 + 11).....	488,751	0	488,751	4,190	0	4,190	492,941
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	(34,507)		(34,507)	(4,190)		(4,190)	(38,697)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	454,244	0	454,244	0	0	0	454,244

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	29,357,113	XXX.....	XXX.....	29,357,113	0.0004	11,743	0.0023	67,521	0.0030	88,071
3	2	High quality.....	18,011,647	XXX.....	XXX.....	18,011,647	0.0019	34,222	0.0058	104,468	0.0090	162,105
4	3	Medium quality.....	2,272,973	XXX.....	XXX.....	2,272,973	0.0093	21,139	0.0230	52,278	0.0340	77,281
5	4	Low quality.....	1,088,995	XXX.....	XXX.....	1,088,995	0.0213	23,196	0.0530	57,717	0.0750	81,675
6	5	Lower quality.....	66,841	XXX.....	XXX.....	66,841	0.0432	2,888	0.1100	7,353	0.1700	11,363
7	6	In or near default.....	168,746	XXX.....	XXX.....	168,746	0.0000	0	0.2000	33,749	0.2000	33,749
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, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999).....	50,966,315	XXX.....	XXX.....	50,966,315	XXX.....	93,187	XXX.....	323,086	XXX.....	454,244
PREFERRED STOCKS												
10	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	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 3, Line 2.1, Column 3 plus Schedule DL, Part 1, Column 6, Line 7099999).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	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	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	50,966,315	XXX	XXX	50,966,315	XXX	93,187	XXX	323,086	XXX	454,244
MORTGAGE LOANS												
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	0.0040	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	0.0760	0	0.1200	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	0.0058	0	0.0090	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	0.0760	0	0.1200	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	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	0.0130	0	0.0130	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	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Column 3 plus Schedule DL, Part 1, Column 6, Line 8799999).....	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

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

(b) Column 9 is the greater of 6.4% 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.

AVR-Equity Component (Lines 1-30)
NONE

AVR-Equity Component (Lines 31-55) (Cont.)
NONE

AVR-Equity Component (Lines 56-74) (Cont.)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

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. S-Pt. 1-Sn. 1
NONE

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

Sch. S-Pt. 2
NONE

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	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		
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
88099.....	75-1608507....	10/01/2003	Optimum Re Insurance Company.....	TX.....	YRT/I.....	1,017,995	.....	.....	.....362	.....	.....	.....	.....
88099.....	75-1608507....	10/02/2003	Optimum Re Insurance Company.....	TX.....	OTH/I.....	4,446,000	.....	.....	.....9,039	.....	.....	.....	.....
0599999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....					5,463,995	0	0	9,401	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					5,463,995	0	0	9,401	0	0	0	0
0799999.	Total - General Account - Authorized.....					5,463,995	0	0	9,401	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized.....					5,463,995	0	0	9,401	0	0	0	0
3299999.	Total Non-U.S.....					5,463,995	0	0	9,401	0	0	0	0
3399999.	Total.....					5,463,995	0	0	9,401	0	0	0	0

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

Sch. S-Pt. 4
NONE

SCHEDULE S - PART 5

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

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	9	7	23	9	8
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....	13				
4. Surrender benefits and withdrawals for life contracts.....					
5. Refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances unpaid.....					
16. Unauthorized reinsurance offset.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F).....					
18. Letters of credit (L).....					
19. Trust agreements (T).....					
20. Other (O).....					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	53,122,609		53,122,609
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....	2,247		2,247
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (balance).....	956,516		956,516
6. Total assets excluding separate accounts (Line 26).....	54,081,372	0	54,081,372
7. Separate account assets (Line 27).....			0
8. Total assets (Line 28).....	54,081,372	0	54,081,372
LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	51,316,000		51,316,000
10. Liability for deposit-type contracts (Line 3).....	271,766		271,766
11. Claim reserves (Line 4).....	30,000		30,000
12. Member refunds/reserves (Lines 5 through 6).....	4,000		4,000
13. Premium & annuity considerations received in advance (Line 7).....	6,588		6,588
14. Other contract liabilities (Line 8).....	173,887		173,887
15. Reinsurance in unauthorized companies (Line 21.2).....			0
16. Funds held under reinsurance with unauthorized reinsurance (Line 21.3).....			0
17. All other liabilities (balance).....	772,640		772,640
18. Total liabilities excluding Separate Accounts (Line 23).....	52,574,882	0	52,574,882
19. Separate Account liabilities (Line 24).....			0
20. Total liabilities (Line 25).....	52,574,882	0	52,574,882
21. Capital & surplus (Line 30).....	1,506,490	XXX	1,506,490
22. Total liabilities, capital & surplus (Line 31).....	54,081,372	0	54,081,372
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves.....	0		
24. Claim reserves.....	0		
25. Member refunds/reserves.....	0		
26. Premium & annuity considerations received in advance.....	0		
27. Liability for deposit-type contracts.....	0		
28. Other contract liabilities.....	0		
29. Reinsurance ceded assets.....	0		
30. Other ceded reinsurance recoverables.....	0		
31. Total ceded reinsurance recoverables.....	0		
32. Premiums and considerations.....	0		
33. Reinsurance in unauthorized companies.....	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
35. Other ceded reinsurance payables/offsets.....	0		
36. Total ceded reinsurance payables/offsets.....	0		
37. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.							
1.	Alabama.....	AL					0
2.	Alaska.....	AK					0
3.	Arizona.....	AZ					0
4.	Arkansas.....	AR					0
5.	California.....	CA					0
6.	Colorado.....	CO					0
7.	Connecticut.....	CT					0
8.	Delaware.....	DE					0
9.	District of Columbia.....	DC					0
10.	Florida.....	FL					0
11.	Georgia.....	GA					0
12.	Hawaii.....	HI					0
13.	Idaho.....	ID					0
14.	Illinois.....	IL					0
15.	Indiana.....	IN	94	10,000			10,094
16.	Iowa.....	IA					0
17.	Kansas.....	KS					0
18.	Kentucky.....	KY	277				277
19.	Louisiana.....	LA					0
20.	Maine.....	ME					0
21.	Maryland.....	MD					0
22.	Massachusetts.....	MA					0
23.	Michigan.....	MI	514	100,169			100,683
24.	Minnesota.....	MN					0
25.	Mississippi.....	MS					0
26.	Missouri.....	MO					0
27.	Montana.....	MT					0
28.	Nebraska.....	NE					0
29.	Nevada.....	NV					0
30.	New Hampshire.....	NH					0
31.	New Jersey.....	NJ					0
32.	New Mexico.....	NM					0
33.	New York.....	NY					0
34.	North Carolina.....	NC					0
35.	North Dakota.....	ND					0
36.	Ohio.....	OH	269,950	3,861,429			4,131,379
37.	Oklahoma.....	OK					0
38.	Oregon.....	OR					0
39.	Pennsylvania.....	PA					0
40.	Rhode Island.....	RI					0
41.	South Carolina.....	SC					0
42.	South Dakota.....	SD					0
43.	Tennessee.....	TN					0
44.	Texas.....	TX					0
45.	Utah.....	UT					0
46.	Vermont.....	VT					0
47.	Virginia.....	VA					0
48.	Washington.....	WA					0
49.	West Virginia.....	WV					0
50.	Wisconsin.....	WI					0
51.	Wyoming.....	WY					0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		270,835	3,971,597	0	0	4,242,432

Sch. Y-Pt. 1A
NONE

Sch. Y-Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED 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		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed with this statement by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
7.	Will an audited financial report be filed by June 1?	YES
8.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
9.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
11.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
13.	Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be field with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
34.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
35.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
36.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
37.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
38.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
39.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
40.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
42.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BARCODES:


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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37.



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42.

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NONE**

**Overflow Page
NONE**

2011 ALPHABETICAL INDEX
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Exhibit 8 – Claims for Life and Accident and Health Contracts - Part 2	16	Schedule DB – Part D	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Verification	SI14
Exhibit of Life Insurance	24	Schedule DL – Part 1	E23
Exhibit of Net Investment Income	8	Schedule DL – Part 2	E24
Exhibit of Nonadmitted Assets	17	Schedule E – Part 1 – Cash	E25
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Schedule D – Part 1A – Section 2	SI08		

SCHEDULE S - PART 4
Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	10	11	12	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
									American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name					

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*

NONE