
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730
(Current Period) (Prior Period)

NAIC Company Code..... 62375

Employer's ID Number..... 21-0706531

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... October 3, 1955

Commenced Business..... October 3, 1955

Statutory Home Office

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Mail Address

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

2060 East Ninth Street..... Cleveland OH 44115-1355
(Street and Number) (City or Town, State and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Internet Web Site Address

www.ConsumersLife.com

Statutory Statement Contact

Sharon Matonis

216-687-6049

(Name)

Sharon.Matonis@mmoh.com

(Area Code) (Telephone Number) (Extension)

(E-Mail Address)

216-687-1579

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard A. Chircosta	President	2. Patrick J. Dugan	Secretary
3. Dennis P. Jancsy	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

Jared P. Chaney	Richard A. Chircosta	Patrick J. Dugan	Dennis P. Jancsy
Steffany K. Matticola			

State of..... Ohio
County of.... Cuyahoga

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) Richard A. Chircosta	(Signature) Patrick J. Dugan	(Signature) Dennis P. Jancsy
1. (Printed Name) President	2. (Printed Name) Secretary	3. (Printed Name) Treasurer
(Title)	(Title)	(Title)

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

a. Is this an original filing?
b. If no 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

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.....730

Address (City, State and Zip Code).....2060 East Ninth Street, Cleveland, Ohio 44115-1355

Person Completing This Exhibit.....Joseph Rolling

NAIC Company Code.....62375

Title.....Director, Actuarial Services.....Telephone Number.....216-687-7299

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010 & 2011		
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			

Individual Policies

.....YES.....	STM-GA/NG2008-A; S A.....	S A.....	NO.....	34.....	07/29/2008	.....	.....	.....	Individual Medicare Supplement Policy Plan A	.....	.....	.....	0.0	.....	.....	.....
.....YES.....	STM-GA/NG2008-B; S B.....	S B.....	NO.....	34.....	07/29/2008	.....	.....	.....	Individual Medicare Supplement Policy Plan B	.....	.....	.....	0.0	.....	.....	.....
.....YES.....	STM-GA/NG2008-C; S C.....	S C.....	NO.....	34.....	07/29/2008	.....	.....	.....	Individual Medicare Supplement Policy Plan C	.....	.....	.....	0.0	.....	1,832	.....
.....YES.....	STM-GA/NG2008-F; S F.....	S F.....	NO.....	34.....	07/29/2008	.....	.....	.....	Individual Medicare Supplement Policy Plan F	.....	.....	.....	0.0	.....	21,135	.....
.....YES.....	STM-GA/NG2008-F H F.....	F H F.....	NO.....	34.....	07/29/2008	.....	.....	.....	Individual Medicare Supplement Policy High Ded Plan F	.....	.....	.....	0.0	.....	756	.....
0199999.	Total Policy Experience on Individual Policies.....									.....	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..... 2060 East Ninth Street Cleveland Ohio 44115-1355
 - 2.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 2060 East Ninth Street Cleveland Ohio 44115-1355
 - 3.2 Contact person and phone number..... Nancy Ross-Bell 216-687-7299
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.....Ohio



NAIC Group Code.....730

Address (City, State and Zip Code).....2060 East Ninth Street, Cleveland, Ohio 44115-1355

Person Completing This Exhibit.....Joseph Rolling

NAIC Company Code.....62375

Title.....Director, Actuarial Services.....Telephone Number.....216-687-7299

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2008			Policies Issued in 2009, 2010 & 2011				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

.....YES.....	STM-NG2006-A.....	A.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan A	.....11,528	.....15,064	.....130.7	.....7	.....	.....	.....0.0	.....
.....YES.....	STM-NG2006-C.....	C.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan C	.....249,789	.....190,237	.....76.2	.....106	.....	.....	.....0.0	.....
.....YES.....	STM-NG2006-F.....	F.....	NO.....	34.....	12/05/2005	.....	.....	12/31/2007	Medicare Supplement Individual Policy - Plan F	.....508,430	.....316,983	.....62.3	.....217	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....769,747	.....522,284	.....67.9	.....330	.....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..... 2060 East Ninth Street Cleveland Ohio 44115-1355
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