LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

CENTRAL RESERVE LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period) NAIC Company Code..... 61727 Employer's ID Number..... 34-0970995

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

Incorporated/Organized..... July 2, 1963 Commenced Business..... May 12, 1965

Statutory Home Office 301 East Fourth Street..... Cincinnati ..... OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717 512-451-2224
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100..... Austin ..... TX 78717 512-451-2224
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.centralreserve.com

Statutory Statement Contact Jesse Navarrete 512-807-4801
(Name) (Area Code) (Telephone Number) (Extension)
austinfinrpt@gafri.com 512-467-1399
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram #	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. Mark Edward Alberts #	Appointed Actuary

OTHER

Tracy Eugene Maples	Chief Actuary	Thomas Edward Mischell	Assistant Treasurer
Paul Adolph Severt	Chief Financial Officer	Mark Francis Muething	Assistant Secretary
Christopher Patrick Miliano	Assistant Treasurer	James Monroe Garvin, III #	Vice President

DIRECTORS OR TRUSTEES

Bradley Allen Wollfram #	Christopher Patrick Miliano	Mark Francis Muething	Michael James Prager
Paul Adolph Severt #			

State of..... Texas
County of..... Williamson

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)	(Signature)	(Signature)
Bradley Allen Wolfram	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of February 2012

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.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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

NONE

	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	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 (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	738		-		738
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	738	0	0	0	738
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	80,000		(a)					2	80,000
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	2	80,000	0	(a) 0	0	0	0	0	2	80,000

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	687	1,229	-	26	26
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	687	1,229	0	26	26
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	687	1,229	0	26	26

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	12,275		-		12,275
2. Annuity considerations	2,400				2,400
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	14,675	0	0	0	14,675
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	39	2,133,642		(a)					39	2,133,642
21. Issued during year									0	0
22. Other changes to in force (Net)	-	982							0	982
23. In force December 31 of current year	39	2,134,624	0	(a) 0	0	0	0	0	39	2,134,624

(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 (b)	3,611	3,636	-	2,474	2,731
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	10,100	10,151	-	6,709	6,659
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	71,923	71,649	-	36,543	35,670
25.3 Non-renewable for stated reasons only (b)	-	-	-	(85)	88
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	71,923	71,649	0	36,458	35,758
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	85,634	85,435	0	45,642	45,147

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,657		-		11,657
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,657	0	0	0	11,657
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,538				1,538
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	1,538	0	0	0	1,538
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	15	339,750		(a)					15	339,750
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	2,500							(1)	2,500
23. In force December 31 of current year	14	342,250	0	(a) 0	0	0	0	0	14	342,250

(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 (b)	759	763	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	94,286	94,026	-	26,438	25,806
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	94,286	94,026	0	26,438	25,806
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	95,045	94,789	0	26,438	25,806

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,588		-		12,588
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,588	0	0	0	12,588
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,509				11,509
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	11,509	0	0	0	11,509
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	11,509			-	-			1	11,509
	Settled during current year:										
18.1	By payment in full	1	11,509							1	11,509
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	11,509	0	0	0	0	0	0	1	11,509
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	11,509	0	0	0	0	0	0	1	11,509
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	32	1,738,896		(a)					32	1,738,896
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(124,462)							(3)	(124,462)
23.	In force December 31 of current year	29	1,614,434	0	(a) 0	0	0	0	0	29	1,614,434

(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 (b)	654	656	-	2,796	(2,892)
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,720	3,739	-	4,157	4,126
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	26,562	27,285	-	11,789	11,508
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	26,562	27,285	0	11,789	11,508
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,936	31,680	0	18,742	12,741

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,048		-		1,048
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,048	0	0	0	1,048
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	105,900		(a)					3	105,900
21. Issued during year									0	0
22. Other changes to in force (Net)	-	(60)							0	(60)
23. In force December 31 of current year	3	105,840	0	(a) 0	0	0	0	0	3	105,840

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	881	885	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,640	14,265	-	5,322	5,194
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	13,640	14,265	0	5,322	5,194
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,521	15,151	0	5,322	5,194

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,779		-		3,779
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,779	0	0	0	3,779
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	15	462,922		(a)					15	462,922
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	15	462,922	0	(a) 0	0	0	0	0	15	462,922

(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 (b)	17,567	17,656	-	4,502	4,468
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,407	21,545	-	22,590	22,050
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	18,407	21,545	0	22,590	22,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,974	39,201	0	27,092	26,519

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,568	3,581	-	9,979	9,741
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,568	3,581	0	9,979	9,741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,568	3,581	0	9,979	9,741

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	313	338	-	13	12
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	313	338	0	13	12
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	313	338	0	13	12

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,219		-		4,219
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,219	0	0	0	4,219
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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	139				139
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	139	0	0	0	139
Annuities:					
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)	139	0	0	0	139
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	160				160
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	160	0	0	0	160
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	22	390,553		(a)					22	390,553
21. Issued during year									0	0
22. Other changes to in force (Net)	1	11,949							1	11,949
23. In force December 31 of current year	23	402,502	0	(a) 0	0	0	0	0	23	402,502

(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 (b)	2,764	2,490	-	1,546	1,520
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	219	220	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	31,505	30,693	-	9,640	9,347
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	31,505	30,693	0	9,640	9,347
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,488	33,404	0	11,186	10,867

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,781		250		3,031
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,781	0	250	0	3,031
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	25,000			-	-			1	25,000
Settled during current year:										
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)	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5	138,161		(a)					5	138,161
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	5	138,161	0	(a) 0	0	0	0	0	5	138,161

(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 (b)	(1,476)	(1,622)	-	1,301	881
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	50,451	50,269	-	62,561	61,066
25.3 Non-renewable for stated reasons only (b)	77,368	80,113	-	14,591	(15,092)
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	127,819	130,382	0	77,152	45,974
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	126,343	128,760	0	78,453	46,856

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	804,604		250		804,854
2.	Annuity considerations	150,495				150,495
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	955,099	0	250	0	955,349
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,290				1,290
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,652				1,652
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,942	0	0	0	2,942
	Annuities:					
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)	2,942	0	0	0	2,942
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	492,181		17,038		509,219
10.	Matured endowments					0
11.	Annuity benefits	104,151				104,151
12.	Surrender values and withdrawals for life contracts	22,013				22,013
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	618,345	0	17,038	0	635,383
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	82,644			3	130,598			11	213,242
17.	Incurred during current year	46	464,537			2	17,038			48	481,575
	Settled during current year:										
18.1	By payment in full	48	492,181			2	17,038			50	509,219
18.2	By payment on compromised claims									0	0
18.3	Totals paid	48	492,181	0	0	2	17,038	0	0	50	509,219
18.4	Reduction by compromise									0	0
18.5	Amount rejected					1	70,506			1	70,506
18.6	Total settlements	48	492,181	0	0	3	87,544	0	0	51	579,725
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	55,000	0	0	2	60,092	0	0	8	115,092
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,997	56,942,458		(a)					1,997	56,942,458
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(152)	(3,486,887)							(152)	(3,486,887)
23.	In force December 31 of current year	1,845	53,455,571	0	(a) 0	0	0	0	0	1,845	53,455,571

(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 (b)	153,036	153,408		117,628	68,207
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	97,496	97,988		66,175	65,679
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	13,106,964	13,298,302		9,277,478	9,053,240
25.3	Non-renewable for stated reasons only (b)	135,663	140,476		18,848	(19,496)
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	13,242,626	13,438,778	0	9,296,326	9,033,744
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,493,158	13,690,174	0	9,480,130	9,167,630

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,329		-		5,329
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,329	0	0	0	5,329
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	843				843
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	843	0	0	0	843
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	11	85,907		(a)					11	85,907
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(10,500)							(2)	(10,500)
23. In force December 31 of current year	9	75,407	0	(a) 0	0	0	0	0	9	75,407

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	298,691	311,356	-	185,458	181,051
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	298,691	311,356	0	185,458	181,051
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	298,691	311,356	0	185,458	181,051

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	153		-		153
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	153	0	0	0	153
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	90,000		(a)					1	90,000
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	1	90,000	0	(a) 0	0	0	0	0	1	90,000

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	39,672		-		39,672
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	39,672	0	0	0	39,672
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,000				50,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	632				632
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	50,632	0	0	0	50,632
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	21,000							2	21,000
17. Incurred during current year	5	39,000			-	-			5	39,000
Settled during current year:										
18.1 By payment in full	6	50,000							6	50,000
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	6	50,000	0	0	0	0	0	0	6	50,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	50,000	0	0	0	0	0	0	6	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	68	800,780		(a)					68	800,780
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(102,050)							(11)	(102,050)
23. In force December 31 of current year	57	698,730	0	(a) 0	0	0	0	0	57	698,730

(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 (b)	14,827	14,902	-	6,971	6,922
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,832	2,846	-	2,375	2,357
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,286,819	1,328,537	-	859,940	839,400
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,286,819	1,328,537	0	859,940	839,400
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,304,478	1,346,284	0	869,286	848,679

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	52,945		-		52,945
2.	Annuity considerations	7,975				7,975
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	60,920	0	0	0	60,920
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	240				240
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	240	0	0	0	240
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	-	-			-	-			0	0
	Settled during current year:										
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
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	157	8,797,924		(a)					157	8,797,924
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(6)	(340,488)							(6)	(340,488)
23.	In force December 31 of current year	151	8,457,436	0	(a) 0	0	0	0	0	151	8,457,436

(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 (b)	1,836	1,901	-	22,015	3,102
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	8,874	8,919	-	6,093	6,047
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	593,413	605,944	-	488,226	476,563
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	593,413	605,944	0	488,226	476,563
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	604,123	616,764	0	516,334	485,712

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	59,389		-		59,389
2.	Annuity considerations	1,200				1,200
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	60,589	0	0	0	60,589
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	30,018		2,000		32,018
10.	Matured endowments					0
11.	Annuity benefits	21,538				21,538
12.	Surrender values and withdrawals for life contracts	1,303				1,303
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	52,859	0	2,000	0	54,859
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year					1	30,092			1	30,092
17.	Incurred during current year	2	30,018			1	2,000			3	32,018
	Settled during current year:										
18.1	By payment in full	2	30,018			1	2,000			3	32,018
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	30,018	0	0	1	2,000	0	0	3	32,018
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	30,018	0	0	1	2,000	0	0	3	32,018
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	1	30,092	0	0	1	30,092
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	110	2,452,626		(a)					110	2,452,626
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(7)	(147,700)							(7)	(147,700)
23.	In force December 31 of current year	103	2,304,926	0	(a) 0	0	0	0	0	103	2,304,926

(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 (b)	2,371	2,403	-	710	(734)
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	4,605	4,628	-	2,473	2,455
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	662,591	676,881	-	463,058	451,996
25.3	Non-renewable for stated reasons only (b)	51,454	53,280	-	2,134	(2,208)
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	714,045	730,161	0	465,192	449,788
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	721,021	737,192	0	468,375	451,508

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,265		-		4,265
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,265	0	0	0	4,265
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	11,794				11,794
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	11,794	0	0	0	11,794
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	8	236,731		(a)					8	236,731
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(20,000)							(2)	(20,000)
23. In force December 31 of current year	6	216,731	0	(a) 0	0	0	0	0	6	216,731

(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 (b)	180	181	-	40	(42)
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	172,173	171,463	-	141,680	138,295
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	172,173	171,463	0	141,680	138,295
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	172,353	171,644	0	141,720	138,254

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,000		-		1,000
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,000	0	0	0	1,000
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	175,566		(a)					3	175,566
21. Issued during year									0	0
22. Other changes to in force (Net)	-	(70,000)							0	(70,000)
23. In force December 31 of current year	3	105,566	0	(a) 0	0	0	0	0	3	105,566

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	38,299	38,320	-	10,945	10,684
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	38,299	38,320	0	10,945	10,684
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,299	38,320	0	10,945	10,684

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	826		-		826
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	826	0	0	0	826
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	141,862		(a)					1	141,862
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	1	141,862	0	(a) 0	0	0	0	0	1	141,862

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	15,609	15,611	-	18,325	17,887
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	15,609	15,611	0	18,325	17,887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,609	15,611	0	18,325	17,887

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,754		-		10,754
2. Annuity considerations	250				250
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,004	0	0	0	11,004
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	42	2,414,739		(a)					42	2,414,739
21. Issued during year									0	0
22. Other changes to in force (Net)	1	27,492							1	27,492
23. In force December 31 of current year	43	2,442,231	0	(a) 0	0	0	0	0	43	2,442,231

(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 (b)	6,925	6,928	-	3,344	2,580
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,528	6,544	-	5,493	5,224
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,528	6,544	0	5,493	5,224
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,453	13,472	0	8,837	7,803

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	359		-		359
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	359	0	0	0	359
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	6,500		(a)					1	6,500
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	1	6,500	0	(a) 0	0	0	0	0	1	6,500

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	353	354	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,034	1,075	-	207	202
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,034	1,075	0	207	202
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,387	1,430	0	207	202

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	50,478		-		50,478
2. Annuity considerations	250				250
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	50,728	0	0	0	50,728
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,573				1,573
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	1,573	0	0	0	1,573
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	5,000			-	-			1	5,000
Settled during current year:										
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)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	111	2,419,428		(a)					111	2,419,428
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(167,546)							(7)	(167,546)
23. In force December 31 of current year	104	2,251,882	0	(a) 0	0	0	0	0	104	2,251,882

(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 (b)	1,024	1,061	-	103	(107)
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	1,929	1,939	-	2,160	2,143
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	227,509	229,814	-	192,938	188,329
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	227,509	229,814	0	192,938	188,329
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	230,462	232,814	0	195,201	190,365

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,447		-		2,447
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,447	0	0	0	2,447
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	7	87,500		(a)					7	87,500
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	7	87,500	0	(a) 0	0	0	0	0	7	87,500

(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 (b)	-	-	-	5,207	2,099
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	993	998	-	1,431	1,420
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,820	28,752	-	12,968	12,667
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	28,820	28,752	0	12,968	12,667
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,813	29,750	0	19,605	16,186

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,091		-		1,091
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,091	0	0	0	1,091
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,000				4,000
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	4,000	0	0	0	4,000
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	4,000			-	-			1	4,000
Settled during current year:										
18.1 By payment in full	1	4,000							1	4,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	4,000	0	0	0	0	0	0	1	4,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	4,000	0	0	0	0	0	0	1	4,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	9,000		(a)					2	9,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(4,000)							(1)	(4,000)
23. In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	374,023	378,414	-	225,039	219,663
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	374,023	378,414	0	225,039	219,663
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	374,023	378,414	0	225,039	219,663

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	147,367		-		147,367
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	147,367	0	0	0	147,367
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	48,500				48,500
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	4,613				4,613
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	53,113	0	0	0	53,113
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,000							1	7,000
17.	Incurred during current year	5	46,500			-	-			5	46,500
	Settled during current year:										
18.1	By payment in full	5	48,500							5	48,500
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	48,500	0	0	0	0	0	0	5	48,500
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	48,500	0	0	0	0	0	0	5	48,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	258	5,765,502		(a)					258	5,765,502
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(23)	(747,969)							(23)	(747,969)
23.	In force December 31 of current year	235	5,017,533	0	(a) 0	0	0	0	0	235	5,017,533

(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 (b)	3,522	3,536	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)		-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,886,713	1,904,252	-	1,154,628	1,127,045
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,886,713	1,904,252	0	1,154,628	1,127,045
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,890,235	1,907,787	0	1,154,628	1,127,045

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,427		-		5,427
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	5,427	0	0	0	5,427
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,046				15,046
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	15,046	0	0	0	15,046
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	15,046			-	-			2	15,046
	Settled during current year:										
18.1	By payment in full	2	15,046							2	15,046
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	15,046	0	0	0	0	0	0	2	15,046
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	15,046	0	0	0	0	0	0	2	15,046
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	9	90,000		(a)					9	90,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(15,000)							(2)	(15,000)
23.	In force December 31 of current year	7	75,000	0	(a) 0	0	0	0	0	7	75,000

(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 (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	109,815	106,038	-	72,061	70,339
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	109,815	106,038	0	72,061	70,339
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	109,815	106,038	0	72,061	70,339

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,883		-		1,883
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,883	0	0	0	1,883
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	145,000		(a)					3	145,000
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	3	145,000	0	(a) 0	0	0	0	0	3	145,000

(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 (b)	100	102	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,112,026	1,124,475	-	962,235	939,249
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,112,026	1,124,475	0	962,235	939,249
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,112,126	1,124,577	0	962,235	939,249

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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

NONE

	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	(12)	(12)
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	(12)	(12)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	(12)	(12)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	100		-		100
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	100	0	0	0	100
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year				(a)					0	0
21. Issued during year									0	0
22. Other changes to in force (Net)	1	2,500							1	2,500
23. In force December 31 of current year	1	2,500	0	(a) 0	0	0	0	0	1	2,500

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,228	7,909	-	2,617	2,554
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,228	7,909	0	2,617	2,554
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,228	7,909	0	2,617	2,554

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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

NONE

	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,236	2,403	-	1,421	1,387
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,236	2,403	0	1,421	1,387
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,236	2,403	0	1,421	1,387

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	900		-		900
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	900	0	0	0	900
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	139,180		(a)					3	139,180
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	3	139,180	0	(a) 0	0	0	0	0	3	139,180

(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 (b)	2,849	2,863	-	3,254	2,093
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	724	718
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,207	11,913	-	6,941	6,776
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	10,207	11,913	0	6,941	6,776
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,056	14,776	0	10,918	9,586

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	58		-		58
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	58	0	0	0	58
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	107,430		-		107,430
2.	Annuity considerations	81,538				81,538
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	188,968	0	0	0	188,968
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,290				1,290
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,513				1,513
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,803	0	0	0	2,803
	Annuities:					
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)	2,803	0	0	0	2,803
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	41,890		15,038		56,928
10.	Matured endowments					0
11.	Annuity benefits	70,819				70,819
12.	Surrender values and withdrawals for life contracts	1,042				1,042
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	113,751	0	15,038	0	128,789
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	644			1	70,506			2	71,150
17.	Incurred during current year	11	46,246			1	15,038			12	61,284
	Settled during current year:										
18.1	By payment in full	11	41,890			1	15,038			12	56,928
18.2	By payment on compromised claims									0	0
18.3	Totals paid	11	41,890	0	0	1	15,038	0	0	12	56,928
18.4	Reduction by compromise									0	0
18.5	Amount rejected					1	70,506			1	70,506
18.6	Total settlements	11	41,890	0	0	2	85,544	0	0	13	127,434
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	508	13,784,562		(a)					508	13,784,562
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(506,738)							(28)	(506,738)
23.	In force December 31 of current year	480	13,277,824	0	(a) 0	0	0	0	0	480	13,277,824

(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 (b)	22,735	22,818	-	28,728	4,047
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	56,002	56,284	-	35,774	35,506
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	393,898	399,120	-	318,340	308,165
25.3	Non-renewable for stated reasons only (b)	6,841	7,083	-	2,208	(2,284)
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	400,739	406,203	0	320,548	305,881
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	479,476	485,305	0	385,051	345,435

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,934		-		7,934
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,934	0	0	0	7,934
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,026				5,026
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	584				584
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	5,610	0	0	0	5,610
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	5,026			-	-			1	5,026
Settled during current year:										
18.1 By payment in full	1	5,026							1	5,026
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	1	5,026	0	0	0	0	0	0	1	5,026
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,026	0	0	0	0	0	0	1	5,026
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	14	130,550		(a)					14	130,550
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(42,550)							(3)	(42,550)
23. In force December 31 of current year	11	88,000	0	(a) 0	0	0	0	0	11	88,000

(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 (b)	-	-	-	196	(203)
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	1,122	1,128	-	1,715	1,702
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	94,989	96,189	-	62,560	61,065
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	94,989	96,189	0	62,560	61,065
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	96,111	97,317	0	64,471	62,565

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,455		-		1,455
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,455	0	0	0	1,455
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	1,540				1,540
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	1,540	0	0	0	1,540
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	-	-			-	-			0	0
	Settled during current year:										
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
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2	15,000		(a)					2	15,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year	1	5,000	0	(a) 0	0	0	0	0	1	5,000

(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 (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	49,741	52,076	-	21,057	20,557
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	49,741	52,076	0	21,057	20,557
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,741	52,076	0	21,057	20,557

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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

NONE

	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
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	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 (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,952		-		6,952
2. Annuity considerations	13,282				13,282
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,234	0	0	0	20,234
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year					1	30,000			1	30,000
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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	1	30,000	0	0	1	30,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	27	1,262,040		(a)					27	1,262,040
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,046)							(1)	(10,046)
23. In force December 31 of current year	26	1,251,994	0	(a) 0	0	0	0	0	26	1,251,994

(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 (b)	2,151	2,157	-	231	(239)
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	637,997	648,782	-	498,171	486,270
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	637,997	648,782	0	498,171	486,270
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	640,147	650,939	0	498,403	486,031

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,995		-		23,995
2.	Annuity considerations	8,000				8,000
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	31,995	0	0	0	31,995
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	124,357				124,357
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	870				870
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	125,227	0	0	0	125,227
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	124,357			-	-			3	124,357
	Settled during current year:										
18.1	By payment in full	3	124,357							3	124,357
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	124,357	0	0	0	0	0	0	3	124,357
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	124,357	0	0	0	0	0	0	3	124,357
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	64	2,822,406		(a)					64	2,822,406
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(9)	(204,033)							(9)	(204,033)
23.	In force December 31 of current year	55	2,618,373	0	(a) 0	0	0	0	0	55	2,618,373

(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 (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	380	381	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	465,394	465,144	-	298,718	291,581
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	465,394	465,144	0	298,718	291,581
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	465,773	465,525	0	298,718	291,581

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	946		-		946
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	946	0	0	0	946
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	203,000		(a)					3	203,000
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	3	203,000	0	(a) 0	0	0	0	0	3	203,000

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	41,950	41,472	-	13,953	13,620
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	41,950	41,472	0	13,953	13,620
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,950	41,472	0	13,953	13,620

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	24,423		-		24,423
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,423	0	0	0	24,423
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	57	2,110,307		(a)					57	2,110,307
21. Issued during year									0	0
22. Other changes to in force (Net)	-	(156,445)							0	(156,445)
23. In force December 31 of current year	57	1,953,862	0	(a) 0	0	0	0	0	57	1,953,862

(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 (b)	4,388	4,401	-	450	182
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	252,179	251,575	-	163,618	159,721
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	252,179	251,575	0	163,618	159,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	256,567	255,976	0	164,068	159,903

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	50,753		-		50,753
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	50,753	0	0	0	50,753
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	63,000				63,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	2,401				2,401
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	65,401	0	0	0	65,401
	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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	51,000							3	51,000
17. Incurred during current year	3	17,000			-	-			3	17,000
Settled during current year:										
18.1 By payment in full	5	63,000							5	63,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	63,000	0	0	0	0	0	0	5	63,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	63,000	0	0	0	0	0	0	5	63,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	98	895,103		(a)					98	895,103
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(145,000)							(13)	(145,000)
23. In force December 31 of current year	85	750,103	0	(a) 0	0	0	0	0	85	750,103

(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 (b)	65,647	65,976	-	37,851	37,567
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,471	3,488	-	2,136	2,120
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,372,066	1,385,630	-	888,541	867,315
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,372,066	1,385,630	0	888,541	867,315
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,441,184	1,455,094	0	928,527	907,001

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,984		-		1,984
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,984	0	0	0	1,984
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	496				496
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	496	0	0	0	496
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	6	221,524		(a)					6	221,524
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(115,000)							(3)	(115,000)
23. In force December 31 of current year	3	106,524	0	(a) 0	0	0	0	0	3	106,524

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,321	2,320	-	135	132
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,321	2,320	0	135	132
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,321	2,320	0	135	132

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	127,607		-		127,607
2.	Annuity considerations	35,000				35,000
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	162,607	0	0	0	162,607
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	53,683				53,683
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	4,178				4,178
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	57,861	0	0	0	57,861
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	3,000							1	3,000
17.	Incurred during current year	8	50,683			-	-			8	50,683
	Settled during current year:										
18.1	By payment in full	9	53,683							9	53,683
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9	53,683	0	0	0	0	0	0	9	53,683
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9	53,683	0	0	0	0	0	0	9	53,683
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	242	4,358,830		(a)					242	4,358,830
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(26)	(421,000)							(26)	(421,000)
23.	In force December 31 of current year	216	3,937,830	0	(a) 0	0	0	0	0	216	3,937,830

(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 (b)	600	602	-	(1,806)	1,869
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,475,451	2,513,754	-	1,917,185	1,871,386
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,475,451	2,513,754	0	1,917,185	1,871,386
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,476,051	2,514,356	0	1,915,379	1,873,254

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	33,000		(a)					2	33,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(33,000)							(2)	(33,000)
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
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 + 24.4 + 25.6)	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
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
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	2,500		(a)					1	2,500
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(2,500)							(1)	(2,500)
23. In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 (b)	-	-	-	-	-
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	660	664	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,830	6,825	-	2,915	2,845
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,830	6,825	0	2,915	2,845
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,490	7,489	0	2,915	2,845

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,099		-		3,099
2. Annuity considerations	-				0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,099	0	0	0	3,099
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	-	-			-	-			0	0
Settled during current year:										
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5	209,866		(a)					5	209,866
21. Issued during year									0	0
22. Other changes to in force (Net)	-	-							0	0
23. In force December 31 of current year	5	209,866	0	(a) 0	0	0	0	0	5	209,866

(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 (b)	-	-	-	(1,425)	1,474
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	1,095	1,100	-	430	427
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	20,191	20,328	-	31,726	31,081
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	20,191	20,328	0	31,726	31,081
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,286	21,428	0	30,731	32,982

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	14,126		-		14,126
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)	14,726	0	0	0	14,726
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
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
Annuities:					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,123				35,123
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	35,123	0	0	0	35,123
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
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	35,123			-	-			1	35,123
Settled during current year:										
18.1 By payment in full	1	35,123							1	35,123
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	1	35,123	0	0	0	0	0	0	1	35,123
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	35,123	0	0	0	0	0	0	1	35,123
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	38	1,625,701		(a)					38	1,625,701
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(126,223)							(2)	(126,223)
23. In force December 31 of current year	36	1,499,478	0	(a) 0	0	0	0	0	36	1,499,478

(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 (b)	-	-	-	(861)	891
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	261	262	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	39,417	39,416	-	12,536	12,237
25.3 Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	39,417	39,416	0	12,536	12,237
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,678	39,678	0	11,675	13,128

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....61727

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	372		-		372
2.	Annuity considerations	-				0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	372	0	0	0	372
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
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
	Annuities:					
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
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,029				10,029
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	10,029	0	0	0	10,029
	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
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	10,029			-	-			1	10,029
	Settled during current year:										
18.1	By payment in full	1	10,029							1	10,029
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	10,029	0	0	0	0	0	0	1	10,029
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	10,029	0	0	0	0	0	0	1	10,029
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
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)	(1)	(10,000)							(1)	(10,000)
23.	In force December 31 of current year	0	0	0	(a) 0	0	0	0	0	0	0

(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 (b)	-	-	-	-	-
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	-	-	-	-	-
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	110,465	111,091	-	58,951	57,543
25.3	Non-renewable for stated reasons only (b)	-	-	-	-	-
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	110,465	111,091	0	58,951	57,543
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	110,465	111,091	0	58,951	57,543

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	335,934
2. Current year's realized pre-tax capital gains/(losses) of $.....0 transferred into the reserve net of taxes of $.....0	
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)	335,934
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	102,193
6. Reserve as of December 31, current year (Line 4 minus Line 5)	233,741

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	102,193			102,193
2. 2012	64,335			64,335
3. 2013	34,952			34,952
4. 2014	20,745			20,745
5. 2015	13,932			13,932
6. 2016	17,280			17,280
7. 2017	20,249			20,249
8. 2018	18,925			18,925
9. 2019	16,531			16,531
10. 2020	13,743			13,743
11. 2021	10,261			10,261
12. 2022	5,911			5,911
13. 2023	2,015			2,015
14. 2024	149			149
15. 2025	(386)			(386)
16. 2026	(602)			(602)
17. 2027	(570)			(570)
18. 2028	(592)			(592)
19. 2029	(636)			(636)
20. 2030	(680)			(680)
21. 2031	(636)			(636)
22. 2032	(504)			(504)
23. 2033	(373)			(373)
24. 2034	(230)			(230)
25. 2035	(77)			(77)
26. 2036				0
27. 2037				0
28. 2038				0
29. 2039				0
30. 2040				0
31. 2041 and Later				0
32. Total (Lines 1 to 31)	335,935	0	0	335,935

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	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)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	10,814		10,814		0	0	10,814
2. Realized capital gains/(losses) net of taxes - General Account			0		0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0		0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	374		374		0	0	374
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0		0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0		0	0	0
7. Basic contribution	1,039		1,039		0	0	1,039
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	12,227	0	12,227	0	0	0	12,227
9. Maximum reserve	7,629		7,629		0	0	7,629
10. Reserve objective	5,816		5,816		0	0	5,816
11. 20% of (Line 10 minus Line 8)	(1,282)	0	(1,282)	0	0	0	(1,282)
12. Balance before transfers (Lines 8 + 11)	10,945	0	10,945	0	0	0	10,945
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(3,315)		(3,315)			0	(3,315)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	7,630	0	7,630	0	0	0	7,630

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	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 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	6,765,804	XXX	XXX	6,765,804	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	2,426,846	XXX	XXX	2,426,846	0.0004	971	0.0023	5,582	0.0030	7,281
3	2	High quality	30,425	XXX	XXX	30,425	0.0019	58	0.0058	176	0.0090	274
4	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999)	9,223,075	XXX	XXX	9,223,075	XXX	1,029	XXX	5,758	XXX	7,554
		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	2,274,300	XXX	XXX	2,274,300	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	25,000	XXX	XXX	25,000	0.0004	10	0.0023	58	0.0030	75
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)	2,299,300	XXX	XXX	2,299,300	XXX	10	XXX	58	XXX	75

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	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)
		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)	11,522,375	XXX	XXX	11,522,375	XXX	1,039	XXX	5,816	XXX	7,629
		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.

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	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 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	15,637,506	XXX	XXX	15,637,506	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(d)	0	(d)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans				0	(c)	0	(c)	0	(c)	0
15		Real estate				0	(e)	0	(e)	0	(e)	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17) (Page 2, Line 2.2, Column 3 plus Schedule DL, Column 6, Line 7599999)	15,637,506	0	0	15,637,506	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-74)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	9,012,327	XXX	83,867	XXX		XXX	49,107	XXX		XXX	8,879,353	XXX		XXX		XXX		XXX
2.	Premiums earned	9,154,985	XXX	83,880	XXX		XXX	49,381	XXX		XXX	9,021,724	XXX		XXX		XXX		XXX
3.	Incurred claims	6,350,006	69.4	51,692	61.6		0.0	33,588	68.0		0.0	6,264,726	69.4		0.0		0.0		0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	6,350,006	69.4	51,692	61.6	0	0.0	33,588	68.0	0	0.0	6,264,726	69.4	0	0.0	0	0.0	0	0.0
6	Increase in contract reserves	364,425	4.0	366,064	436.4		0.0		0.0		0.0	(1,639)	(0.0)		0.0		0.0		0.0
7	Commissions (a)	405,413	4.4	(857)	(1.0)		0.0	(10,639)	(21.5)		0.0	416,909	4.6		0.0		0.0		0.0
8	Other general insurance expenses	539,957	5.9	8,105	9.7		0.0	5,770	11.7		0.0	526,082	5.8		0.0		0.0		0.0
9	Taxes, licenses and fees	203,311	2.2	2,352	2.8		0.0	1,483	3.0		0.0	199,476	2.2		0.0		0.0		0.0
10	Total other expenses incurred	1,148,681	12.5	9,600	11.4	0	0.0	(3,386)	(6.9)	0	0.0	1,142,467	12.7	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	(2,721)	(0.0)	0	0.0	0	0.0	(10)	(0.0)	0	0.0	(2,711)	(0.0)	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	1,294,594	14.1	(343,476)	(409.5)	0	0.0	19,189	38.9	0	0.0	1,618,881	17.9	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	1,294,594	14.1	(343,476)	(409.5)	0	0.0	19,189	38.9	0	0.0	1,618,881	17.9	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in loading	(2,721)	(0.0)		0.0		0.0	(10)	(0.0)		0.0	(2,711)	(0.0)		0.0		0.0		0.0
1102.			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	(2,721)	(0.0)	0	0.0	0	0.0	(10)	(0.0)	0	0.0	(2,711)	(0.0)	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
		Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
	Total								
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	680,693	359		4,001		676,333			
2. Advance premiums	83,878	320		2,109		81,449			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	764,571	679	0	6,110	0	757,782	0	0	0
5. Total premium reserves, prior year	916,082	755		4,275		911,052			
6. Increase in total premium reserves	(151,511)	(76)	0	1,835	0	(153,270)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	560,364	368,859				191,505			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	560,364	368,859	0	0	0	191,505	0	0	0
4. Total contract reserves, prior year	195,939	2,795				193,144			
5. Increase in contract reserves	364,425	366,064	0	0	0	(1,639)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	632,351	15,314		4,500		612,537			
2. Total prior year	769,944	15,673		4,000		750,271			
3. Increase	(137,593)	(359)	0	500	0	(137,734)	0	0	0
PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year	639,036	11,134		1,104		626,798			
1.2 On claims incurred during current year	5,848,562	40,917		31,984		5,775,661			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	10,321	9,873		306		142			
2.2 On claims incurred during current year	622,030	5,441		4,194		612,395			
3. Test:									
3.1 Lines 1.1 and 2.1	649,357	21,007	0	1,410	0	626,940	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	769,944	15,673		4,000		750,271			
3.3 Line 3.1 minus Line 3.2	(120,587)	5,334	0	(2,590)	0	(123,331)	0	0	0
PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								
B. Reinsurance Ceded:									
1. Premiums written	4,450,922	68,615		49,108		4,198,627	134,572		
2. Premiums earned	4,535,651	68,943		49,382		4,276,915	140,411		
3. Incurred claims	2,817,625	(16,843)		33,588		2,782,032	18,848		
4. Commissions	960,899	19,016		10,638		925,988	5,257		

(a) Includes $.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	(34,572)	132,289	9,069,915	9,167,632
2.	Beginning claim reserves and liabilities	81,336	18,000	1,316,693	1,416,029
3.	Ending claim reserves and liabilities	13,340	17,000	1,073,190	1,103,530
4.	Claims paid	33,424	133,289	9,313,418	9,480,131
B.	Assumed Reinsurance:				
5.	Incurred claims				0
6.	Beginning claim reserves and liabilities				0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims	(34,572)	61,562	2,790,635	2,817,625
10.	Beginning claim reserves and liabilities	81,336	9,000	1,450,581	1,540,917
11.	Ending claim reserves and liabilities	13,340	8,500	1,097,697	1,119,537
12.	Claims paid	33,424	62,062	3,143,519	3,239,005
D.	Net:				
13.	Incurred claims	0	70,727	6,279,280	6,350,007
14.	Beginning claim reserves and liabilities	0	9,000	(133,888)	(124,888)
15.	Ending claim reserves and liabilities	0	8,500	(24,507)	(16,007)
16.	Claims paid	0	71,227	6,169,899	6,241,126
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses		70,726	6,279,279	6,350,005
18.	Beginning reserves and liabilities		9,000	(133,888)	(124,888)
19.	Ending reserves and liabilities		8,500	(24,507)	(16,007)
20.	Paid claims and cost containment expenses	0	71,226	6,169,898	6,241,124

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

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

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 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Affiliates - U.S. Affiliates						
71404	47-0463747	01/01/2006	Contintental General Ins Co	OH		4,000
0199999.	Total - Life and Annuity Affiliates - U.S. Affiliates				0	4,000
0399999.	Total - Life and Annuity Affiliates				0	4,000
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		60,092
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of Amer	FL	(50,075)	28,500
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of Amer	FL	17,925	
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				(32,150)	88,592
0699999.	Total - Life and Annuity Non-Affiliates				(32,150)	88,592
0799999.	Total - Life and Annuity				(32,150)	92,592
Accident and Health - Affiliates - U.S. Affiliates						
71404	47-0463747	01/01/2006	Contintental General Ins Co	OH	1,032	7
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates				1,032	7
Accident and Health - Affiliates - Non-U.S. Affiliates						
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of Amer	FL	5,306	12,685
88340	59-2859797	08/01/2006	Hannover Life Reassurance Co of Amer	FL	643,052	296,516
60836	42-0113630	08/01/2006	American Republic Insurance Co	IA		12,017
62235	01-0278678	01/01/1994	UNUM Life Insurance Co of America	ME		2,672
0999999.	Total - Accident and Health Affiliates - Non-U.S. Affiliates				648,358	323,890
1099999.	Total - Accident and Health Affiliates				649,390	323,897
1499999.	Total - Accident and Health				649,390	323,897
1599999.	Total U.S.				(31,118)	92,599
1699999.	Total Non-U.S.				648,358	323,890
1799999.	Total				617,240	416,489

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	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. Affiliates													
71404	47-0463747	01/01/2006	Continental General Ins Co	OH	ACO/I		783,588	838,025	250				
71404	47-0463747	01/01/2006	Continental General Ins Co	OH	CO/I	2,480,231	29,107	28,440	10,731				
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					2,480,231	812,695	866,465	10,981	0	0	0	0
General Account - Authorized - Affiliates - Non-U.S. Affiliates													
88340	59-2859797	08/01/2006	Hannover Life Reassur Co Of Amer	FL	ACO/I		3,992,436	4,047,537	75,122				
88340	59-2859797	08/01/2006	Hannover Life Reassur Co Of Amer	FL	OTH/I	13,575,230	939,536	927,760	163,682				
88099	75-1608507	10/12/2004	Optimum Re	TX	YRT/I	990,320	2,838	2,784	1,612				
88099	75-1608507	10/12/2004	Optimum Re	TX	CO/I	31,448	213	204					
82627	06-0839705	01/01/2005	Swiss Re Life & Hlth Amer Inc	CT	CO/I	15,168,336	289,160	308,081	49,376				
82627	06-0839705	01/01/2005	Swiss Re Life & Hlth Amer Inc	CT	YRT/I	308,995	2,931	2,660					
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G				250				
0299999.	Total - General Account - Authorized - Affiliates - Non-U.S. Affiliates					30,074,329	5,227,114	5,289,026	290,042	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					32,554,560	6,039,809	6,155,491	301,023	0	0	0	0
0799999.	Total - General Account - Authorized					32,554,560	6,039,809	6,155,491	301,023	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					32,554,560	6,039,809	6,155,491	301,023	0	0	0	0
3199999.	Total U.S.					2,480,231	812,695	866,465	10,981	0	0	0	0
3299999.	Total Non-U.S.					30,074,329	5,227,114	5,289,026	290,042	0	0	0	0
3399999.	Total					32,554,560	6,039,809	6,155,491	301,023	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. Affiliates												
71404	47-0463747	01/01/2006	Continental General Ins Co	OH	CO/G	2,110	445	6,130				
71404	47-0463747	01/01/2006	Continental General Ins Co	OH	CO/I	9,740	30					
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					11,850	475	6,130	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					11,850	475	6,130	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	CO/G	11,782	194	18,957				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	CO/I	8,772	2,657					
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	CO/G	56,359	318	378,340				
88340	59-2859797	01/01/1998	Hannover Life Reassurance Co of America	FL	CO/I	4,229,222	317,707	146,949				
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	(1,637)	48					
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/I	134,572	3,701					
62235	01-0278678	01/01/1994	UNUM Life Insurance Co of America	ME	CO/G			118,846				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					4,439,070	324,625	663,092	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					4,439,070	324,625	663,092	0	0	0	0
0799999.	Total - General Account - Authorized					4,450,920	325,100	669,222	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					4,450,920	325,100	669,222	0	0	0	0
3199999.	Total - U.S.					4,450,920	325,100	669,222	0	0	0	0
3399999.	Total					4,450,920	325,100	669,222	0	0	0	0

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	4,752	26,861	52,357	72,517	104,433
2.	Commissions and reinsurance expense allowances	1,034	3,654	6,400	9,760	5,508
3.	Contract claims	3,081	15,511	35,847	53,336	77,582
4.	Surrender benefits and withdrawals for life contracts		377	228		
5.	Dividends to policyholders		2			
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	1,147	1,454	1,969	2,494	686
9.	Aggregate reserves for life and accident and health contracts	7,018	6,830	7,716	8,560	
10.	Liability for deposit-type contracts	16	51	58		(30)
11.	Contract claims unpaid	416	662	4,906	9,069	14,473
12.	Amounts recoverable on reinsurance	617	936	1,159	1,555	2,104
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (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)	27,291,490		27,291,490
2.	Reinsurance (Line 16)	845,131	(845,131)	0
3.	Premiums and considerations (Line 15)	(851,611)	1,147,337	295,726
4.	Net credit for ceded reinsurance	XXX	7,185,148	7,185,148
5.	All other admitted assets (balance)	2,521,453		2,521,453
6.	Total assets excluding Separate Accounts (Line 26)	29,806,463	7,487,354	37,293,817
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	29,806,463	7,487,354	37,293,817
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	6,833,048	7,017,969	13,851,017
10.	Liability for deposit-type contracts (Line 3)	21,155	16,162	37,317
11.	Claim reserves (Line 4)	704,373	416,489	1,120,862
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	84,590	36,734	121,324
14.	Other contract liabilities (Line 9)	233,741		233,741
15.	Reinsurance in unauthorized companies (Line 24.2)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)			0
17.	All other liabilities (balance)	1,307,291		1,307,291
18.	Total liabilities excluding Separate Accounts (Line 26)	9,184,198	7,487,354	16,671,552
19.	Separate Account liabilities (Line 27)			0
20.	Total liabilities (Line 28)	9,184,198	7,487,354	16,671,552
21.	Capital & surplus (Line 38)	20,622,265	XXX	20,622,265
22.	Total liabilities, capital & surplus (Line 39)	29,806,463	7,487,354	37,293,817

	NET CREDIT FOR CEDED REINSURANCE	
23.	Contract reserves	7,017,969
24.	Claim reserves	416,489
25.	Policyholder dividends/reserves	0
26.	Premium & annuity considerations received in advance	36,734
27.	Liability for deposit-type contracts	16,162
28.	Other contract liabilities	0
29.	Reinsurance ceded assets	845,131
30.	Other ceded reinsurance recoverables	0
31.	Total ceded reinsurance recoverables	8,332,485
32.	Premiums and considerations	1,147,337
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	1,147,337
37.	Total net credit for ceded reinsurance	7,185,148

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	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
1. Alabama AL	12,275	2,400	1,040			15,715
2. Alaska AK	738	-				738
3. Arizona AZ	12,588	-	654			13,242
4. Arkansas AR	11,657	-				11,657
5. California CA	1,048	-				1,048
6. Colorado CO	3,779	-				3,779
7. Connecticut CT	-	-				0
8. Delaware DE	-	-	313			313
9. District of Columbia DC	-	-				0
10. Florida FL	4,219	-				4,219
11. Georgia GA	3,031	-				3,031
12. Hawaii HI	-	-				0
13. Idaho ID	153	-				153
14. Illinois IL	39,672	-				39,672
15. Indiana IN	52,945	7,975				60,920
16. Iowa IA	5,329	-				5,329
17. Kansas KS	59,389	1,200	418			61,007
18. Kentucky KY	4,265	-	181			4,446
19. Louisiana LA	1,000	-				1,000
20. Maine ME	-	-				0
21. Maryland MD	826	-				826
22. Massachusetts MA	-	-				0
23. Michigan MI	10,754	250	4,281			15,285
24. Minnesota MN	359	-				359
25. Mississippi MS	2,447	-				2,447
26. Missouri MO	50,478	250				50,728
27. Montana MT	1,091	-				1,091
28. Nebraska NE	1,883	-				1,883
29. Nevada NV	900	-	313			1,213
30. New Hampshire NH	-	-				0
31. New Jersey NJ	100	-				100
32. New Mexico NM	-	-				0
33. New York NY	58	-				58
34. North Carolina NC	147,367	-	1,898			149,265
35. North Dakota ND	5,427	-				5,427
36. Ohio OH	107,430	81,538	4,901			193,869
37. Oklahoma OK	7,934	-				7,934
38. Oregon OR	1,455	-				1,455
39. Pennsylvania PA	6,952	13,282	2,151			22,385
40. Rhode Island RI	-	-				0
41. South Carolina SC	23,995	8,000				31,995
42. South Dakota SD	946	-				946
43. Tennessee TN	24,423	-	4,388			28,811
44. Texas TX	50,753	-	543			51,296
45. Utah UT	1,984	-				1,984
46. Vermont VT	-	-				0
47. Virginia VA	127,607	35,000	601			163,208
48. Washington WA	-	-				0
49. West Virginia WV	14,126	600				14,726
50. Wisconsin WI	3,099	-				3,099
51. Wyoming WY	372	-				372
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	804,854	150,495	21,682	0	0	977,031

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0996797				American Financial Enterprises, Inc	CT	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.00	American Financial Group, Inc	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	51.00	American Financial Group, Inc	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000765				American Premier Underwriters, Inc	PA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			37-1094159				Cal Coal, Inc	IL	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1548213				Magnolia Alabama Holdings, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6021353				The Owasco River Railway, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1236926				PCC Real Estate, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			76-0080537				PCC Technical Industries, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1388401				PCC Maryland Realty Corp	MD	NIA	PCC Technical Industries, Inc	Ownership	100.00	American Financial Group, Inc	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1537928				Penn Towers, Inc	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc	Ownership	66.67	American Financial Group, Inc	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	83.00	American Financial Group, Inc	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
							GAI Insurance Company, Ltd	BM	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			31-1446308				Hangar Acquisition Corp	OH	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508643				PLLS, Ltd	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508644				Premier Lease & Loan Services of Canada, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.00	American Financial Group, Inc	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			27-4521779				Atlas Building Company, LLC	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	

SCHEDULE Y

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			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			31-1733037				Flextech Holding Co., Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			98-0606803				GAI Holding Bermuda Ltd.	BM	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			98-0556144				GAI Indemnity, Ltd.	GB	IA	GAI Holding Bermuda Ltd.	Ownership	100.00	American Financial Group, Inc.	
							Marketform Group Limited	GB	NIA	GAI Holding Bermuda Ltd.	Ownership	71.60	American Financial Group, Inc.	
							Marketform Holdings Limited	GB	NIA	Marketform Group Limited	Ownership	100.00	American Financial Group, Inc.	
							Caduceus Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
			98-0412245				Lavenham Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Gabinete Marketform SL	ES	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Australia Pty Limited	AU	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Studio Marketform SRL	IT	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Management Services Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Managing Agency Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
			98-0431601				Sampford Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Trust Company Limited	GB	NIA	Marketform Group Limited	Ownership	100.00	American Financial Group, Inc.	
			06-1356481				Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	1
			31-1475936				AAG Holding Company, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.00	American Financial Group, Inc.	
			58-646032				Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	63312	13-1935920				Great American Life Insurance Company	OH	IA	AAG Holding Company, Inc.	Ownership	100.00	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	62.50	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	62.50	American Financial Group, Inc.	2
			26-0756104				Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	93661	31-1021738				Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.00	American Financial Group, Inc.	
			27-0513333				Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.00	American Financial Group, Inc.	
			20-1246122				Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	99.00	American Financial Group, Inc.	
			36-3383108				Consolidated Financial Corporation	MI	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			45-3988240				FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			20-4604276				GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			45-3829557				GALIC - Stoneleigh, LLC	FL	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			31-1391777				GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	80.00	American Financial Group, Inc.	
			45-1144095				GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	65.00	American Financial Group, Inc.	2
			27-1026964				GALIC Port Orange, LLC	FL	NIA	Great American Life Insurance Company	Ownership	48.00	American Financial Group, Inc.	2
			26-3260520				Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	67083	45-0252531				Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	100.00	American Financial Group, Inc.	

SCHEDULE Y

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			52-2179330				Skipjack Marina Corp	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			20-3568924				Loyal American Holding Corporation	OH	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Loyal American Holding Corporation	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			45-4121852				GALAC Holding Company	OH	NIA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	62200	95-2496321				Great American Life Assurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			74-2180806				United Teacher Associates, Ltd	TX	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	1
0084	American Financial Group, Inc	63479	58-0869673				United Teacher Associates Insurance Company	TX	IA	United Teacher Associates, Ltd	Ownership	100.00	American Financial Group, Inc	
			31-1422717				AAG Insurance Agency, Inc	KY	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1017531				Ceres Group, Inc	DE	UDP	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	61727	34-0970995				Central Reserve Life Insurance Company	OH		Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	67903	23-1335885				Provident American Life & Health Insurance Company	OH	DS	Central Reserve Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65269	75-2305400				United Benefit Life Insurance Company	OH	DS	Provident American Life & Health Insurance Company	Ownership	100.00	American Financial Group, Inc	
			34-1880408				Ceres Administrators, L.L.C	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1947043				Ceres Sales, LLC	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			34-1920479				HealthMark Sales, LLC	DE	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			47-0717079				Continental General Corporation	NE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	71404	47-0463747				Continental General Insurance Company	OH	IA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			47-0562685				Continental Print & Photo Co	NE	NIA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			34-1947042				QQAgency of Texas, Inc	TX	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1395344				Great American Advisors, Inc	OH	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			42-1575938				Great American Holding, Inc	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-3062314				Agricultural Services, LLC	OH	NIA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
			45-4110027				Unites States Commodities Producers LLC	MT	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
			27-2354685				United States Livestock Producers, LLC	NV	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
0084	American Financial Group, Inc	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Livestock Producers, LLC	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	35351	31-0912199				American Empire Surplus Lines Insurance Company	DE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	37990	31-0973761				American Empire Insurance Company	OH	IA	American Empire Surplus Lines Insurance Company	Ownership	100.00	American Financial Group, Inc	
			59-1671722				American Empire Underwriters, Inc	TX	NIA	American Empire Insurance Company	Ownership	100.00	American Financial Group, Inc	
							Great American International Insurance Limited	IE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	23418	73-0556513				Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	15380	73-1406844				Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	13794	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc	OK	NIA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	

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0084..	American Financial Group, Inc...	23426....	73-0773259..	.....	.....	.....	Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company	TC	IA	Great American Holding, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	16691....	31-0501234..	.....	.....	.....	Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañia de Seguros, S.A. de C.V.	MX	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Financiadora de Primas Condor, S.A. de C.V.	MX	NIA	El Aguila, Compañia de Seguros, S.A. de C.V.	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.	NY	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management	.....	American Financial Group, Inc.	3.....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.	CN	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	.....35.00	American Financial Group, Inc.	2.....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Insurance Company	Ownership	.....32.00	American Financial Group, Inc.	2.....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.	TX	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26832....	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26344....	15-6020948..	.....	.....	.....	Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	39896....	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.	DE	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	10646....	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	37532....	31-0954439..	.....	.....	.....	Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	41858....	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0084..	American Financial Group, Inc...	22136....	13-5539046..	.....	.....	.....	Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38024....	31-0974853..	.....	.....	.....	Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc.....	4.....
.....	.....	.....	31-1073664..	.....	.....	.....	Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0856644..	.....	.....	.....	Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38580....	31-1288778..	.....	.....	.....	Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0918893..	.....	.....	.....	Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	31135....	31-1209419..	.....	.....	.....	Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	33723....	31-1237970..	.....	.....	.....	Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-1263251..	.....	.....	.....	Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607394..	.....	0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....52.40	American Financial Group, Inc.....	.....
.....	.....	.....	34-1899058..	.....	.....	.....	American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1548235..	.....	.....	.....	Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0191335..	.....	.....	.....	Hudson Indemnity, Ltd.....	KY.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	66-0660039..	.....	.....	.....	Hudson Management Group, Ltd.....	VI.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607396..	.....	.....	.....	National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4670968..	.....	.....	.....	Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	32620....	34-1607395..	.....	.....	.....	National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	11051....	99-0345306..	.....	.....	.....	National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41106....	95-3623282..	.....	.....	.....	Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1415856..	.....	.....	.....	Vanliner Group, Inc.....	DE.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1254631..	.....	.....	.....	TransProtection Service Company.....	MO.....	NIA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	21172....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BM.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	23-2825108..	.....	.....	.....	Safety, Claims & Litigation Services, Inc.....	PA.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Penn Central U.K. Limited.....	GB.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Insurance (GB) Limited.....	GB.....	IA.....	Penn Central U.K. Limited.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	871,850,814	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....49.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1737792..	.....	.....	.....	Superior NWVN of Ohio, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....

Asteris	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	31-1544320	American Financial Group, Inc.	340,000,000				113,262,108				453,262,108	
00000	41-2112001	APU Holding Company	40,000,000								40,000,000	
00000		GAI Insurance Company, Ltd	(12,000,000)								(12,000,000)	
22179	95-2801326	Republic Indemnity Company of America	(28,000,000)						*		(28,000,000)	(34,751,381)
00000		Lloyd's Syndicate 2468 (United Kingdom)									0	2,514,000
00000	98-0412245	Lavenham Underwriting Limited									0	9,248,935
00000	98-0431601	Sampford Underwriting Limited									0	9,845,639
00000	31-1475936	AAG Holding Company, Inc.	40,000,000								40,000,000	
63312	13-1935920	Great American Life Insurance Company	(34,000,000)	(16,127,212)							(50,127,212)	(46,237,693)
00000	45-2969767	Aerielle IP Holdings, LLC		1,000,000							1,000,000	
00000	45-3829557	GALIC - Stoneleigh, LLC		12,723,462							12,723,462	
00000	45-1144095	GALIC Pointe, LLC		4,275,000							4,275,000	
67083	45-0252531	Manhattan National Life Insurance Company	(6,000,000)								(6,000,000)	
00000	20-3568924	Loyal American Holding Corporation		(1,332,648)							(1,332,648)	
65722	63-0343428	Loyal American Life Insurance Company		1,332,648							1,332,648	56,205,945
62200	95-2496321	Great American Life Assurance Company									0	10,658,158
00000	74-2180806	United Teacher Associates, Ltd	7,600,000	(285,835)							7,314,165	
63479	58-0869673	United Teacher Associates Insurance Company	(7,600,000)	285,835							(7,314,165)	(20,626,410)
00000	34-1017531	Ceres Group, Inc.		2,500,000							2,500,000	
61727	34-0970995	Central Reserve Life Insurance Company		(2,500,000)							(2,500,000)	824,339
00000	47-0717079	Continental General Corporation		(5,000,000)							(5,000,000)	
71404	47-0463747	Continental General Insurance Company		5,000,000							5,000,000	(824,339)
00000	42-1575938	Great American Holding, Inc.	120,000,000	(200,000)							119,800,000	
35351	31-0912199	American Empire Surplus Lines Insurance Company	(36,200,000)						*		(36,200,000)	7,562,000
37990	31-0973761	American Empire Insurance Company	(3,800,000)						*		(3,800,000)	23,000
00000		Great American International Insurance Limited (Ireland)									0	7,539,000
23418	73-0556513	Mid-Continent Casualty Company	(80,000,000)	(45,000)					*		(80,045,000)	(7,644,000)
00000	30-0571535	Mid-Continent Specialty Insurance Services, Inc.		45,000							45,000	
00000		Premier International Insurance Company (Turks and Caicos I		200,000							200,000	
16691	31-0501234	Great American Insurance Company	(309,225,300)	(20,234,435)			(113,262,108)		*		(442,721,843)	9,478,426
00000	27-3062314	Agricultural Services, LLC		1,500,000							1,500,000	
00000	13-3628555	FCIA Management Company, Inc.	(102,700)								(102,700)	
00000		GAI Warranty Company of Canada Inc.		463,185							463,185	4,380,000
00000	61-1329718	Global Premier Finance Company	(2,000,000)								(2,000,000)	
37532	31-0954439	Great American E & S Insurance Company		8,000,000					*		8,000,000	
41858	31-1036473	Great American Fidelity Insurance Company		8,000,000					*		8,000,000	
22136	13-5539046	Great American Insurance Company of New York	(20,000,000)						*		(20,000,000)	
38024	31-0974853	Great American Lloyd's Insurance Company									0	2,716,000
00000	34-1607394	National Interstate Corporation	6,328,000								6,328,000	
00000	98-0191335	Hudson Indemnity, Ltd (Cayman Islands)									0	(161,531,000)
32620	34-1607395	National Interstate Insurance Company	3,300,000						*		3,300,000	144,657,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	(1,200,000)						*		(1,200,000)	6,897,000
41106	95-3623282	Triumphe Casualty Company	(1,600,000)						*		(1,600,000)	189,000
21172	86-0114294	Vanliner Insurance Company	(10,500,000)						*		(10,500,000)	2,318,000
00000		Insurance (GB) Limited (United Kingdom)									0	194,000
00000	27-2226948	Pinecrest Place LLC		300,000							300,000	
00000		Preferred Market Solutions, LLC		100,000							100,000	
00000	31-1293064	Professional Risk Brokers, Inc.	(5,000,000)								(5,000,000)	

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	3,635,619

Pooling Information

35351	American Empire Surplus Lines Insurance Company	90.00%
37990	American Empire Insurance Company	10.00%
23418	Mid-Continent Casualty Company	94.00%
15380	Mid-Continent Assurance Company	3.00%
23426	Oklahoma Surety Company	3.00%
13794	Mid-Continent Excess and Surplus Insurance Company	
22179	Republic Indemnity Company of America	97.00%
43753	Republic Indemnity Company of California	3.00%
32620	National Interstate Insurance Company	70.00%
21172	Vanliner Insurance Company	26.00%
11051	National Interstate Insurance Company of Hawaii, Inc	2.00%
41106	Triumphe Casualty Company	2.00%

16691	Great American Insurance Company	100.00%
22136	Great American Insurance Company of New York	
26832	Great American Alliance Insurance Company	
26344	Great American Assurance Company	
39896	Great American Casualty Insurance Company	
10646	Great American Contemporary Insurance Company	
37532	Great American E&S Insurance Company	
41858	Great American Fidelity Insurance Company	
38580	Great American Protection Insurance Company	
31135	Great American Security Insurance Company	
33723	Great American Spirit Insurance Company	

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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	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?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	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	
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	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
16.	Will the actuarial opinion 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
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	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
19.	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
20.	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
21.	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
22.	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
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	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
25.	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?	YES
26.	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
27.	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
28.	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
29.	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
30.	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
31.	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
32.	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
33.	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?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	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?	SEE EXPLANATION
38.	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?	SEE EXPLANATION
39.	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?	SEE EXPLANATION
	APRIL FILING	
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45	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
46.	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
47.	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	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

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.

EXPLANATIONS:

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32.
33. Not Applicable
34.

BAR CODE:

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.

35.

36.

37. Not Applicable

38. Not Applicable

39. Not Applicable

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Overflow Page
NONE

Overflow Page
NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MF	F	NO	34000	.03/16/2004			.05/31/2010	MEDICARE SUPPLEMENT	14,757	11,761	79.7	3			0.0	
YES	3MG	G	NO	34000	.03/16/2004	.07/24/2009			MEDICARE SUPPLEMENT	33,019	12,018	36.4	7			0.0	
YES	3MH	H	NO	34000	.02/09/2007	.07/24/2009			MEDICARE SUPPLEMENT	4,693	12,203	260.0	2			0.0	
YES	3MJ	J	NO	34000	.02/09/2007	.07/24/2009			MEDICARE SUPPLEMENT	15,026	3,300	22.0	6			0.0	
0199999.	Total Policy Experience on Individual Policies									67,495	39,282	58.2	18	0	0	0.0	0

360.AL

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3IF(AR).....	F.....	.....NO.....	....34000.....	.01/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	103,891	28,676	.....27.6	25	.....	.....	.....0.0	.....
.....YES.....	3IG(AR).....	G.....	.....NO.....	....34000.....	.01/12/2004	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,376	4,128	.....122.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									107,267	32,804	.....30.6	26	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3IF(AZ).....	F.....	.....NO.....	....34000.....	.12/05/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,002	575	.....11.5	1	.....	.....	.....0.0	.....
.....YES.....	3IG(AZ).....	G.....	.....NO.....	....34000.....	.12/05/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,364	1,256	.....28.8	1	.....	.....	.....0.0	.....
.....YES.....	3MF(AZ).....	F.....	.....NO.....	....34000.....	.03/18/2004	.07/26/2008	.....	.....	MEDICARE SUPPLEMENT.....	4,846	4,312	.....89.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									14,212	6,143	.....43.2	3	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF(CO).....	F.....	.....NO.....	....34060.....	.03/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,331	174	.....13.1	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ(CO).....	J.....	.....NO.....	....34060.....	.02/14/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,311	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MK(CO).....	F.....	.....NO.....	....34060.....	.03/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,908	800	.....27.5	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									6,550	974	.....14.9	3	0	0	.....0.0	0

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3IE(GA)	E	NO	34000	.11/09/2005	.07/24/2009			MEDICARE SUPPLEMENT	8,888	3,028	34.1	4			0.0	
YES	3IF(GA)	F	NO	34000	.12/31/2003			.05/31/2010	MEDICARE SUPPLEMENT	17,967	16,547	92.1	5			0.0	
YES	3IG(GA)	G	NO	34000	.12/31/2003	.07/24/2009			MEDICARE SUPPLEMENT	18,153	36,720	202.3	6			0.0	
YES	3IK(GA)	F	NO	34000	.12/31/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,600		0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									46,608	56,295	120.8	17	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ME(IA)	E	NO	34000	.10/10/2005			.05/31/2010	MEDICARE SUPPLEMENT	8,728	1,621	18.6	4			0.0	
YES	3MF(IA)	F	NO	34000	.01/27/2004			.05/31/2010	MEDICARE SUPPLEMENT	181,280	100,012	55.2	46			0.0	
YES	3MG(IA)	G	NO	34000	.01/27/2004	.07/25/2009			MEDICARE SUPPLEMENT	58,799	34,074	57.9	22			0.0	
YES	3MH(IA)	H	NO	34000	.02/16/2007	.07/25/2009			MEDICARE SUPPLEMENT	(36)		0.0				0.0	
YES	3MI(IA)	I	NO	34000	.05/11/2006	.07/25/2009			MEDICARE SUPPLEMENT	2,922	2,197	75.2	1			0.0	
YES	3MJ(IA)	J	NO	34000	.02/16/2007	.07/25/2009			MEDICARE SUPPLEMENT	53,371	30,732	57.6	18			0.0	
0199999.	Total Policy Experience on Individual Policies									305,064	168,636	55.3	91	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

360.IL

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MC(IL)	C	NO	34060	.11/18/2003	.07/25/2009			MEDICARE SUPPLEMENT			0.0				0.0	
YES	3MD(IL)	D	NO	34060	.11/18/2003	.07/25/2009			MEDICARE SUPPLEMENT	11,655	14,469	124.1	2			0.0	
YES	3ME(IL)	E	NO	34060	.11/04/2005	.07/25/2009			MEDICARE SUPPLEMENT	21,997	8,703	39.6	7			0.0	
YES	3MF(IL)	F	NO	34060	.11/18/2003			.05/31/2010	MEDICARE SUPPLEMENT	1,048,760	662,807	63.2	202			0.0	
YES	3MG(IL)	G	NO	34060	.11/18/2003	.07/25/2009			MEDICARE SUPPLEMENT	84,029	54,259	64.6	17			0.0	
YES	3MH(IL)	H	NO	34060	.09/21/2007	.07/25/2009			MEDICARE SUPPLEMENT	31,712	14,866	46.9	10			0.0	
YES	3MI(IL)	I	NO	34060	.08/11/2006	.07/25/2009			MEDICARE SUPPLEMENT	77,238	40,904	53.0	21			0.0	
YES	3MJ(IL)	J	NO	34060	.09/21/2007	.07/25/2009			MEDICARE SUPPLEMENT	59,354	63,627	107.2	19			0.0	
YES	3MK(IL)	F	NO	34060	.11/18/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,531		0.0	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,336,276	859,635	64.3	279	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MD	D	NO	34000	.12/22/2003	.07/29/2009			MEDICARE SUPPLEMENT	30,422	7,888	25.9	7			0.0	
YES	3ME	E	NO	34000	.11/01/2005	.07/29/2009			MEDICARE SUPPLEMENT	58,916	45,689	77.5	19			0.0	
YES	3MF	F	NO	34000	.12/22/2003			.05/31/2010	MEDICARE SUPPLEMENT	198,135	105,026	53.0	37			0.0	
YES	3MG	G	NO	34000	.12/22/2003	.07/29/2009			MEDICARE SUPPLEMENT	142,752	120,905	84.7	34			0.0	
YES	3MH(IN)	H	NO	34000	.04/11/2007	.07/29/2009			MEDICARE SUPPLEMENT	47,575	50,416	106.0	16	25,610	32,698	127.7	7
YES	3MI(IN)	I	NO	34000	.12/05/2006	.07/29/2009			MEDICARE SUPPLEMENT	18,460	5,889	31.9	4	3,287	589	17.9	1
YES	3MJ(IN)	J	NO	34000	.04/11/2007	.07/29/2009			MEDICARE SUPPLEMENT	96,174	61,130	63.6	26	19,226	12,763	66.4	5
YES	3MK	F	NO	34000	.12/22/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,029	1,082	26.9	5			0.0	
0199999.	Total Policy Experience on Individual Policies									596,463	398,025	66.7	148	48,123	46,050	95.7	13

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MC(KS)	C	NO	34060	.02/04/2004	.07/25/2009			MEDICARE SUPPLEMENT	3,137	3,445	109.8	1			0.0	
YES	3MD(KS)	D	NO	34060	.02/04/2004	.07/25/2009			MEDICARE SUPPLEMENT	25		0.0				0.0	
YES	3ME(KS)	E	NO	34060	.12/21/2005	.07/25/2009			MEDICARE SUPPLEMENT	5,232	179	3.4	2			0.0	
YES	3MF(KS)	F	NO	34060	.02/04/2004			.05/31/2010	MEDICARE SUPPLEMENT	243,331	139,542	57.3	61			0.0	
YES	3MG(KS)	G	NO	34060	.02/04/2004	.07/25/2009			MEDICARE SUPPLEMENT	77,999	41,773	53.6	24			0.0	
YES	3MH(KS)	H	NO	34060	.03/06/2007	.07/25/2009			MEDICARE SUPPLEMENT	41,160	68,124	165.5	17	14,734	28,031	190.2	7
YES	3MI(KS)	I	NO	34060	.05/26/2006	.07/25/2009			MEDICARE SUPPLEMENT	11,342	9,573	84.4	4	5,159	4,931	95.6	2
YES	3MJ(KS)	J	NO	34060	.03/06/2007	.07/25/2009			MEDICARE SUPPLEMENT	302,510	183,998	60.8	94	7,202	13,373	185.7	2
YES	3MK(KS)	F	NO	34060	.02/04/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,977		0.0	3			0.0	
0199999.	Total Policy Experience on Individual Policies									687,713	446,634	64.9	206	27,095	46,335	171.0	11

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MD(KY)	D	NO	34060	.10/30/2003	.07/25/2009			MEDICARE SUPPLEMENT			0.0				0.0	
YES	3ME(KY)	E	NO	34060	.11/16/2005	.07/25/2009			MEDICARE SUPPLEMENT	47,064	45,242	96.1	13			0.0	
YES	3MF(KY)	F	NO	34060	.10/30/2003			.05/31/2010	MEDICARE SUPPLEMENT	88,335	33,399	37.8	17			0.0	
YES	3MG(KY)	G	NO	34060	.10/30/2003	.07/25/2009			MEDICARE SUPPLEMENT	27,527	13,272	48.2	4			0.0	
YES	3MH(KY)	H	NO	34060	.09/10/2007	.07/25/2009			MEDICARE SUPPLEMENT	17,079	21,672	126.9	4			0.0	
YES	3MI(KY)	I	NO	34060	.06/02/2006	.07/25/2009			MEDICARE SUPPLEMENT	3,429	8,793	256.4	1			0.0	
0199999.	Total Policy Experience on Individual Policies									183,434	122,378	66.7	39	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF(LA)R.....	F.....	.....NO.....	....34060.....	.10/14/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	19,259	7,679	.....39.9	4	.....	.....	.....0.0	.....
.....YES.....	3MG(LA)R.....	G.....	.....NO.....	....34060.....	.10/14/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,091	2,748	.....18.2	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(LA).....	J.....	.....NO.....	....34060.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,903	1,125	.....28.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									38,253	11,552	.....30.2	8	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ID	D	NO	34060	.04/16/2004	.07/25/2009			MEDICARE SUPPLEMENT	5,710	4,993	87.4	2			0.0	
YES	3IE	E	NO	34060	.04/11/2006	.07/25/2009			MEDICARE SUPPLEMENT	12,618	7,115	56.4	4			0.0	
YES	3IF	F	NO	34060	.04/16/2004			.05/31/2010	MEDICARE SUPPLEMENT	73,833	63,795	86.4	20			0.0	
YES	3IG	G	NO	34060	.04/16/2004	.07/25/2009			MEDICARE SUPPLEMENT	127,307	70,605	55.5	40			0.0	
YES	3IK	F	NO	34060	.04/16/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	665		0.0	1			0.0	
0199999.	Total Policy Experience on Individual Policies									220,133	146,508	66.6	67	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF(MS).....	F.....	.....NO.....	....34060.....	.12/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,478	307	.....8.8	1	.....	.....	.....0.0	.....
.....YES.....	3MG(MS).....	G.....	.....NO.....	....34060.....	.12/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,057	2,443	.....27.0	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(MS).....	J.....	.....NO.....	....34060.....	.10/28/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,258	971	.....29.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									15,793	3,721	.....23.6	5	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MD(MT)	D	NO	34000	.10/21/2004	.07/25/2009			MEDICARE SUPPLEMENT	2,748	202	7.4	1			0.0	
YES	3MF(MT)	F	NO	34000	.10/21/2004			.05/31/2010	MEDICARE SUPPLEMENT	264,592	137,011	51.8	78			0.0	
YES	3MG(MT)	G	NO	34000	.10/21/2004	.07/25/2009			MEDICARE SUPPLEMENT	90,946	65,197	71.7	35			0.0	
YES	3MJ(MT)	J	NO	34000	.03/30/2007	.07/25/2009			MEDICARE SUPPLEMENT	32,171	30,694	95.4	11			0.0	
YES	3MK(MT)	F	NO	34000	.10/21/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,252		0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									391,709	233,104	59.5	127	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

360.NC

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MC(NC)	C	NO	34060	.06/08/2004	.07/25/2009			MEDICARE SUPPLEMENT	25,689	15,326	59.7	6			0.0	
YES	3MD(NC)	D	NO	34000	.06/08/2004	.07/25/2009			MEDICARE SUPPLEMENT	8,208	3,206	39.1	4			0.0	
YES	3ME(NC)	E	NO	34000	.12/16/2005	.07/25/2009			MEDICARE SUPPLEMENT	5,171	1,968	38.1	2			0.0	
YES	3MF(NC)	F	NO	34000	.06/08/2004			.05/31/2010	MEDICARE SUPPLEMENT	744,271	481,251	64.7	175			0.0	
YES	3MG(NC)	G	NO	34000	.06/08/2004	.07/25/2009			MEDICARE SUPPLEMENT	389,536	219,135	56.3	122			0.0	
YES	3MH(NC)	H	NO	34000	.02/08/2007	.07/25/2009			MEDICARE SUPPLEMENT	151,345	83,827	55.4	50	15,547	15,766	101.4	5
YES	3MI(NC)	I	NO	34000	.04/27/2006	.07/25/2009			MEDICARE SUPPLEMENT	14,291	3,069	21.5	4	3,232	2,266	70.1	1
YES	3MJ(NC)	J	NO	34060	.02/08/2007	.07/25/2009			MEDICARE SUPPLEMENT	507,657	302,685	59.6	130	17,465	9,125	52.2	5
YES	3MK(NC)	F	NO	34000	.06/08/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4		0.0				0.0	
0199999.	Total Policy Experience on Individual Policies									1,846,172	1,110,467	60.1	493	36,244	27,157	74.9	11

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF(ND).....	F.....	.....NO.....	....34000.....	.11/25/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	100,110	74,339	.....74.3	33	.....	.....	.....0.0	.....
.....YES.....	3MH(ND).....	H.....	.....NO.....	....34000.....	.02/27/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	1,906	2,238	.....117.4	1
.....YES.....	3MJ(ND).....	J.....	.....NO.....	....34000.....	.02/27/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,827	667	.....36.5	1	2,441	892	.....36.5	1
0199999.	Total Policy Experience on Individual Policies.....									101,937	75,006	.....73.6	34	4,347	3,130	.....72.0	2

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ME(NE)	E	NO	34000	.07/27/2005	.07/25/2009			MEDICARE SUPPLEMENT	9,652	6,750	69.9	4			0.0	
YES	3MF	F	NO	34000	.11/17/2003			.05/31/2010	MEDICARE SUPPLEMENT	797,917	598,473	75.0	195			0.0	
YES	3MG	G	NO	34000	.11/17/2003	.07/25/2009			MEDICARE SUPPLEMENT	127,778	164,291	128.6	36			0.0	
YES	3MH	H	NO	34000	.03/08/2007	.07/25/2009			MEDICARE SUPPLEMENT	2,264	3,414	150.8	1			0.0	
YES	3MI	I	NO	34000	.06/19/2006	.07/25/2009			MEDICARE SUPPLEMENT	2,189	4,320	197.4	1			0.0	
YES	3MJ	J	NO	34000	.03/08/2007	.07/25/2009			MEDICARE SUPPLEMENT	180,144	158,351	87.9	53			0.0	
YES	3MK	F	NO	34000	.11/17/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	826		0.0	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,120,770	935,599	83.5	291	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....New Mexico

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MG(NM).....	G.....	.....NO.....	....34000.....	.03/15/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,961	920	.....23.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,961	920	.....23.2	1	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF.....	F.....	.....NO.....	....34000.....	.11/17/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,436	20,211	.....123.0	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									16,436	20,211	.....123.0	4	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ME(OH)	E	NO	34000	.08/08/2005	.07/24/2009			MEDICARE SUPPLEMENT	22,152	25,009	112.9	8			0.0	
YES	3MF(OH)	F	NO	34000	.12/12/2003			.05/31/2010	MEDICARE SUPPLEMENT	137,368	121,628	88.5	28			0.0	
YES	3MG(OH)	G	NO	34000	.12/12/2003	.07/24/2009			MEDICARE SUPPLEMENT	101,026	55,971	55.4	26			0.0	
YES	3MH(OH)	H	NO	34000	.02/01/2007	.07/24/2009			MEDICARE SUPPLEMENT	25,777	20,179	78.3	9			0.0	
YES	3MI(OH)	I	NO	34000	.05/01/2006	.07/24/2009			MEDICARE SUPPLEMENT	33,606	17,632	52.5	11			0.0	
YES	3MJ(OH)	J	NO	34000	.02/01/2007	.07/24/2009			MEDICARE SUPPLEMENT	46,482	45,989	98.9	14			0.0	
YES	3MK(OH)	F	NO	34000	.12/12/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,411		0.0	1			0.0	
0199999.	Total Policy Experience on Individual Policies									367,822	286,408	77.9	97	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ME(OK)	E	NO	34000	.11/14/2005	.07/25/2009			MEDICARE SUPPLEMENT	9,394	3,522	37.5	3			0.0	
YES	3MF(OK)	F	NO	34000	.03/01/2004			.05/31/2010	MEDICARE SUPPLEMENT	22,914	11,556	50.4	6			0.0	
YES	3MG(OK)	G	NO	34000	.03/01/2004	.07/25/2009			MEDICARE SUPPLEMENT	22,770	7,063	31.0	8			0.0	
YES	3MH(OK)	H	NO	34000	.02/05/2007	.07/25/2009			MEDICARE SUPPLEMENT	2,096	55	2.6	1			0.0	
YES	3MI(OK)	I	NO	34000	.05/05/2006	.07/25/2009			MEDICARE SUPPLEMENT	2,532	239	9.4	1			0.0	
YES	3MJ(OK)	J	NO	34000	.02/05/2007	.07/25/2009			MEDICARE SUPPLEMENT	21,497	12,891	60.0	7			0.0	
0199999.	Total Policy Experience on Individual Policies									81,203	35,326	43.5	26	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF(OR).....	F.....	.....NO.....	....34060.....	.06/15/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	27,720	4,971	.....17.9	8	.....	.....	.....0.0	.....
.....YES.....	3MG(OR).....	G.....	.....NO.....	....34060.....	.06/15/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,821	4,537	.....77.9	2	.....	.....	.....0.0	.....
.....YES.....	3MI(OR).....	I.....	.....NO.....	....34060.....	.09/07/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,235	1,705	.....52.7	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(OR).....	J.....	.....NO.....	....34060.....	.02/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	31	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									36,807	11,213	.....30.5	11	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MB(PA)	B	NO	34060	.05/12/2004			.05/31/2010	MEDICARE SUPPLEMENT	2,492	1,459	58.5				0.0	
YES	3MC(PA)	C	NO	34060	.05/12/2004	.07/26/2009			MEDICARE SUPPLEMENT	16,067	8,875	55.2	3			0.0	
YES	3MD(PA)	D	NO	34060	.05/12/2004	.07/26/2009			MEDICARE SUPPLEMENT	118,459	88,165	74.4	34			0.0	
YES	3MF(PA)	F	NO	34060	.05/12/2004			.05/31/2010	MEDICARE SUPPLEMENT	85,506	40,490	47.4	20			0.0	
YES	3MG(PA)	G	NO	34060	.05/12/2004	.07/26/2009			MEDICARE SUPPLEMENT	418,491	318,400	76.1	110			0.0	
YES	3MI(PA)	I	NO	34060	.08/23/2006	.07/26/2009			MEDICARE SUPPLEMENT	23,102	14,566	63.1	6			0.0	
0199999.	Total Policy Experience on Individual Policies									664,117	471,955	71.1	173	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MD	D	NO	34000	.10/09/2003	.07/25/2009			MEDICARE SUPPLEMENT	3,473	4,278	123.2	1			0.0	
YES	3MF	F	NO	34000	.10/09/2003			.05/31/2010	MEDICARE SUPPLEMENT	76,377	61,767	80.9	21			0.0	
YES	3MG	G	NO	34000	.10/09/2003	.07/25/2009			MEDICARE SUPPLEMENT	54,233	22,510	41.5	17			0.0	
YES	3MH	H	NO	34000	.02/23/2007	.07/25/2009			MEDICARE SUPPLEMENT	7,534	3,547	47.1	3			0.0	
YES	3MI	I	NO	34000	.05/18/2006	.07/25/2009			MEDICARE SUPPLEMENT	111,305	66,422	59.7	37			0.0	
YES	3MJ	J	NO	34000	.02/23/2007	.07/25/2009			MEDICARE SUPPLEMENT	208,396	120,027	57.6	64			0.0	
0199999.	Total Policy Experience on Individual Policies									461,318	278,551	60.4	143	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MF.....	F.....	.....NO.....	....34060.....	.11/19/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	32,346	10,824	.....33.5	10	.....	.....	.....0.0	.....
.....YES.....	3MG(SD).....	G.....	.....NO.....	....34060.....	.11/19/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,045	753	.....12.5	2	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	.....NO.....	....34060.....	.01/17/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,956	234	.....7.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									41,347	11,811	.....28.6	13	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MD(TN)	D	NO	34000	.12/02/2003	.07/26/2009			MEDICARE SUPPLEMENT	9,866	34,690	351.6	4			0.0	
YES	3ME(TN)	E	NO	34000	.08/30/2005	.07/26/2009			MEDICARE SUPPLEMENT	16,041	13,942	86.9	6			0.0	
YES	3MF(TN)	F	NO	34000	.12/02/2003			.05/31/2010	MEDICARE SUPPLEMENT	85,608	61,202	71.5	24			0.0	
YES	3MG(TN)	G	NO	34000	.12/02/2003	.07/26/2009			MEDICARE SUPPLEMENT	117,619	48,383	41.1	42			0.0	
YES	3MH(TN)	H	NO	34000	.06/29/2007	.07/26/2009			MEDICARE SUPPLEMENT			0.0				0.0	
YES	3MI(TN)	I	NO	34000	.07/14/2006	.07/26/2009			MEDICARE SUPPLEMENT	16,586	5,052	30.5	6			0.0	
YES	3MK(TN)	F	NO	34000	.12/02/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,605	3,793	236.3	2			0.0	
0199999.	Total Policy Experience on Individual Policies									247,325	167,062	67.5	84	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MA(TX)	A	NO	34060	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	7,742	1,097	14.2	2			0.0	
YES	3MC(TX)	C	NO	34000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	3,153	849	26.9	1			0.0	
YES	3MD(TX)	D	NO	34000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	45,143	28,822	63.8	12			0.0	
YES	3ME(TX)	E	NO	34000	12/30/2005	07/31/2009			MEDICARE SUPPLEMENT	65,193	57,832	88.7	23			0.0	
YES	3MF(TX)	F	NO	34000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT	753,794	425,902	56.5	146			0.0	
YES	3MG(TX)	G	NO	34000	12/11/2003	07/31/2009			MEDICARE SUPPLEMENT	332,537	252,348	75.9	81			0.0	
YES	3MH(TX)	H	NO	34000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	4,900	14,116	288.1	2			0.0	
YES	3MI(TX)	I	NO	34000	06/15/2006	07/31/2009			MEDICARE SUPPLEMENT	35,865	31,620	88.2	12			0.0	
YES	3MJ(TX)	J	NO	34000	02/21/2007	07/31/2009			MEDICARE SUPPLEMENT	149,209	98,582	66.1	48			0.0	
YES	3MK(TX)	F	NO	34000	12/11/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	7,030	11,273	160.4	6			0.0	
0199999.	Total Policy Experience on Individual Policies									1,404,566	922,441	65.7	333	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3MJ(UT).....	J.....	.....NO.....	....34000.....	.02/02/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,316	134	.....5.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,316	134	.....5.8	1	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MC(VA)	C	NO	34000	.08/05/2004	.07/26/2009			MEDICARE SUPPLEMENT	6,272	4,609	73.5	2			0.0	
YES	3MD(VA)	D	NO	34000	.08/05/2004	.07/26/2009			MEDICARE SUPPLEMENT	49,889	89,374	179.1	18			0.0	
YES	3MF(VA)	F	NO	34000	.08/05/2004			.05/31/2010	MEDICARE SUPPLEMENT	668,188	477,872	71.5	224			0.0	
YES	3MG(VA)	G	NO	34000	.08/05/2004	.07/26/2009			MEDICARE SUPPLEMENT	240,527	132,915	55.3	95			0.0	
YES	3MH(VA)	H	NO	34000	.06/06/2007	.07/26/2009			MEDICARE SUPPLEMENT	113,274	67,856	59.9	45	65,878	46,034	69.9	31
YES	3MI(VA)	I	NO	34000	.11/07/2006	.07/26/2009			MEDICARE SUPPLEMENT	243,111	200,479	82.5	98	55,640	61,433	110.4	23
YES	3MJ(VA)	J	NO	34000	.06/06/2007	.07/26/2009			MEDICARE SUPPLEMENT	990,616	784,071	79.1	378	93,254	77,460	83.1	32
YES	3MK(VA)	F	NO	34000	.08/05/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,315		0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									2,313,192	1,757,176	76.0	862	214,772	184,927	86.1	86

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0084
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
.....YES.....	3WA.....	O.....	.....NO.....	....34060.....	.04/14/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,751	409	.....10.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,751	409	.....10.9	1	0	0	.....0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3ME	E	NO	34000	12/01/2005	07/26/2009			MEDICARE SUPPLEMENT	3,361	465	13.8	1			0.0	
YES	3MF	F	NO	34000	11/24/2003			05/31/2010	MEDICARE SUPPLEMENT	10,256	1,443	14.1	2			0.0	
YES	3MG	G	NO	34000	11/24/2003	07/26/2009			MEDICARE SUPPLEMENT	12,176	1,523	12.5	3			0.0	
YES	3MJ	J	NO	34000	02/28/2007	07/26/2009			MEDICARE SUPPLEMENT	3,678	9,456	257.1	1			0.0	
YES	3MK	F	NO	34000	11/24/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,424		0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									31,895	12,887	40.4	9	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **CENTRAL RESERVE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0084
NAIC Company Code.....61727
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										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
Individual Policies																	
YES	3MF(WY)	F	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	90,120	44,061	48.9	23			0.0	
YES	3MG(WY)	G	NO	34000	.12/05/2003	.07/26/2009			MEDICARE SUPPLEMENT	12,658	10,283	81.2	4			0.0	
YES	3MJ(WY)	J	NO	34000	.01/19/2007	.07/26/2009			MEDICARE SUPPLEMENT	1,994	3,036	152.3				0.0	
YES	3MK(WY)	F	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,053	5,393	512.2	1			0.0	
0199999.	Total Policy Experience on Individual Policies									105,825	62,773	59.3	28	0	0	0.0	0

360.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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

SCHEDULE O SUPPLEMENT

For the year ended December 31, 2011
(To Be Filed March 1)

Of The.....CENTRAL RESERVE LIFE INSURANCE COMPANY
Address (City, State, Zip Code).....Cincinnati, OH 45202
NAIC Group Code.....0084 NAIC Company Code.....61727 Employer's ID Number.....34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2007	2008	2009	2010	2011 (a)
1. Prior	11		1		
2. 2007	77	12	1		
3. 2008	XXX	141	20		
4. 2009	XXX	XXX	(282)	6	
5. 2010	XXX	XXX	XXX	56	5
6. 2011	XXX	XXX	XXX	XXX	41

Section B - Other Accident and Health

1. Prior	1,464	103	53		
2. 2007	11,623	1,856	49	1	
3. 2008	XXX	11,666	1,480	13	
4. 2009	XXX	XXX	9,007	857	
5. 2010	XXX	XXX	XXX	7,413	619
6. 2011	XXX	XXX	XXX	XXX	5,808

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

Section B - Other Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

Section C - Credit Accident and Health

1. Prior					
2. 2007					
3. 2008	XXX				
4. 2009	XXX	XXX			
5. 2010	XXX	XXX	XXX		
6. 2011	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

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	2	3	4	5
	2007	2008	2009	2010	2011
1. 2007	87	89	90	XXX	XXX
2. 2008	XXX	150	161	161	XXX
3. 2009	XXX	XXX	(273)	(218)	(276)
4. 2010	XXX	XXX	XXX	61	9,934
5. 2011	XXX	XXX	XXX	XXX	46

Section B - Other Accident and Health

1. 2007	13,634	13,531	13,528	XXX	XXX
2. 2008	XXX	13,544	13,171	13,159	XXX
3. 2009	XXX	XXX	10,105	18,696	9,864
4. 2010	XXX	XXX	XXX	8,169	8,174
5. 2011	XXX	XXX	XXX	XXX	6,424

Section C - Credit Accident and Health

1. 2007				XXX	XXX
2. 2008	XXX	NONE			XXX
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2007	2008	2009	2010	2011
1. 2007	87	89	90		
2. 2008	XXX	150	161	161	
3. 2009	XXX	XXX	(273)	(218)	(276)
4. 2010	XXX	XXX	XXX	61	9,934
5. 2011	XXX	XXX	XXX	XXX	46

Section B - Other Accident and Health

1. 2007	13,634	13,531	13,528		
2. 2008	XXX	13,544	13,171	13,159	
3. 2009	XXX	XXX	10,105	18,696	9,864
4. 2010	XXX	XXX	XXX	8,169	8,174
5. 2011	XXX	XXX	XXX	XXX	6,424

Section C - Credit Accident and Health

1. 2007					
2. 2008	XXX				
3. 2009	XXX	XXX			
4. 2010	XXX	XXX	XXX		
5. 2011	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	82
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	Development	15
9. Credit accident and health	None	
10. Other accident and health	Development	617
11. Total		714

Sch. O-Pt. 1-Sn. D
NONE

Sch. O-Pt. 1-Sn. E
NONE

Sch. O-Pt. 1-Sn. F
NONE

Sch. O-Pt. 1-Sn. G
NONE

Sch. O-Pt. 2-Sn. D
NONE

Sch. O-Pt. 2-Sn. E
NONE

Sch. O-Pt. 2-Sn. F
NONE

Sch. O-Pt. 2-Sn. G
NONE

Sch. O-Pt. 3-Sn. D
NONE

Sch. O-Pt. 3-Sn. E
NONE

Sch. O-Pt. 3-Sn. F
NONE

Sch. O-Pt. 3-Sn. G
NONE

Sch. O-Pt. 4-Sn. D
NONE

Sch. O-Pt. 4-Sn. E
NONE

Sch. O-Pt. 4-Sn. F
NONE

Sch. O-Pt. 4-Sn. G
NONE

2011 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

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
									10	11	12					
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	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	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

NONE

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PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0996797				American Financial Enterprises, Inc	CT	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.00	American Financial Group, Inc	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	51.00	American Financial Group, Inc	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000765				American Premier Underwriters, Inc	PA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			37-1094159				Cal Coal, Inc	IL	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1548213				Magnolia Alabama Holdings, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6021353				The Owasco River Railway, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1236926				PCC Real Estate, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			76-0080537				PCC Technical Industries, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1388401				PCC Maryland Realty Corp	MD	NIA	PCC Technical Industries, Inc	Ownership	100.00	American Financial Group, Inc	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1537928				Penn Towers, Inc	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc	Ownership	66.67	American Financial Group, Inc	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	83.00	American Financial Group, Inc	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
							GAI Insurance Company, Ltd	BM	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			31-1446308				Hangar Acquisition Corp	OH	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508643				PLLS, Ltd	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508644				Premier Lease & Loan Services of Canada, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.00	American Financial Group, Inc	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			27-4521779				Atlas Building Company, LLC	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	

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			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			31-1733037				Flextech Holding Co., Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			98-0606803				GAI Holding Bermuda Ltd.	BM	NIA	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	
			98-0556144				GAI Indemnity, Ltd.	GB	IA	GAI Holding Bermuda Ltd.	Ownership	100.00	American Financial Group, Inc.	
							Marketform Group Limited	GB	NIA	GAI Holding Bermuda Ltd.	Ownership	71.60	American Financial Group, Inc.	
							Marketform Holdings Limited	GB	NIA	Marketform Group Limited	Ownership	100.00	American Financial Group, Inc.	
							Caduceus Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
			98-0412245				Lavenham Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Gabinete Marketform SL	ES	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Australia Pty Limited	AU	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Studio Marketform SRL	IT	NIA	Marketform Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Management Services Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Managing Agency Limited	GB	NIA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
			98-0431601				Sampford Underwriting Limited	GB	IA	Marketform Holdings Limited	Ownership	100.00	American Financial Group, Inc.	
							Marketform Trust Company Limited	GB	NIA	Marketform Group Limited	Ownership	100.00	American Financial Group, Inc.	
			06-1356481				Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	100.00	American Financial Group, Inc.	1
			31-1475936				AAG Holding Company, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.00	American Financial Group, Inc.	
			58-646032				Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	63312	13-1935920				Great American Life Insurance Company	OH	IA	AAG Holding Company, Inc.	Ownership	100.00	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	62.50	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	62.50	American Financial Group, Inc.	2
			26-0756104				Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	93661	31-1021738				Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.00	American Financial Group, Inc.	
			27-0513333				Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.00	American Financial Group, Inc.	
			20-1246122				Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	99.00	American Financial Group, Inc.	
			36-3383108				Consolidated Financial Corporation	MI	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			45-3988240				FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			20-4604276				GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			45-3829557				GALIC - Stoneleigh, LLC	FL	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
			31-1391777				GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	80.00	American Financial Group, Inc.	
			45-1144095				GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	65.00	American Financial Group, Inc.	2
			27-1026964				GALIC Port Orange, LLC	FL	NIA	Great American Life Insurance Company	Ownership	48.00	American Financial Group, Inc.	2
			26-3260520				Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc.	
0084	American Financial Group, Inc.	67083	45-0252531				Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	100.00	American Financial Group, Inc.	

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			52-2179330				Skipjack Marina Corp	MD	NIA	Great American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			20-3568924				Loyal American Holding Corporation	OH	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65722	63-0343428				Loyal American Life Insurance Company	OH	IA	Loyal American Holding Corporation	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	88366	59-2760189				American Retirement Life Insurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			45-4121852				GALAC Holding Company	OH	NIA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	62200	95-2496321				Great American Life Assurance Company	OH	IA	Loyal American Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
			74-2180806				United Teacher Associates, Ltd	TX	NIA	AAG Holding Company, Inc	Ownership	100.00	American Financial Group, Inc	1
0084	American Financial Group, Inc	63479	58-0869673				United Teacher Associates Insurance Company	TX	IA	United Teacher Associates, Ltd	Ownership	100.00	American Financial Group, Inc	
			31-1422717				AAG Insurance Agency, Inc	KY	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1017531				Ceres Group, Inc	DE	UDP	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	61727	34-0970995				Central Reserve Life Insurance Company	OH		Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	67903	23-1335885				Provident American Life & Health Insurance Company	OH	DS	Central Reserve Life Insurance Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	65269	75-2305400				United Benefit Life Insurance Company	OH	DS	Provident American Life & Health Insurance Company	Ownership	100.00	American Financial Group, Inc	
			34-1880408				Ceres Administrators, L.L.C	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1947043				Ceres Sales, LLC	DE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			34-1920479				HealthMark Sales, LLC	DE	NIA	Ceres Sales, LLC	Ownership	100.00	American Financial Group, Inc	
			47-0717079				Continental General Corporation	NE	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	71404	47-0463747				Continental General Insurance Company	OH	IA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			47-0562685				Continental Print & Photo Co	NE	NIA	Continental General Corporation	Ownership	100.00	American Financial Group, Inc	
			34-1947042				QQAgency of Texas, Inc	TX	NIA	Ceres Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1395344				Great American Advisors, Inc	OH	NIA	Great American Financial Resources, Inc	Ownership	100.00	American Financial Group, Inc	
			42-1575938				Great American Holding, Inc	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-3062314				Agricultural Services, LLC	OH	NIA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
			45-4110027				Unites States Commodities Producers LLC	MT	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
			27-2354685				United States Livestock Producers, LLC	NV	NIA	Agricultural Services, LLC	Ownership	51.30	American Financial Group, Inc	
0084	American Financial Group, Inc	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Livestock Producers, LLC	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	35351	31-0912199				American Empire Surplus Lines Insurance Company	DE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	37990	31-0973761				American Empire Insurance Company	OH	IA	American Empire Surplus Lines Insurance Company	Ownership	100.00	American Financial Group, Inc	
			59-1671722				American Empire Underwriters, Inc	TX	NIA	American Empire Insurance Company	Ownership	100.00	American Financial Group, Inc	
							Great American International Insurance Limited	IE	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	23418	73-0556513				Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	15380	73-1406844				Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	13794	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE	IA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc	OK	NIA	Mid-Continent Casualty Company	Ownership	100.00	American Financial Group, Inc	

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0084..	American Financial Group, Inc...	23426....	73-0773259..	.....	.....	.....	Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company	TC	IA	Great American Holding, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	16691....	31-0501234..	.....	.....	.....	Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	.....37.50	American Financial Group, Inc.	2.....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañia de Seguros, S.A. de C.V.	MX	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Financiadora de Primas Condor, S.A. de C.V.	MX	NIA	El Aguila, Compañia de Seguros, S.A. de C.V.	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.	NY	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management	.....	American Financial Group, Inc.	3.....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.	CN	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	.....35.00	American Financial Group, Inc.	2.....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Insurance Company	Ownership	.....32.00	American Financial Group, Inc.	2.....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.	TX	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26832....	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	26344....	15-6020948..	.....	.....	.....	Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	39896....	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.	DE	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	10646....	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	37532....	31-0954439..	.....	.....	.....	Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	41858....	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....

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0084..	American Financial Group, Inc...	22136....	13-5539046..	.....	.....	.....	Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38024....	31-0974853..	.....	.....	.....	Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc.....	4.....
.....	.....	.....	31-1073664..	.....	.....	.....	Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0856644..	.....	.....	.....	Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	38580....	31-1288778..	.....	.....	.....	Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0918893..	.....	.....	.....	Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	31135....	31-1209419..	.....	.....	.....	Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	33723....	31-1237970..	.....	.....	.....	Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-1263251..	.....	.....	.....	Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607394..	.....	0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....52.40	American Financial Group, Inc.....	.....
.....	.....	.....	34-1899058..	.....	.....	.....	American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1548235..	.....	.....	.....	Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0191335..	.....	.....	.....	Hudson Indemnity, Ltd.....	KY.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	66-0660039..	.....	.....	.....	Hudson Management Group, Ltd.....	VI.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	34-1607396..	.....	.....	.....	National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4670968..	.....	.....	.....	Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	32620....	34-1607395..	.....	.....	.....	National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	11051....	99-0345306..	.....	.....	.....	National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41106....	95-3623282..	.....	.....	.....	Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1415856..	.....	.....	.....	Vanliner Group, Inc.....	DE.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	43-1254631..	.....	.....	.....	TransProtection Service Company.....	MO.....	NIA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	21172....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BM.....	IA.....	Vanliner Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	23-2825108..	.....	.....	.....	Safety, Claims & Litigation Services, Inc.....	PA.....	NIA.....	National Interstate Corporation.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Penn Central U.K. Limited.....	GB.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Insurance (GB) Limited.....	GB.....	IA.....	Penn Central U.K. Limited.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	871,850,814	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....49.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1737792..	.....	.....	.....	Superior NWVN of Ohio, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	.....100.00	American Financial Group, Inc.	.....

Asteris	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.