



ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084	NAIC Company Code..... 63312	Employer's ID Number..... 13-1935920
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... December 29, 1961	Commenced Business..... August 13, 1963	
Statutory Home Office	301 East Fourth Street..... Cincinnati OH 45202	
	(Street and Number) (City or Town, State and Zip Code)	
Main Administrative Office	301 East Fourth Street..... Cincinnati OH 45202	513-357-3300-
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Mail Address	Post Office Box 5420..... Cincinnati OH 45201	
	(Street and Number or P. O. Box) (City or Town, State and Zip Code)	
Primary Location of Books and Records	301 East Fourth Street..... Cincinnati OH 45202	513-357-3300-
	(Street and Number) (City or Town, State and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.gafri.com	
Statutory Statement Contact	Brian Patrick Sponaugle	513-412-2931-
	(Name)	(Area Code) (Telephone Number) (Extension)
	bsponaugle@gafri.com	513-412-1673-
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. Mark Francis Muething	Secretary
3. Christopher Patrick Miliano	Treasurer	4. Richard Lee Sutton	Actuary

OTHER

John Paul Gruber	Senior Vice President	Adrienne Susan Kessling	Senior Vice President
Paul Adolph Severt	Vice President	Brian Patrick Sponaugle #	Vice President
Bradley Allen Wolfram	Vice President		

DIRECTORS OR TRUSTEES

Jeffrey Gene Hester	Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething
Michael James Prager			

State of..... Ohio
County of..... Hamilton

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)
Mark Francis Muething	Christopher Patrick Miliano	John Paul Gruber
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Secretary	Treasurer	Senior Vice President
(Title)	(Title)	(Title)

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

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	66	20,500,661		(a).....		259,242			66	20,759,903
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	284,301			7	(243,529)			4	40,772
23. In force December 31 of current year.....	63	20,784,963	0	(a).....0	7	15,713	0	0	70	20,800,676

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN Other Alien #2 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	77,500				77,500
2. Annuity considerations.....	142,415		500		142,915
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	219,915	0	500	0	220,415
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.....	1,024,251				1,024,251
12. Surrender values and withdrawals for life contracts.....	1,639,816		2,368		1,642,184
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,664,068	0	2,368	0	2,666,436

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	28,409				28,409
2. Annuity considerations.....	249,517				249,517
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	277,926	0	0	0	277,926
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.....	201,344		-		201,344
12. Surrender values and withdrawals for life contracts.....	252,661		-		252,661
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.....	454,005	.0	.0	.0	454,005

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	55	8,754,277		(a).....					55	8,754,277
21. Issued during year.....		-							.0	.0
22. Other changes to in force (Net).....		73,302			1	-			1	73,302
23. In force December 31 of current year.....	55	8,827,579	.0	(a).....0	1	.0	.0	.0	56	8,827,579

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	76,422	79,225			(1,457)
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).....	76,422	79,225	.0	.0	(1,457)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	76,422	79,225	.0	.0	(1,457)

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	530,679				530,679
2. Annuity considerations.....	60,978,338		23,601		61,001,939
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	61,509,017	0	23,601	0	61,532,618
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.....	411,007		4,103		415,110
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,993,367				1,993,367
12. Surrender values and withdrawals for life contracts.....	6,586,467		36,622		6,623,089
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,990,841	0	40,724	0	9,031,566

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	401,000							3	401,000
Settled during current year:										
18.1 By payment in full.....	3	401,000							3	401,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	401,000	0	0	0	0	0	0	3	401,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	401,000	0	0	0	0	0	0	3	401,000
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.....	708	160,925,578		(a).....		2,656			708	160,928,234
21. Issued during year.....	3	126,000							3	126,000
22. Other changes to in force (Net).....	(66)	(8,540,334)			-	9,625			(66)	(8,530,709)
23. In force December 31 of current year	645	152,511,245	0	(a).....0	0	12,281	0	0	645	152,523,526

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	298,565	300,777		202,370	194,655
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).....	298,565	300,777	0	202,370	194,655
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	298,565	300,777	0	202,370	194,655

(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 ARKANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	456,827				456,827
2. Annuity considerations.....	17,623,138				17,623,138
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	18,079,965	0	0	0	18,079,965
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		96,294		146,294
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,170,376		-		1,170,376
12. Surrender values and withdrawals for life contracts.....	2,064,882		132,593		2,197,475
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.....	3,285,258	0	228,887	0	3,514,145

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					2	5,930			2	5,930
17. Incurred during current year.....	1	50,000			19	91,806			20	141,806
Settled during current year:										
18.1 By payment in full.....	1	50,000			20	96,294			21	146,294
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	20	96,294	0	0	21	146,294
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	20	96,294	0	0	21	146,294
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	1,442	0	0	1	1,442
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	570	113,105,873		(a)		2,166,123			570	115,271,996
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(46)	(9,466,012)			-	(71,034)			(46)	(9,537,046)
23. In force December 31 of current year	524	103,639,862	0	(a)	0	2,095,089	0	0	524	105,734,951

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	8,861	9,073		3,102	2,941
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).....	8,861	9,073	0	3,102	2,941
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,861	9,073	0	3,102	2,941

(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 ARIZONA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,179,004				1,179,004
2. Annuity considerations.....	38,410,565		161,139		38,571,703
3. Deposit-type contract funds.....	40,271	XXX		XXX	40,271
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	39,629,841	0	161,139	0	39,790,979
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.....	2,623,093		-		2,623,093
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	5,961,945		39,945		6,001,890
12. Surrender values and withdrawals for life contracts.....	10,206,724		1,062,790		11,269,514
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.....	18,791,762	0	1,102,735	0	19,894,497

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	100,000							2	100,000
17. Incurred during current year.....	17	2,729,115							17	2,729,115
Settled during current year:										
18.1 By payment in full.....	16	2,610,115							16	2,610,115
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	2,610,115	0	0	0	0	0	0	16	2,610,115
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	2,610,115	0	0	0	0	0	0	16	2,610,115
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	219,000	0	0	0	0	0	0	3	219,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,613	328,791,244	(a)			33,518			1,613	328,824,762
21. Issued during year.....	1	5,000							1	5,000
22. Other changes to in force (Net).....	(144)	(27,639,953)			-	13,679			(144)	(27,626,274)
23. In force December 31 of current year.....	1,470	301,156,291	0	(a) 0	0	47,197	0	0	1,470	301,203,488

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	11,760	11,773		19,271	18,565
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).....	11,760	11,773	0	19,271	18,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,760	11,773	0	19,271	18,565

(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.



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,665,909				11,665,909
2. Annuity considerations.....	207,287,076		5,543,915		212,830,990
3. Deposit-type contract funds.....	692,087	XXX		XXX	692,087
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	219,645,072	0	5,543,915	0	225,188,986
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.....	9,146,080		1,632		9,147,711
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	56,748,851		979,777		57,728,628
12. Surrender values and withdrawals for life contracts.....	59,890,537		20,852,650		80,743,187
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.....	125,785,468	0	21,834,058	0	147,619,526

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	555,000							6	555,000
17. Incurred during current year.....	119	9,244,213			2	1,435			121	9,245,648
Settled during current year:										
18.1 By payment in full.....	107	9,142,388			2	1,435			109	9,143,823
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	107	9,142,388	0	0	2	1,435	0	0	109	9,143,823
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	3	180,582							3	180,582
18.6 Total settlements.....	110	9,322,969	0	0	2	1,435	0	0	112	9,324,404
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	15	476,244	0	0	0	0	0	0	15	476,244
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15,505	3,510,276,558		(a).....		84,050			15,505	3,510,360,608
21. Issued during year.....	5	710,000							5	710,000
22. Other changes to in force (Net).....	(1,094)	(233,836,017)			-	(611)			(1,094)	(233,836,628)
23. In force December 31 of current year.....	14,416	3,277,150,540	0	(a).....0	0	83,439	0	0	14,416	3,277,233,979

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	23,055	25,672		15,767	17,893
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).....	23,055	25,672	0	15,767	17,893
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	23,055	25,672	0	15,767	17,893

(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 CANADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,700				5,700
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,700	0	0	0	5,700
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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	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	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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	734,893				734,893
2. Annuity considerations.....	17,286,575		36,218		17,322,792
3. Deposit-type contract funds.....	140,801	XXX		XXX	140,801
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	18,162,268	0	36,218	0	18,198,486
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.....	2,355,547		42,799		2,398,346
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	3,955,648				3,955,648
12. Surrender values and withdrawals for life contracts.....	3,699,584		322,943		4,022,527
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.....	10,010,779	0	365,742	0	10,376,521

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000			1	3,728			2	103,728
17. Incurred during current year.....	12	2,534,300			10	40,295			22	2,574,595
Settled during current year:										
18.1 By payment in full.....	11	2,355,547			10	42,799			21	2,398,346
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	2,355,547	0	0	10	42,799	0	0	21	2,398,346
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	177,753							1	177,753
18.6 Total settlements.....	12	2,533,300	0	0	10	42,799	0	0	22	2,576,099
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	101,000	0	0	1	1,224	0	0	2	102,224
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	978	220,470,277		(a).....		888,625			978	221,358,902
21. Issued during year.....	1	250,000							1	250,000
22. Other changes to in force (Net).....	(83)	(21,185,288)			-	(33,664)			(83)	(21,218,952)
23. In force December 31 of current year	896	199,534,989	0	(a).....0	0	854,961	0	0	896	200,389,950

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	147,023	147,056		39,427	112,763
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).....	147,023	147,056	0	39,427	112,763
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	147,023	147,056	0	39,427	112,763

(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 CONNECTICUT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	851,298		(38,428)		812,870
2. Annuity considerations.....	65,776,086		64,463		65,840,549
3. Deposit-type contract funds.....	138,835	XXX		XXX	138,835
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	66,766,219	0	26,036	0	66,792,255
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.....	2,140,105		708,738		2,848,843
10. Matured endowments.....	-		9,689		9,689
11. Annuity benefits.....	11,251,084		11,969		11,263,053
12. Surrender values and withdrawals for life contracts.....	11,399,520		80,250		11,479,770
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.....	24,790,710	0	810,646	0	25,601,356

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	250,000			3	16,931			4	266,931
17. Incurred during current year.....	18	1,893,803			119	701,496			137	2,595,299
Settled during current year:										
18.1 By payment in full.....	18	2,136,103			122	718,427			140	2,854,530
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	2,136,103	0	0	122	718,427	0	0	140	2,854,530
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	2,136,103	0	0	122	718,427	0	0	140	2,854,530
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,700	0	0	0	0	0	0	1	7,700
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,563	235,716,218		(a).....		7,772,861			1,563	243,489,079
21. Issued during year.....	1	250,000							1	250,000
22. Other changes to in force (Net).....	(85)	(13,541,336)			1	(759,252)			(84)	(14,300,588)
23. In force December 31 of current year.....	1,479	222,424,882	0	(a).....0	1	7,013,609	0	0	1,480	229,438,491

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	8,908	8,974			1,988
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).....	8,908	8,974	0	0	1,988
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,908	8,974	0	0	1,988

(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 DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	86,887				86,887
2. Annuity considerations.....	1,397,869		1,050		1,398,919
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,484,757	0	1,050	0	1,485,807
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.....	264,302		-		264,302
12. Surrender values and withdrawals for life contracts.....	253,992		2,186		256,178
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.....	568,294	0	2,186	0	570,479

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
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.....	130	18,126,003	(a)						130	18,126,003
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(9)	(761,976)			-	-			(9)	(761,976)
23. In force December 31 of current year	121	17,364,027	0	(a)0	0	0	0	0	121	17,364,027

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	144,503				144,503
2. Annuity considerations.....	15,142,293		50		15,142,343
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,286,795	0	50	0	15,286,845
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.....	300,000		-		300,000
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	867,412		1,122		868,533
12. Surrender values and withdrawals for life contracts.....	1,200,722		-		1,200,722
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,368,134	0	1,122	0	2,369,256

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	300,000							1	300,000
Settled during current year:										
18.1 By payment in full.....	1	300,000							1	300,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	300,000	0	0	0	0	0	0	1	300,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	300,000	0	0	0	0	0	0	1	300,000
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.....	177	46,769,155		(a)					177	46,769,155
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(11)	(4,243,319)			-	-			(11)	(4,243,319)
23. In force December 31 of current year.....	166	42,525,836	0	(a)	0	0	0	0	166	42,525,836

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,528,335				4,528,335
2. Annuity considerations.....	298,026,089		2,799,240		300,825,330
3. Deposit-type contract funds.....	924,109	XXX		XXX	924,109
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	303,478,533	0	2,799,240	0	306,277,774
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.....	3,835,973		18,753		3,854,726
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	23,975,753		399,200		24,374,953
12. Surrender values and withdrawals for life contracts.....	41,569,913		4,673,624		46,243,537
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.....	69,381,639	0	5,091,577	0	74,473,217

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	819,349							10	819,349
17. Incurred during current year.....	51	4,254,599			3	17,698			54	4,272,297
Settled during current year:										
18.1 By payment in full.....	51	3,779,249			3	17,698			54	3,796,947
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	51	3,779,249	0	0	3	17,698	0	0	54	3,796,947
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	500,000							1	500,000
18.6 Total settlements.....	52	4,279,249	0	0	3	17,698	0	0	55	4,296,947
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	794,699	0	0	0	0	0	0	9	794,699
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6,268	1,263,767,806		(a)		278,279			6,268	1,264,046,085
21. Issued during year.....	4	125,000							4	125,000
22. Other changes to in force (Net).....	(603)	(117,408,037)			1	(3,851)			(602)	(117,411,888)
23. In force December 31 of current year.....	5,669	1,146,484,769	0	(a)	1	274,428	0	0	5,670	1,146,759,197

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	433	508			(31)
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).....	810,876	838,890		539,859	523,374
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).....	810,876	838,890	0	539,859	523,374
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	811,308	839,398	0	539,859	523,343

(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 GEORGIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,183,359				2,183,359
2. Annuity considerations.....	69,443,841		500		69,444,341
3. Deposit-type contract funds.....	262,235	XXX		XXX	262,235
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	71,889,435	0	500	0	71,889,935
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.....	2,190,098		8,373		2,198,471
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	3,240,787		98,087		3,338,875
12. Surrender values and withdrawals for life contracts.....	6,829,353		272,827		7,102,180
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.....	12,260,238	0	379,288	0	12,639,525

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	239,647							5	239,647
17. Incurred during current year.....	27	3,175,649			1	8,373			28	3,184,022
Settled during current year:										
18.1 By payment in full.....	26	2,140,098			1	8,373			27	2,148,471
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	26	2,140,098	0	0	1	8,373	0	0	27	2,148,471
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	2	73,647							2	73,647
18.6 Total settlements.....	28	2,213,745	0	0	1	8,373	0	0	29	2,222,118
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	1,201,551	0	0	0	0	0	0	4	1,201,551
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,906	571,840,805		(a).....		148,660			2,906	571,989,465
21. Issued during year.....	1	214,000							1	214,000
22. Other changes to in force (Net).....	(252)	(52,613,320)			-	13,495			(252)	(52,599,825)
23. In force December 31 of current year.....	2,655	519,441,485	0	(a).....0	0	162,155	0	0	2,655	519,603,640

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	142,019	142,681		60,775	(53,360)
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).....	142,019	142,681	0	60,775	(53,360)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	142,019	142,681	0	60,775	(53,360)

(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 GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	57,503,804		(39,948)		57,463,857
2. Annuity considerations.....	2,740,640,174		24,460,449		2,765,100,622
3. Deposit-type contract funds.....	8,386,023	XXX		XXX	8,386,023
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,806,530,001	0	24,420,501	0	2,830,950,502
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.....	54,445,780		2,192,159		56,637,939
10. Matured endowments.....	30,933		9,689		40,622
11. Annuity benefits.....	366,925,841		4,102,904		371,028,744
12. Surrender values and withdrawals for life contracts.....	529,596,200		65,988,664		595,584,865
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.....	950,998,754	0	72,293,416	0	1,023,292,170

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	74	4,006,796			12	74,034			86	4,080,830
17. Incurred during current year.....	1,209	59,389,558			399	2,139,173			1,608	61,528,731
Settled during current year:										
18.1 By payment in full.....	1,180	54,092,490			405	2,189,491			1,585	56,281,981
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1,180	54,092,490	0	0	405	2,189,491	0	0	1,585	56,281,981
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	12	1,334,986							12	1,334,986
18.6 Total settlements.....	1,192	55,427,475	0	0	405	2,189,491	0	0	1,597	57,616,966
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	91	7,968,879	0	0	6	23,716	0	0	97	7,992,595
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	87,447	16,418,459,132	(a)		5	29,273,583			87,452	16,447,732,715
21. Issued during year.....	62	3,900,845							62	3,900,845
22. Other changes to in force (Net).....	(6,782)	(1,169,151,733)			9	(1,934,187)			(6,773)	(1,171,085,920)
23. In force December 31 of current year.....	80,727	15,253,208,244	0	(a)	14	27,339,396	0	0	80,741	15,280,547,640

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	83,573	83,679			627
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).....	14,136,267	14,244,983		8,834,223	9,009,550
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).....	14,136,267	14,244,983	0	8,834,223	9,009,550
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,219,841	14,328,662	0	8,834,223	9,010,177

(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 GUAM DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	189,708				189,708
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	189,708	0	0	0	189,708
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.....	22,168				22,168
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.....	22,168	0	0	0	22,168

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	236	41,620,685	(a)						236	41,620,685
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(743,003)							(12)	(743,003)
23. In force December 31 of current year	224	40,877,682	0	(a)0	0	0	0	0	224	40,877,682

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.

NONE



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	427,762				427,762
2. Annuity considerations.....	7,039,884		578,480		7,618,364
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,467,646	0	578,480	0	8,046,126
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.....	50,369		-		50,369
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	2,442,918		63,266		2,506,184
12. Surrender values and withdrawals for life contracts.....	4,391,231		2,652,473		7,043,704
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,884,518	0	2,715,739	0	9,600,257

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,369							1	50,369
Settled during current year:										
18.1 By payment in full.....	1	50,369							1	50,369
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,369	0	0	0	0	0	0	1	50,369
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,369	0	0	0	0	0	0	1	50,369
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.....	546	82,323,313		(a)					546	82,323,313
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(22)	(4,336,957)			-	-			(22)	(4,336,957)
23. In force December 31 of current year	524	77,986,356	0	(a)	0	0	0	0	524	77,986,356

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	137	181			
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).....	137	181	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	137	181	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.



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	288,924				288,924
2. Annuity considerations.....	29,116,357		1,663		29,118,019
3. Deposit-type contract funds.....	46,591	XXX		XXX	46,591
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	29,451,872	0	1,663	0	29,453,534
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.....	381,051		-		381,051
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	4,227,313		56,219		4,283,532
12. Surrender values and withdrawals for life contracts.....	8,564,068		238,837		8,802,905
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.....	13,172,432	0	295,056	0	13,467,488

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	388,604							6	388,604
Settled during current year:										
18.1 By payment in full.....	4	376,049							4	376,049
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	376,049	0	0	0	0	0	0	4	376,049
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	376,049	0	0	0	0	0	0	4	376,049
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	12,555	0	0	0	0	0	0	2	12,555
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	438	57,004,489	(a)			1,784			438	57,006,273
21. Issued during year.....	2	20,000							2	20,000
22. Other changes to in force (Net).....	(40)	(2,166,739)			-	18			(40)	(2,166,721)
23. In force December 31 of current year	400	54,857,750	0	(a)0	0	1,802	0	0	400	54,859,552

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	654,601	659,696		572,281	557,994
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).....	654,601	659,696	0	572,281	557,994
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	654,601	659,696	0	572,281	557,994

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	212,527				212,527
2. Annuity considerations.....	16,081,186		54,182		16,135,368
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,293,713	0	54,182	0	16,347,895
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.....	6,869		-		6,869
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	3,030,018		88,036		3,118,054
12. Surrender values and withdrawals for life contracts.....	4,701,180		382,987		5,084,167
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.....	7,738,067	0	471,023	0	8,209,090

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	6,869							2	6,869
Settled during current year:										
18.1 By payment in full.....	2	6,869							2	6,869
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	6,869	0	0	0	0	0	0	2	6,869
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	6,869	0	0	0	0	0	0	2	6,869
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.....	319	68,414,084		(a)		4,640			319	68,418,724
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(24)	582,870			-	47			(24)	582,917
23. In force December 31 of current year	295	68,996,954	0	(a)	0	4,687	0	0	295	69,001,641

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,079,271				2,079,271
2. Annuity considerations.....	102,714,823		211,944		102,926,767
3. Deposit-type contract funds.....	215,779	XXX		XXX	215,779
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	105,009,873	0	211,944	0	105,221,817
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.....	1,492,970		3,680		1,496,650
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	12,642,988		296,425		12,939,413
12. Surrender values and withdrawals for life contracts.....	11,831,511		737,676		12,569,187
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.....	25,967,469	0	1,037,781	0	27,005,250

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	205,693							3	205,693
17. Incurred during current year.....	18	2,475,054							18	2,475,054
Settled during current year:										
18.1 By payment in full.....	15	1,470,233							15	1,470,233
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	1,470,233	0	0	0	0	0	0	15	1,470,233
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	1,470,233	0	0	0	0	0	0	15	1,470,233
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	1,210,514	0	0	0	0	0	0	6	1,210,514
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,136	623,543,195		(a).....		1,878			2,136	623,545,073
21. Issued during year.....	2	40,000							2	40,000
22. Other changes to in force (Net).....	(142)	(25,680,088)			1	9,293			(141)	(25,670,795)
23. In force December 31 of current year	1,996	597,903,107	0	(a).....0	1	11,171	0	0	1,997	597,914,278

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,404	1,404			18
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).....	225,751	220,196		184,184	420,623
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).....	225,751	220,196	0	184,184	420,623
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	227,155	221,600	0	184,184	420,641

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	585,392				585,392
2. Annuity considerations.....	76,787,665		71,016		76,858,682
3. Deposit-type contract funds.....	21,758	XXX		XXX	21,758
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	77,394,815	0	71,016	0	77,465,831
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.....	657,496		-		657,496
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	8,736,871		266,197		9,003,068
12. Surrender values and withdrawals for life contracts.....	16,983,974		1,106,919		18,090,893
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.....	26,378,340	0	1,373,116	0	27,751,456

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	10	563,572							10	563,572
Settled during current year:										
18.1 By payment in full.....	8	552,048							8	552,048
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	552,048	0	0	0	0	0	0	8	552,048
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	552,048	0	0	0	0	0	0	8	552,048
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	11,525	0	0	0	0	0	0	2	11,525
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	906	181,063,507		(a).....		13,069			906	181,076,576
21. Issued during year.....	3	95,000							3	95,000
22. Other changes to in force (Net).....	(92)	(12,348,209)			1	131			(91)	(12,348,078)
23. In force December 31 of current year	817	168,810,298	0	(a).....0	1	13,200	0	0	818	168,823,498

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	417,299	429,079		308,324	298,337
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).....	417,299	429,079	0	308,324	298,337
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	417,299	429,079	0	308,324	298,337

(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 KANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	467,478				467,478
2. Annuity considerations.....	16,189,933		1,200		16,191,133
3. Deposit-type contract funds.....	39,270	XXX		XXX	39,270
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,696,681	0	1,200	0	16,697,881
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.....	53,871		-		53,871
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	2,006,943		-		2,006,943
12. Surrender values and withdrawals for life contracts.....	5,563,939		39,995		5,603,934
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.....	7,624,753	0	39,995	0	7,664,748

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
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.....	540	124,647,345	(a)						540	124,647,345
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(50)	(12,128,395)			-	-			(50)	(12,128,395)
23. In force December 31 of current year	490	112,518,950	0	(a)0	0	0	0	0	490	112,518,950

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	531,814	534,463		429,988	427,281
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).....	531,814	534,463	0	429,988	427,281
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	531,814	534,463	0	429,988	427,281

(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 KENTUCKY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	524,705				524,705
2. Annuity considerations.....	56,965,645		168,562		57,134,206
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	57,490,350	0	168,562	0	57,658,911
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.....	369,504		-		369,504
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	3,934,542		59,890		3,994,432
12. Surrender values and withdrawals for life contracts.....	6,105,610		196,328		6,301,938
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.....	10,409,656	0	256,218	0	10,665,875

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	8	474,702							8	474,702
Settled during current year:										
18.1 By payment in full.....	6	357,004							6	357,004
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	357,004	0	0	0	0	0	0	6	357,004
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	67,697							1	67,697
18.6 Total settlements.....	7	424,702	0	0	0	0	0	0	7	424,702
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	807	153,835,977		(a)		8,837			807	153,844,814
21. Issued during year.....	3	130,000							3	130,000
22. Other changes to in force (Net).....	(76)	(9,238,510)			-	5,502			(76)	(9,233,008)
23. In force December 31 of current year	734	144,727,467	0	(a)	0	14,339	0	0	734	144,741,806

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	1,392,992	1,406,148		1,015,300	1,007,029
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).....	1,392,992	1,406,148	0	1,015,300	1,007,029
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,392,992	1,406,148	0	1,015,300	1,007,029

(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 LOUISIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	604,368				604,368
2. Annuity considerations.....	56,829,254		3,940		56,833,194
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	57,433,622	0	3,940	0	57,437,562
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.....	805,705		284,936		1,090,641
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,154,673		30,589		1,185,261
12. Surrender values and withdrawals for life contracts.....	3,048,001		192,521		3,240,523
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.....	5,008,379	0	508,046	0	5,516,425

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	3,187			3	22,518			5	25,705
17. Incurred during current year.....	6	1,052,518			65	283,468			71	1,335,986
Settled during current year:										
18.1 By payment in full.....	6	805,705			64	284,936			70	1,090,641
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	805,705	0	0	64	284,936	0	0	70	1,090,641
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	805,705	0	0	64	284,936	0	0	70	1,090,641
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	250,000	0	0	4	21,050	0	0	6	271,050
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	914	162,489,546		(a).....		4,338,743			914	166,828,289
21. Issued during year.....		25,000							0	25,000
22. Other changes to in force (Net).....	(74)	(13,538,502)			-	(247,437)			(74)	(13,785,939)
23. In force December 31 of current year	840	148,976,045	0	(a).....0	0	4,091,306	0	0	840	153,067,351

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	1,099	1,018		692	542
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).....	1,099	1,018	0	692	542
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,099	1,018	0	692	542

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,110,356				1,110,356
2. Annuity considerations.....	38,769,826		4,923,124		43,692,950
3. Deposit-type contract funds.....	1,636,442	XXX		XXX	1,636,442
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,516,625	0	4,923,124	0	46,439,748
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.....	1,116,973		165,374		1,282,347
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	16,975,203		212,901		17,188,103
12. Surrender values and withdrawals for life contracts.....	15,240,710		3,928,695		19,169,404
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.....	33,332,885	0	4,306,969	0	37,639,854

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	9,506			1	9,506
17. Incurred during current year.....	9	1,108,034			27	155,868			36	1,263,902
Settled during current year:										
18.1 By payment in full.....	7	1,106,900			28	165,374			35	1,272,274
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	1,106,900	0	0	28	165,374	0	0	35	1,272,274
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	1,106,900	0	0	28	165,374	0	0	35	1,272,274
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	1,134	0	0	0	0	0	0	2	1,134
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,445	304,203,854	(a)			1,524,946			1,445	305,728,800
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(92)	(16,738,516)			-	(147,021)			(92)	(16,885,537)
23. In force December 31 of current year.....	1,353	287,465,338	0	(a)0	0	1,377,925	0	0	1,353	288,843,263

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	16,952	15,625			(273)
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).....	16,952	15,625	0	0	(273)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,952	15,625	0	0	(273)

(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 MARYLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,449,382				1,449,382
2. Annuity considerations.....	45,419,773		1,100		45,420,873
3. Deposit-type contract funds.....	154,123	XXX		XXX	154,123
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	47,023,278	0	1,100	0	47,024,378
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.....	1,605,103		5,487		1,610,590
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	4,896,983		-		4,896,983
12. Surrender values and withdrawals for life contracts.....	8,654,644		34,561		8,689,205
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.....	15,156,730	0	40,048	0	15,196,778

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	375,250							4	375,250
17. Incurred during current year.....	17	1,355,103			1	5,487			18	1,360,590
Settled during current year:										
18.1 By payment in full.....	20	1,705,103			1	5,487			21	1,710,590
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	1,705,103	0	0	1	5,487	0	0	21	1,710,590
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	25,250							1	25,250
18.6 Total settlements.....	21	1,730,353	0	0	1	5,487	0	0	22	1,735,840
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.....	1,872	436,709,517		(a)		10,389			1,872	436,719,906
21. Issued during year.....	5	305,845							5	305,845
22. Other changes to in force (Net).....	(119)	(32,202,774)			-	(7,072)			(119)	(32,209,846)
23. In force December 31 of current year.....	1,758	404,812,588	0	(a)	0	3,317	0	0	1,758	404,815,905

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	10,339	10,094		10,614	10,848
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).....	10,339	10,094	0	10,614	10,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,339	10,094	0	10,614	10,848

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	247,705				247,705
2. Annuity considerations.....	7,235,038		642,770		7,877,808
3. Deposit-type contract funds.....	163,209	XXX		XXX	163,209
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,645,951	0	642,770	0	8,288,722
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.....	405,000		-		405,000
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,491,793		-		1,491,793
12. Surrender values and withdrawals for life contracts.....	1,329,953		1,037,434		2,367,388
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.....	3,226,746	0	1,037,434	0	4,264,181

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	405,000							2	405,000
Settled during current year:										
18.1 By payment in full.....	2	405,000							2	405,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	405,000	0	0	0	0	0	0	2	405,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	405,000	0	0	0	0	0	0	2	405,000
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.....	490	82,360,893	(a)			37,563			490	82,398,456
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(14)	(3,145,051)			-	13,839			(14)	(3,131,212)
23. In force December 31 of current year.....	476	79,215,842	0	(a)0	0	51,402	0	0	476	79,267,244

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	6,315	6,313		2,607	2,647
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).....	6,315	6,313	0	2,607	2,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,315	6,313	0	2,607	2,647

(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 MICHIGAN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	597,436				597,436
2. Annuity considerations.....	162,362,371		676,083		163,038,454
3. Deposit-type contract funds.....	166,098	XXX		XXX	166,098
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	163,125,904	0	676,083	0	163,801,987
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.....	480,201		-		480,201
10. Matured endowments.....	5,000		-		5,000
11. Annuity benefits.....	25,075,489		31,110		25,106,599
12. Surrender values and withdrawals for life contracts.....	38,469,956		1,852,222		40,322,178
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.....	64,030,645	0	1,883,332	0	65,913,977

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	9	735,201							9	735,201
Settled during current year:										
18.1 By payment in full.....	8	535,201							8	535,201
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	535,201	0	0	0	0	0	0	8	535,201
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	535,201	0	0	0	0	0	0	8	535,201
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	200,000	0	0	0	0	0	0	1	200,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	889	180,187,128		(a).....	1	6,027			890	180,193,155
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(76)	(11,665,188)			-	75			(76)	(11,665,113)
23. In force December 31 of current year	813	168,521,941	0	(a).....0	1	6,102	0	0	814	168,528,043

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	14,496	14,552		2,458	2,051
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).....	14,496	14,552	0	2,458	2,051
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,496	14,552	0	2,458	2,051

(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 MINNESOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	805,379				805,379
2. Annuity considerations.....	64,413,020		59,858		64,472,878
3. Deposit-type contract funds.....	471,317	XXX		XXX	471,317
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	65,689,717	0	59,858	0	65,749,575
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.....	479,754		-		479,754
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	9,233,538		555		9,234,094
12. Surrender values and withdrawals for life contracts.....	10,576,706		184,830		10,761,537
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.....	20,289,999	0	185,385	0	20,475,384

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	10,769							2	10,769
17. Incurred during current year.....	32	466,419							32	466,419
Settled during current year:										
18.1 By payment in full.....	33	474,607							33	474,607
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	33	474,607	0	0	0	0	0	0	33	474,607
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	33	474,607	0	0	0	0	0	0	33	474,607
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,581	0	0	0	0	0	0	1	2,581
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,207	213,511,796		(a)					1,207	213,511,796
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(92)	(16,509,155)			-	-			(92)	(16,509,155)
23. In force December 31 of current year.....	1,116	197,102,641	0	(a)	0	0	0	0	1,116	197,102,641

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	214	214			3
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).....	1,838	1,837		990	794
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).....	1,838	1,837	0	990	794
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,052	2,051	0	990	797

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	772,143				772,143
2. Annuity considerations.....	40,180,100		30,922		40,211,022
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	40,952,243	0	30,922	0	40,983,165
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.....	385,156		27,105		412,261
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	4,447,597		49,290		4,496,887
12. Surrender values and withdrawals for life contracts.....	9,254,156		139,456		9,393,612
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.....	14,086,909	0	215,851	0	14,302,760

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	619							1	619
17. Incurred during current year.....	8	482,656			7	26,486			15	509,142
Settled during current year:										
18.1 By payment in full.....	8	383,275			7	26,486			15	409,761
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	383,275	0	0	7	26,486	0	0	15	409,761
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	383,275	0	0	7	26,486	0	0	15	409,761
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,126	224,639,223		(a)	1	362,416			1,127	225,001,639
21. Issued during year.....	2	25,000							2	25,000
22. Other changes to in force (Net).....	(97)	(18,106,415)			(1)	(22,188)			(98)	(18,128,603)
23. In force December 31 of current year	1,031	206,557,808	0	(a)	0	340,228	0	0	1,031	206,898,036

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,320	1,431			17
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).....	764,581	776,048		399,472	388,886
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).....	764,581	776,048	0	399,472	388,886
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	765,901	777,479	0	399,472	388,903

(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.



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	334,246				334,246
2. Annuity considerations.....	29,592,314		10,543		29,602,857
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	29,926,560	0	10,543	0	29,937,103
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.....	588,451		7,314		595,765
10. Matured endowments.....	-		-		.0
11. Annuity benefits.....	755,046		-		755,046
12. Surrender values and withdrawals for life contracts.....	1,806,340		32,278		1,838,618
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.....	3,149,836	0	39,592	.0	3,189,428

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	9	588,451			1	7,314			10	595,765
Settled during current year:										
18.1 By payment in full.....	9	588,451			1	7,314			10	595,765
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	9	588,451	.0	.0	1	7,314	.0	.0	10	595,765
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	9	588,451	.0	.0	1	7,314	.0	.0	10	595,765
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.....	542	102,136,484		(a)		46,599			542	102,183,083
21. Issued during year.....	-								.0	.0
22. Other changes to in force (Net).....	(48)	(6,811,196)			-	(6,622)			(48)	(6,817,818)
23. In force December 31 of current year	494	95,325,288	.0	(a)	.0	39,977	.0	.0	494	95,365,265

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	27,979	29,607		27,183	26,984
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).....	27,979	29,607	.0	27,183	26,984
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	27,979	29,607	.0	27,183	26,984

(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 MONTANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	28,907				28,907
2. Annuity considerations.....	2,225,691		3,588		2,229,278
3. Deposit-type contract funds.....	32,664	XXX		XXX	32,664
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,287,262	0	3,588	0	2,290,850
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.....	151,000		-		151,000
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	697,813		50,377		748,189
12. Surrender values and withdrawals for life contracts.....	1,176,448		32,547		1,208,996
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,025,261	0	82,924	0	2,108,185

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	151,000							2	151,000
Settled during current year:										
18.1 By payment in full.....	2	151,000							2	151,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	151,000	0	0	0	0	0	0	2	151,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	151,000	0	0	0	0	0	0	2	151,000
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.....	46	6,528,340	(a)			8,722			46	6,537,062
21. Issued during year.....		-							0	0
22. Other changes to in force (Net).....	3	386,344			-	86			3	386,430
23. In force December 31 of current year.....	49	6,914,684	0	(a)0	0	8,808	0	0	49	6,923,492

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	1,732	1,727		429	433
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).....	1,732	1,727	0	429	433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,732	1,727	0	429	433

(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 CAROLINA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,252,603				2,252,603
2. Annuity considerations.....	131,789,075		296,929		132,086,004
3. Deposit-type contract funds.....	394,499	XXX		XXX	394,499
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	134,436,177	0	296,929	0	134,733,106
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.....	2,004,994		197		2,005,191
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	9,022,720		34,272		9,056,992
12. Surrender values and withdrawals for life contracts.....	15,910,813		1,866,813		17,777,627
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.....	26,938,527	0	1,901,282	0	28,839,810

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	8	142,158							8	142,158
17. Incurred during current year.....	184	1,858,092							184	1,858,092
Settled during current year:										
18.1 By payment in full.....	185	1,972,938							185	1,972,938
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	185	1,972,938	0	0	0	0	0	0	185	1,972,938
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	185	1,972,938	0	0	0	0	0	0	185	1,972,938
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	27,312	0	0	0	0	0	0	7	27,312
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5,525	588,208,914		(a)		39,843			5,525	588,248,757
21. Issued during year.....	3	150,000							3	150,000
22. Other changes to in force (Net).....	(445)	(42,728,487)			-	(4,893)			(445)	(42,733,380)
23. In force December 31 of current year.....	5,083	545,630,427	0	(a)	0	34,950	0	0	5,083	545,665,377

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,267	1,267			16
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).....	2,506,789	2,514,636		1,245,378	1,287,801
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).....	2,506,789	2,514,636	0	1,245,378	1,287,801
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,508,056	2,515,904	0	1,245,378	1,287,818

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	92,212				92,212
2. Annuity considerations.....	4,849,936		325		4,850,261
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,942,148	0	325	0	4,942,473
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.....	182,422		-		182,422
12. Surrender values and withdrawals for life contracts.....	775,966		1,453		777,418
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.....	958,387	0	1,453	0	959,840

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	92	24,525,634		(a)					92	24,525,634
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(2)	(382,569)			-	-			(2)	(382,569)
23. In force December 31 of current year.....	90	24,143,065	0	(a)	0	0	0	0	90	24,143,065

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	269,601				269,601
2. Annuity considerations.....	10,430,022		14,547		10,444,568
3. Deposit-type contract funds.....	97,993	XXX		XXX	97,993
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,797,616	0	14,547	0	10,812,162
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.....	9,004		-		9,004
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	2,306,067		-		2,306,067
12. Surrender values and withdrawals for life contracts.....	2,811,947		47,962		2,859,909
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.....	5,127,018	0	47,962	0	5,174,980

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	280	66,826,004	(a)						280	66,826,004
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(16)	(1,670,038)			-	-			(16)	(1,670,038)
23. In force December 31 of current year	264	65,155,965	0	(a)0	0	0	0	0	264	65,155,965

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	199,140	190,975		119,066	116,606
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).....	199,140	190,975	0	119,066	116,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	199,140	190,975	0	119,066	116,606

(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 HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	171,289				171,289
2. Annuity considerations.....	15,407,304		169,251		15,576,555
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	15,578,593	.0	169,251	.0	15,747,844
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.....	775,154		990		776,144
10. Matured endowments.....	5,527		-		5,527
11. Annuity benefits.....	4,474,232		41,659		4,515,891
12. Surrender values and withdrawals for life contracts.....	3,324,295		113,328		3,437,623
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	8,579,208	.0	155,977	.0	8,735,185

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,000							1	2,000
17. Incurred during current year.....	7	781,181							7	781,181
Settled during current year:										
18.1 By payment in full.....	7	780,681							7	780,681
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	7	780,681	.0	.0	.0	.0	.0	.0	7	780,681
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	7	780,681	.0	.0	.0	.0	.0	.0	7	780,681
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	.0	.0	.0	.0	.0	.0	1	2,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	290	54,326,871		(a).....		27,097			290	54,353,968
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(23)	(3,124,735)			-	4,251			(23)	(3,120,484)
23. In force December 31 of current year	268	51,212,136	.0	(a).....0	.0	31,348	.0	.0	268	51,243,484

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	101,943	102,670		15,908	13,615
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).....	101,943	102,670	.0	15,908	13,615
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	101,943	102,670	.0	15,908	13,615

(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 JERSEY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,971,157				1,971,157
2. Annuity considerations.....	108,668,474		1,645,578		110,314,053
3. Deposit-type contract funds.....	89,525	XXX		XXX	89,525
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	110,729,156	0	1,645,578	0	112,374,734
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.....	1,080,417		393		1,080,810
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	11,373,125		411		11,373,536
12. Surrender values and withdrawals for life contracts.....	14,676,627		2,418,693		17,095,320
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.....	27,130,169	0	2,419,497	0	29,549,666

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	5,786							2	5,786
17. Incurred during current year.....	19	3,118,419							19	3,118,419
Settled during current year:										
18.1 By payment in full.....	15	1,079,197							15	1,079,197
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	1,079,197	0	0	0	0	0	0	15	1,079,197
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	1,079,197	0	0	0	0	0	0	15	1,079,197
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	2,045,008	0	0	0	0	0	0	6	2,045,008
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,607	501,574,433	(a)		1				2,608	501,574,433
21. Issued during year.....	3	215,000							3	215,000
22. Other changes to in force (Net).....	(232)	(43,460,959)			-	208,978			(232)	(43,251,981)
23. In force December 31 of current year.....	2,378	458,328,474	0	(a)0	1	208,978	0	0	2,379	458,537,452

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	5,731	5,642			(40)
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).....	5,731	5,642	0	0	(40)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,731	5,642	0	0	(40)

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	481,105				481,105
2. Annuity considerations.....	5,813,619		24,285		5,837,903
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,294,723	0	24,285	0	6,319,008
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.....	531,007		-		531,007
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,513,289		272		1,513,561
12. Surrender values and withdrawals for life contracts.....	445,422		127,040		572,461
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,489,718	0	127,311	0	2,617,029

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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	281,007							5	281,007
Settled during current year:										
18.1 By payment in full.....	5	281,007							5	281,007
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	281,007	0	0	0	0	0	0	5	281,007
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	281,007	0	0	0	0	0	0	5	281,007
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.....	568	137,600,549		(a)		2,908			568	137,603,457
21. Issued during year.....	1	250,000							1	250,000
22. Other changes to in force (Net).....	(43)	(13,252,292)			-	29			(43)	(13,252,263)
23. In force December 31 of current year	526	124,598,257	0	(a)	0	2,937	0	0	526	124,601,194

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	182	186			(54)
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).....	182	186	0	0	(54)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	182	186	0	0	(54)

(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 NEVADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	740,317				740,317
2. Annuity considerations.....	15,028,917		85,816		15,114,733
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,769,234	0	85,816	0	15,855,050
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.....	464,623		-		464,623
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	2,320,347		1,476		2,321,822
12. Surrender values and withdrawals for life contracts.....	2,667,554		533,522		3,201,076
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.....	5,452,524	0	534,997	0	5,987,521

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	464,623							5	464,623
Settled during current year:										
18.1 By payment in full.....	5	464,623							5	464,623
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	464,623	0	0	0	0	0	0	5	464,623
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	464,623	0	0	0	0	0	0	5	464,623
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.....	998	212,628,280		(a).....		234			998	212,628,514
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(65)	(18,310,833)			-	-			(65)	(18,310,833)
23. In force December 31 of current year.....	933	194,317,447	0	(a).....0	0	234	0	0	933	194,317,681

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	6,716	6,775		8,882	12,114
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).....	6,716	6,775	0	8,882	12,114
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,716	6,775	0	8,882	12,114

(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 YORK DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	433,305				433,305
2. Annuity considerations.....	8,738,171		18,568		8,756,739
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,171,476	0	18,568	0	9,190,044
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.....	-		11,723		11,723
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	2,313,989		-		2,313,989
12. Surrender values and withdrawals for life contracts.....	3,010,623		83,359		3,093,982
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.....	5,324,612	0	95,082	0	5,419,694

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,125							2	1,125
17. Incurred during current year.....					2	11,723			2	11,723
Settled during current year:										
18.1 By payment in full.....	2	1,125			2	11,723			4	12,848
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	1,125	0	0	2	11,723	0	0	4	12,848
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	1,125	0	0	2	11,723	0	0	4	12,848
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.....	336	84,156,550	(a)			93,716			336	84,250,266
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(3)	(4,248,010)			-	(9,469)			(3)	(4,257,479)
23. In force December 31 of current year	333	79,908,540	0	(a)0	0	84,247	0	0	333	79,992,787

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	6,553	6,597		5,295	4,251
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).....	6,553	6,597	0	5,295	4,251
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,553	6,597	0	5,295	4,251

(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 OHIO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,416,721				1,416,721
2. Annuity considerations.....	127,350,547		1,983,392		129,333,939
3. Deposit-type contract funds.....	1,337,161	XXX		XXX	1,337,161
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	130,104,429	0	1,983,392	0	132,087,821
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.....	1,360,516		-		1,360,516
10. Matured endowments.....	2,000		-		2,000
11. Annuity benefits.....	19,624,005		121,025		19,745,030
12. Surrender values and withdrawals for life contracts.....	36,346,874		5,412,416		41,759,290
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.....	57,333,395	0	5,533,441	0	62,866,836

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	17	1,258,451							17	1,258,451
Settled during current year:										
18.1 By payment in full.....	17	1,262,516							17	1,262,516
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	1,262,516	0	0	0	0	0	0	17	1,262,516
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	1,262,516	0	0	0	0	0	0	17	1,262,516
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	935	0	0	0	0	0	0	1	935
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,889	419,315,736		(a)	2	4,562			1,891	419,320,298
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(163)	(32,752,157)			(2)	43			(165)	(32,752,114)
23. In force December 31 of current year.....	1,727	386,573,579	0	(a)	0	4,605	0	0	1,727	386,578,184

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	317	316			4
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).....	151,330	151,728		117,911	113,409
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).....	151,330	151,728	0	117,911	113,409
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	151,647	152,044	0	117,911	113,413

(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 OKLAHOMA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,123,095				1,123,095
2. Annuity considerations.....	13,032,477		157,015		13,189,492
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	14,155,572	0	157,015	0	14,312,587
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.....	798,449		24,938		823,387
10. Matured endowments.....	-		-		.0
11. Annuity benefits.....	2,550,542		15,962		2,566,504
12. Surrender values and withdrawals for life contracts.....	4,806,012		220,695		5,026,708
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	8,155,004	0	261,596	0	8,416,599

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	8	853,483			6	24,938			14	878,421
Settled during current year:										
18.1 By payment in full.....	7	753,483			6	24,938			13	778,421
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	7	753,483	0	0	6	24,938	0	0	13	778,421
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	7	753,483	0	0	6	24,938	0	0	13	778,421
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,700	297,916,036	(a)			235,565			1,700	298,151,601
21. Issued during year.....	-								.0	.0
22. Other changes to in force (Net).....	(167)	(29,744,080)			-	(22,544)			(167)	(29,766,624)
23. In force December 31 of current year	1,533	268,171,956	0	(a)0	0	213,021	0	0	1,533	268,384,977

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	486,876	487,936		293,087	275,788
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).....	486,876	487,936	0	293,087	275,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	486,876	487,936	0	293,087	275,788

(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 OREGON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	364,044				364,044
2. Annuity considerations.....	23,460,339		49,122		23,509,461
3. Deposit-type contract funds.....	84,764	XXX		XXX	84,764
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	23,909,147	0	49,122	0	23,958,269
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.....	1,473,522		-		1,473,522
10. Matured endowments.....	18,406		-		18,406
11. Annuity benefits.....	8,892,504		97,914		8,990,418
12. Surrender values and withdrawals for life contracts.....	17,515,872		1,213,317		18,729,189
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.....	27,900,304	0	1,311,230	0	29,211,534

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	13	37,027							13	37,027
17. Incurred during current year.....	403	1,710,447							403	1,710,447
Settled during current year:										
18.1 By payment in full.....	409	1,491,928							409	1,491,928
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	409	1,491,928	0	0	0	0	0	0	409	1,491,928
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	409	1,491,928	0	0	0	0	0	0	409	1,491,928
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	255,546	0	0	0	0	0	0	7	255,546
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,191	102,304,660	(a)			13,170			7,191	102,317,830
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(523)	(9,926,874)			-	132			(523)	(9,926,742)
23. In force December 31 of current year.....	6,668	92,377,786	0	(a)0	0	13,302	0	0	6,668	92,391,088

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,590	4,590			58
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).....	89,017	82,842		17,470	16,351
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).....	89,017	82,842	0	17,470	16,351
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	93,606	87,432	0	17,470	16,409

(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 OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	77,500				77,500
2. Annuity considerations.....	142,415		500		142,915
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	219,915	0	500	0	220,415
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.....	1,024,251				1,024,251
12. Surrender values and withdrawals for life contracts.....	1,639,816		2,368		1,642,184
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,664,068	0	2,368	0	2,666,436

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	66	20,500,661	(a)			259,242			66	20,759,903
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	284,301			7	(243,529)			4	40,772
23. In force December 31 of current year.....	63	20,784,963	0	(a) 0	7	15,713	0	0	70	20,800,676

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,421,165				2,421,165
2. Annuity considerations.....	155,814,754		54,211		155,868,965
3. Deposit-type contract funds.....	390,602	XXX		XXX	390,602
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	158,626,521	0	54,211	0	158,680,732
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.....	2,018,277		-		2,018,277
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	10,946,558		108,432		11,054,990
12. Surrender values and withdrawals for life contracts.....	16,288,054		189,614		16,477,668
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.....	29,252,889	0	298,046	0	29,550,936

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	550,000							2	550,000
17. Incurred during current year.....	21	1,468,277							21	1,468,277
Settled during current year:										
18.1 By payment in full.....	23	2,018,277							23	2,018,277
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	23	2,018,277	0	0	0	0	0	0	23	2,018,277
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	23	2,018,277	0	0	0	0	0	0	23	2,018,277
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.....	3,674	783,046,327		(a).....		22,629			3,674	783,068,956
21. Issued during year.....	3	45,000							3	45,000
22. Other changes to in force (Net).....	(219)	(41,501,010)			-	11,052			(219)	(41,489,958)
23. In force December 31 of current year.....	3,458	741,590,317	0	(a).....0	0	33,681	0	0	3,458	741,623,998

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	64,487	64,507		25,991	25,607
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).....	64,487	64,507	0	25,991	25,607
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	64,487	64,507	0	25,991	25,607

(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 PUERTO RICO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,863				8,863
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,863	0	0	0	8,863
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.....	15,000				15,000
10. Matured endowments.....					0
11. Annuity benefits.....	6,224				6,224
12. Surrender values and withdrawals for life contracts.....	22,412		-		22,412
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.....	43,636	0	0	0	43,636

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	15,000							1	15,000
Settled during current year:										
18.1 By payment in full.....	1	15,000							1	15,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	15,000	0	0	0	0	0	0	1	15,000
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.....	16	909,000	(a)						16	909,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(418,886)							(4)	(418,886)
23. In force December 31 of current year.....	12	490,114	0	(a)0	0	0	0	0	12	490,114

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	148,678				148,678
2. Annuity considerations.....	4,701,580		1,476,640		6,178,221
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,850,258	.0	1,476,640	.0	6,326,898
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.....	12,583		-		12,583
10. Matured endowments.....	-		-		.0
11. Annuity benefits.....	3,594,518		-		3,594,518
12. Surrender values and withdrawals for life contracts.....	2,629,771		681,112		3,310,884
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	6,236,873	.0	681,112	.0	6,917,985

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	2	12,583							2	12,583
Settled during current year:										
18.1 By payment in full.....	2	12,583							2	12,583
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	2	12,583	.0	.0	.0	.0	.0	.0	2	12,583
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	2	12,583	.0	.0	.0	.0	.0	.0	2	12,583
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.....	224	37,930,575	(a)			65,826			224	37,996,401
21. Issued during year.....	-								.0	.0
22. Other changes to in force (Net).....	(5)	(512,337)			-	(6,112)			(5)	(518,449)
23. In force December 31 of current year	219	37,418,238	.0	(a)	.0	59,714	.0	.0	219	37,477,952

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	14,602	14,598		3,886	6,787
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).....	14,602	14,598	.0	3,886	6,787
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,602	14,598	.0	3,886	6,787

(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 CAROLINA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	972,737		(2,890)		969,847
2. Annuity considerations.....	70,321,801		69,194		70,390,996
3. Deposit-type contract funds.....	97,993	XXX		XXX	97,993
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	71,392,531	0	66,304	0	71,458,836
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.....	529,123		10,131		539,254
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	3,474,812		10,409		3,485,221
12. Surrender values and withdrawals for life contracts.....	4,877,877		377,538		5,255,415
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,881,812	0	398,079	0	9,279,891

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	111,000							2	111,000
17. Incurred during current year.....	13	503,692			3	9,846			16	513,538
Settled during current year:										
18.1 By payment in full.....	13	483,371			3	9,846			16	493,217
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	483,371	0	0	3	9,846	0	0	16	493,217
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	30,321							1	30,321
18.6 Total settlements.....	14	513,692	0	0	3	9,846	0	0	17	523,538
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	101,000	0	0	0	0	0	0	1	101,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,379	227,918,265		(a)		43,883			1,379	227,962,148
21. Issued during year.....	1	20,000							1	20,000
22. Other changes to in force (Net).....	(128)	(12,557,729)			-	4,134			(128)	(12,553,595)
23. In force December 31 of current year.....	1,252	215,380,536	0	(a)	0	48,017	0	0	1,252	215,428,553

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	1,451,760	1,457,436		1,130,503	1,115,168
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).....	1,451,760	1,457,436	0	1,130,503	1,115,168
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,451,760	1,457,436	0	1,130,503	1,115,168

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	87,906				87,906
2. Annuity considerations.....	2,616,841		36,460		2,653,300
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,704,746	0	36,460	0	2,741,206
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.....	344,871		1,381		346,252
12. Surrender values and withdrawals for life contracts.....	476,450		156,956		633,407
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.....	821,321	0	158,337	0	979,659

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	12,540			1	12,540
17. Incurred during current year.....					126	716,590			126	716,590
Settled during current year:										
18.1 By payment in full.....					128	732,011			128	732,011
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	128	732,011	0	0	128	732,011
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	128	732,011	0	0	128	732,011
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	(1)	(2,881)	0	0	(1)	(2,881)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	119	25,457,744		(a)					119	25,457,744
21. Issued during year.....		-							0	0
22. Other changes to in force (Net).....	3	490,000			-	-			3	490,000
23. In force December 31 of current year	122	25,947,744	0	(a)	0	0	0	0	122	25,947,744

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	10,256	10,261		1,521	1,488
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).....	10,256	10,261	0	1,521	1,488
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,256	10,261	0	1,521	1,488

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,013,046				1,013,046
2. Annuity considerations.....	134,135,756		106,961		134,242,717
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	135,148,802	0	106,961	0	135,255,762
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.....	1,047,249		732,011		1,779,260
10. Matured endowments.....	-		-		.0
11. Annuity benefits.....	6,336,235		183,033		6,519,268
12. Surrender values and withdrawals for life contracts.....	7,539,235		689,713		8,228,947
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.....	14,922,718	0	1,604,757	0	16,527,475

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000			1	2,881			2	102,881
17. Incurred during current year.....	13	1,178,904							13	1,178,904
Settled during current year:										
18.1 By payment in full.....	11	1,145,926							11	1,145,926
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	11	1,145,926	0	0	0	0	0	0	11	1,145,926
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....	1	101,000							1	101,000
18.6 Total settlements.....	12	1,246,926	0	0	0	0	0	0	12	1,246,926
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	31,978	0	0	1	2,881	0	0	3	34,859
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,433	362,050,473		(a).....		10,423,658			1,433	372,474,131
21. Issued during year.....	3	35,000							3	35,000
22. Other changes to in force (Net).....	(95)	(24,224,331)			-	(628,682)			(95)	(24,853,013)
23. In force December 31 of current year	1,341	337,861,142	0	(a).....0	0	9,794,976	0	0	1,341	347,656,118

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	1,154,588	1,142,819		801,614	851,413
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).....	1,154,588	1,142,819	0	801,614	851,413
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,154,588	1,142,819	0	801,614	851,413

(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 TEXAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,980,944		1,370		5,982,314
2. Annuity considerations.....	99,370,491		1,528,372		100,898,863
3. Deposit-type contract funds.....	371,441	XXX		XXX	371,441
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	105,722,876	0	1,529,742	0	107,252,618
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.....	5,739,692		22,805		5,762,497
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	18,249,068		230,073		18,479,141
12. Surrender values and withdrawals for life contracts.....	22,821,716		6,930,679		29,752,395
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.....	46,810,476	0	7,183,556	0	53,994,033

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	243,185							3	243,185
17. Incurred during current year.....	51	5,973,071			5	21,965			56	5,995,036
Settled during current year:										
18.1 By payment in full.....	49	5,980,233			5	21,965			54	6,002,198
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	49	5,980,233	0	0	5	21,965	0	0	54	6,002,198
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	178,735							1	178,735
18.6 Total settlements.....	50	6,158,968	0	0	5	21,965	0	0	55	6,180,933
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	57,287	0	0	0	0	0	0	4	57,287
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7,805	1,665,530,894		(a).....		155,761			7,805	1,665,686,655
21. Issued during year.....	7	380,000							7	380,000
22. Other changes to in force (Net).....	(676)	(120,604,883)			-	(16,904)			(676)	(120,621,787)
23. In force December 31 of current year	7,136	1,545,306,011	0	(a).....0	0	138,857	0	0	7,136	1,545,444,868

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	281	320			(54)
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).....	506,914	507,066		386,732	376,500
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).....	506,914	507,066	0	386,732	376,500
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	507,195	507,386	0	386,732	376,446

(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 UTAH DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	300,455				300,455
2. Annuity considerations.....	39,239,050		7,820		39,246,870
3. Deposit-type contract funds.....	64,675	XXX		XXX	64,675
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	39,604,181	0	7,820	0	39,612,001
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.....	54,158		-		54,158
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	5,331,272		-		5,331,272
12. Surrender values and withdrawals for life contracts.....	11,964,188		20,560		11,984,748
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,349,618	0	20,560	0	17,370,179

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
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.....	352	93,349,625	(a)						352	93,349,625
21. Issued during year.....	2	45,000							2	45,000
22. Other changes to in force (Net).....	(16)	(4,381,300)			-	-			(16)	(4,381,300)
23. In force December 31 of current year	338	89,013,325	0	(a)0	0	0	0	0	338	89,013,325

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	146,637	148,618		67,707	65,645
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).....	146,637	148,618	0	67,707	65,645
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	146,637	148,618	0	67,707	65,645

(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.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,164,589				2,164,589
2. Annuity considerations.....	85,563,676		75,777		85,639,453
3. Deposit-type contract funds.....	94,732	XXX		XXX	94,732
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	87,822,997	0	75,777	0	87,898,775
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.....	2,655,326		14,385		2,669,711
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	4,267,159		94,571		4,361,730
12. Surrender values and withdrawals for life contracts.....	4,570,436		731,611		5,302,048
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.....	11,492,921	0	840,568	0	12,333,489

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	34	2,870,536			2	14,385			36	2,884,921
Settled during current year:										
18.1 By payment in full.....	29	2,615,036			2	14,385			31	2,629,421
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	29	2,615,036	0	0	2	14,385	0	0	31	2,629,421
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	29	2,615,036	0	0	2	14,385	0	0	31	2,629,421
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	355,500	0	0	0	0	0	0	6	355,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,938	631,193,670		(a).....		117,072			2,938	631,310,742
21. Issued during year.....	1	210,000							1	210,000
22. Other changes to in force (Net).....	(205)	(40,249,845)			-	2,009			(205)	(40,247,836)
23. In force December 31 of current year.....	2,734	591,153,825	0	(a).....0	0	119,081	0	0	2,734	591,272,906

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,549	4,709			65
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).....	387,478	386,592		61,332	58,311
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).....	387,478	386,592	0	61,332	58,311
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	392,027	391,300	0	61,332	58,376

(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 U.S. VIRGIN ISLANDS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,484				8,484
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,484	0	0	0	8,484
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.....	1,926				1,926
12. Surrender values and withdrawals for life contracts.....	833		-		833
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,759	0	0	0	2,759

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
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.....	9	2,535,000		(a).....					9	2,535,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	9	2,535,000	0	(a).....0	0	0	0	0	9	2,535,000

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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.



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	90,204				90,204
2. Annuity considerations.....	3,285,098		52,860		3,337,958
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,375,301	0	52,860	0	3,428,162
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.....	15,533		-		15,533
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	1,444,152		17,592		1,461,744
12. Surrender values and withdrawals for life contracts.....	825,929		51,849		877,777
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,285,614	0	69,441	0	2,355,055

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	15,533							4	15,533
Settled during current year:										
18.1 By payment in full.....	4	15,533							4	15,533
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	15,533	0	0	0	0	0	0	4	15,533
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	15,533	0	0	0	0	0	0	4	15,533
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.....	134	24,040,710		(a)		12,608			134	24,053,318
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(8)	(2,546,540)			-	126			(8)	(2,546,414)
23. In force December 31 of current year	127	21,594,170	0	(a)	0	12,734	0	0	127	21,606,904

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	22,112	22,883			(399)
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).....	22,112	22,883	0	0	(399)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	22,112	22,883	0	0	(399)

(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 WASHINGTON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	976,205				976,205
2. Annuity considerations.....	60,809,948		524,425		61,334,373
3. Deposit-type contract funds.....	148,175	XXX		XXX	148,175
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	61,934,328	0	524,425	0	62,458,753
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.....	1,326,719		-		1,326,719
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	29,295,389		366,236		29,661,625
12. Surrender values and withdrawals for life contracts.....	55,038,222		3,749,841		58,788,063
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.....	85,660,330	0	4,116,077	0	89,776,407

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	26	1,628,602							26	1,628,602
Settled during current year:										
18.1 By payment in full.....	25	1,326,719							25	1,326,719
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	25	1,326,719	0	0	0	0	0	0	25	1,326,719
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	25	1,326,719	0	0	0	0	0	0	25	1,326,719
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	351,883	0	0	0	0	0	0	2	351,883
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,738	315,658,418	(a)			8,920			1,738	315,667,338
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(195)	(34,191,876)			-	90			(195)	(34,191,786)
23. In force December 31 of current year.....	1,543	281,466,542	0	(a)0	0	9,010	0	0	1,543	281,475,552

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	387,639	408,177		215,623	201,983
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).....	387,639	408,177	0	215,623	201,983
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	387,639	408,177	0	215,623	201,983

(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 WISCONSIN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	588,092				588,092
2. Annuity considerations.....	54,375,369		11,451		54,386,820
3. Deposit-type contract funds.....	68,874	XXX		XXX	68,874
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	55,032,335	0	11,451	0	55,043,786
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.....	293,058		-		293,058
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	5,290,407		43,229		5,333,637
12. Surrender values and withdrawals for life contracts.....	5,881,347		39,760		5,921,108
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.....	11,464,812	0	82,990	0	11,547,802

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	250,826							2	250,826
Settled during current year:										
18.1 By payment in full.....	1	250,000							1	250,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	250,000	0	0	0	0	0	0	1	250,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	250,000	0	0	0	0	0	0	1	250,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	826	0	0	0	0	0	0	1	826
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	884	169,026,426		(a)					884	169,026,426
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(66)	(13,102,484)			-	-			(66)	(13,102,484)
23. In force December 31 of current year	819	155,933,941	0	(a)	0	0	0	0	819	155,933,941

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	69,199	68,920			531
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).....	831,118	852,353		471,338	495,691
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).....	831,118	852,353	0	471,338	495,691
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	900,317	921,273	0	471,338	496,222

(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 WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	170,821				170,821
2. Annuity considerations.....	20,501,830				20,501,830
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	20,672,652	.0	.0	.0	20,672,652
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.....	10,000		-		10,000
10. Matured endowments.....	-		-		.0
11. Annuity benefits.....	588,262		-		588,262
12. Surrender values and withdrawals for life contracts.....	936,213		94,208		1,030,420
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.....	1,534,475	.0	94,208	.0	1,628,683

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	2	10,600							2	10,600
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	10,000	.0	.0	.0	.0	.0	.0	1	10,000
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	10,000	.0	.0	.0	.0	.0	.0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	600	.0	.0	.0	.0	.0	.0	1	600
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	182	28,521,504		(a)					182	28,521,504
21. Issued during year.....	-								.0	.0
22. Other changes to in force (Net).....	(17)	(2,269,003)			-	-			(17)	(2,269,003)
23. In force December 31 of current year	165	26,252,502	.0	(a)	.0	.0	.0	.0	165	26,252,502

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	4,950	4,944		6,827	6,847
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).....	4,950	4,944	.0	6,827	6,847
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,950	4,944	.0	6,827	6,847

(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 WYOMING DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	57,176				57,176
2. Annuity considerations.....	1,648,416		1,800		1,650,216
3. Deposit-type contract funds.....	-	XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,705,593	0	1,800	0	1,707,393
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.....	100,000		-		100,000
10. Matured endowments.....	-		-		0
11. Annuity benefits.....	776,897		-		776,897
12. Surrender values and withdrawals for life contracts.....	116,743		8,013		124,756
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.....	993,640	0	8,013	0	1,001,653

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	1	100,000							1	100,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	100,000	0	0	0	0	0	0	1	100,000
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.....	86	17,643,000		(a)		6,504			86	17,649,504
21. Issued during year.....	-								0	0
22. Other changes to in force (Net).....	(6)	(213,000)			-	64			(6)	(212,936)
23. In force December 31 of current year.....	80	17,430,000	0	(a)	0	6,568	0	0	80	17,436,568

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (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).....	4,035	4,035		3,060	3,128
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).....	4,035	4,035	0	3,060	3,128
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,035	4,035	0	3,060	3,128

(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.

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	30,179,671
2. Current year's realized pre-tax capital gains/(losses) of \$.....24,784,508 transferred into the reserve net of taxes of \$.....8,674,578.....	16,109,930
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	201,523
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	46,491,124
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	5,038,168
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	41,452,956

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.....	2,704,227	2,339,592	(5,651)	5,038,168
2. 2012.....	2,549,476	3,837,188	207,174	6,593,838
3. 2013.....	3,089,365	2,885,259		5,974,624
4. 2014.....	3,116,828	2,255,902		5,372,730
5. 2015.....	2,715,822	1,611,037		4,326,859
6. 2016.....	2,708,171	930,878		3,639,049
7. 2017.....	2,590,892	543,441		3,134,333
8. 2018.....	2,215,565	465,690		2,681,255
9. 2019.....	1,786,317	381,254		2,167,571
10. 2020.....	1,293,810	300,680		1,594,490
11. 2021.....	990,397	213,318		1,203,715
12. 2022.....	818,076	149,940		968,016
13. 2023.....	661,282	117,618		778,900
14. 2024.....	527,280	85,280		612,560
15. 2025.....	424,461	47,148		471,609
16. 2026.....	338,681	9,277		347,958
17. 2027.....	277,701	(9,560)		268,141
18. 2028.....	228,214	(8,829)		219,385
19. 2029.....	177,012	(8,158)		168,854
20. 2030.....	144,510	(7,509)		137,001
21. 2031.....	135,042	(6,706)		128,336
22. 2032.....	129,149	(5,895)		123,254
23. 2033.....	124,501	(4,947)		119,554
24. 2034.....	117,048	(3,917)		113,131
25. 2035.....	102,934	(2,930)		100,004
26. 2036.....	86,045	(1,818)		84,227
27. 2037.....	65,707	(1,152)		64,555
28. 2038.....	40,742	(913)		39,829
29. 2039.....	16,853	(674)		16,179
30. 2040.....	3,562	(435)		3,127
31. 2041 and Later.....		(130)		(130)
32. Total (Lines 1 to 31).....	30,179,670	16,109,929	201,523	46,491,122

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	17,385,296	1,557,978	18,943,273	5,876,223	13,370,895	19,247,118	38,190,392
2. Realized capital gains/(losses) net of taxes - General Account.....	(21,424,923)		(21,424,923)	(594,162)	(398,167)	(992,329)	(22,417,252)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(41,087,566)		(41,087,566)	(1,976,456)	(894,631)	(2,871,087)	(43,958,653)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	17,482,087	913,333	18,395,420			0	18,395,420
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	(27,645,106)	2,471,311	(25,173,796)	3,305,605	12,078,097	15,383,702	(9,790,093)
9. Maximum reserve.....	86,750,826	2,755,588	89,506,414	24,941,747	15,004,058	39,945,805	129,452,219
10. Reserve objective.....	61,610,592	1,741,278	63,351,870	24,875,747	15,004,058	39,879,805	103,231,675
11. 20% of (Line 10 minus Line 8).....	17,851,140	(146,007)	17,705,133	4,314,028	585,192	4,899,221	22,604,354
12. Balance before transfers (Lines 8 + 11).....	(9,793,967)	2,325,304	(7,468,662)	7,619,634	12,663,289	20,282,923	12,814,260
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	9,793,967		9,793,967			0	9,793,967
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	0	2,325,304	2,325,305	7,619,634	12,663,289	20,282,923	22,608,227

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	30,807,511	XXX	XXX	30,807,511	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	8,850,638,411	XXX	XXX	8,850,638,411	0.0004	3,540,255	0.0023	20,356,468	0.0030	26,551,915
3	2	High quality.....	2,919,122,402	XXX	XXX	2,919,122,402	0.0019	5,546,333	0.0058	16,930,910	0.0090	26,272,102
4	3	Medium quality.....	432,945,560	XXX	XXX	432,945,560	0.0093	4,026,394	0.0230	9,957,748	0.0340	14,720,149
5	4	Low quality.....	163,038,035	XXX	XXX	163,038,035	0.0213	3,472,710	0.0530	8,641,016	0.0750	12,227,853
6	5	Lower quality.....	20,134,808	XXX	XXX	20,134,808	0.0432	869,824	0.1100	2,214,829	0.1700	3,422,917
7	6	In or near default.....	16,789,442	XXX	XXX	16,789,442	0.0000	0	0.2000	3,357,888	0.2000	3,357,888
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).....	12,433,476,169	XXX	XXX	12,433,476,169	XXX	17,455,515	XXX	61,458,859	XXX	86,552,824
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.....	15,147	XXX	XXX	15,147	0.0213	323	0.0530	803	0.0750	1,136
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).....	15,147	XXX	XXX	15,147	XXX	323	XXX	803	XXX	1,136
SHORT-TERM BONDS												
18		Exempt obligations.....	206,385,058	XXX	XXX	206,385,058	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	206,385,058	XXX	XXX	206,385,058	XXX	0	XXX	0	XXX	0

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	65,621,758	XXX	XXX	65,621,758	0.0004	26,249	0.0023	150,930	0.0030	196,865
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.....	65,621,758	XXX	XXX	65,621,758	XXX	26,249	XXX	150,930	XXX	196,865
34		TOTAL (Lines 9 + 17 + 25 + 33).....	12,705,498,132	XXX	XXX	12,705,498,132	XXX	17,482,087	XXX	61,610,592	XXX	86,750,826
		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.....	1,753,494		XXX	1,753,494	0.0013	2,280	0.0030	5,260	0.0040	7,014
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....	288,705,188		XXX	288,705,188	(a).....0.0032	923,857	(a).....0.0060	1,732,231	(a).....0.0095	2,742,699
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.....	652,780		XXX	652,780	0.0025	1,632	0.0058	3,786	0.0090	5,875
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).....	291,111,462	0	XXX	291,111,462	XXX	927,768	XXX	1,741,278	XXX	2,755,588
52		Schedule DA mortgages.....			XXX	0	(c).....	0	(c).....	0	(c).....	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	291,111,462	0	XXX	291,111,462	XXX	927,768	XXX	1,741,278	XXX	2,755,588

(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

32

Line Number	NAIC Design- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....	126,652,647	XXX	XXX	126,652,647	0.0000	0	(d).....0.1716	21,733,594	(d).....0.1716	21,733,594
2		Unaffiliated private.....	18,950,665	XXX	XXX	18,950,665	0.0000	0	0.1600	3,032,106	0.1600	3,032,106
3		Federal Home Loan Bank.....	22,005,800	XXX	XXX	22,005,800	0.0000	0	0.0050	110,029	0.0080	176,046
4		Affiliated life with AVR.....	167,628,546	XXX	XXX	167,628,546	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).....	335,237,658	0	0	335,237,658	XXX	0	XXX	24,875,730	XXX	24,941,747
		REAL ESTATE										
19		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties.....	84,418,419			84,418,419	0.0000	0	0.0750	6,331,381	0.0750	6,331,381
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).....	84,418,419	0	0	84,418,419	XXX	0	XXX	6,331,381	XXX	6,331,381
		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

ASSET VALUATION RESERVE (continued)
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Equity and Other Invested Asset Component

Line Number	NAIC Design- 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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
32	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
38		Total with preferred stock characteristics (sum of Lines 31 through 37).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm mortgages.....			XXX.....	0	(a).....	0	(a).....	0	(a).....	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other.....		XXX.....	XXX.....	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other.....			XXX.....	0	(a).....	0	(a).....	0	(a).....	0
44		In good standing with restructured terms.....			XXX.....	0	(b).....	0	(b).....	0	(b).....	0
		Overdue, Not in Process:										
45		Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
46		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
47		Residential mortgages-all other.....			XXX.....	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure:										
50		Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
51		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
52		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
55		Total with mortgage loan characteristics (sum of Lines 39 through 54).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

NONE

ASSET VALUATION RESERVE (continued)
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Equity and Other Invested Asset Component

Line Number	NAIC Design- ation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(d).....	0	(d).....	0
57		Unaffiliated private.....	26,500,546	XXX.....	XXX.....	26,500,546	0.0000	0	0.1600	4,240,087	0.1600	4,240,087
58		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated certain other (see SVO Purposes and Procedures manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated other - all other.....	23,544,494	XXX.....	XXX.....	23,544,494	0.0000	0	0.1600	3,767,119	0.1600	3,767,119
61		Total with common stock characteristics (sum of Lines 56 through 60).....	50,045,040	XXX.....	XXX.....	50,045,040	XXX.....	0	XXX.....	8,007,206	XXX.....	8,007,206
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0
63		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
64		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
65		Total with real estate characteristics (Lines 62 through 64).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
68		State low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
69		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
70		Total low income housing tax credit (Lines 66 through 69).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		ALL OTHER INVESTMENTS										
71		Other invested assets - Schedule BA.....	5,119,000	XXX.....		5,119,000	0.0000	0	0.1300	665,470	0.1300	665,470
72		Other short-term invested assets - Schedule DA.....		XXX.....		0	0.0000	0	0.1300	0	0.1300	0
73		Total all other (sum of Lines 71 + 72).....	5,119,000	XXX.....	0	5,119,000	XXX.....	0	XXX.....	665,470	XXX.....	665,470
74		Total other invested assets - Schedule BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73).....	55,164,040	0	0	55,164,040	XXX.....	0	XXX.....	8,672,676	XXX.....	8,672,676

(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.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(e) Determined using same factors and breakdowns used for directly owned real estate.

ASSET VALUATION RESERVE (continued)
Basic Contributions, Reserve Objective and Maximum Reserve Calculations
Replications (Synthetic) Assets

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve

NONE

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE F

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

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted

CLAIMS DISPOSED OF DURING CURRENT YEAR

Death Claims - Ordinary

GR2110354.....	13221.....	GA.....	2010.....	25,000	.....	.....	Insured not listed on application.....
SM2103024.....	12031.....	MD.....	2010.....	101,000	.....	.....	Material misrepresentation.....
0199999. Death Claims - Ordinary.....				126,000	0	0	XXX
0599999. Subtotal - Disposed Death Claims.....				126,000	0	0	XXX
2699999. Subtotal - Claims Disposed of During Current Year.....				126,000	0	0	XXX
5399999. Totals.....				126,000	0	0	XXX

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	11,218,975	XXX...		XXX...		XXX...		XXX...		XXX...	11,218,975	XXX...		XXX...		XXX...		XXX...
2.	Premiums earned.....	11,364,475	XXX...		XXX...		XXX...		XXX...		XXX...	11,364,475	XXX...		XXX...		XXX...		XXX...
3.	Incurred claims.....	8,313,909	73.2		0.0		0.0		0.0		0.0	8,313,909	73.2		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).....	8,313,909	73.2	0	0.0	0	0.0	0	0.0	0	0.0	8,313,909	73.2	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	129,325	1.1		0.0		0.0		0.0		0.0	129,325	1.1		0.0		0.0		0.0
7.	Commissions (a).....	1,899,296	16.7		0.0		0.0		0.0		0.0	1,899,296	16.7		0.0		0.0		0.0
8.	Other general insurance expenses.....	602,248	5.3		0.0		0.0		0.0		0.0	602,248	5.3		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	169,954	1.5		0.0		0.0		0.0		0.0	169,954	1.5		0.0		0.0		0.0
10.	Total other expenses incurred.....	2,671,498	23.5	0	0.0	0	0.0	0	0.0	0	0.0	2,671,498	23.5	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	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
12.	Gain from underwriting before dividends or refunds.....	249,743	2.2	0	0.0	0	0.0	0	0.0	0	0.0	249,743	2.2	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.....	249,743	2.2	0	0.0	0	0.0	0	0.0	0	0.0	249,743	2.2	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	.....		0.0		0.0		0.0		0.0		0.0		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).....	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

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

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	351,301					351,301			
2. Advance premiums.....	55,834					55,834			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	407,134	0	0	0	0	407,134	0	0	0
5. Total premium reserves, prior year.....	497,061					497,061			
6. Increase in total premium reserves.....	(89,927)	0	0	0	0	(89,927)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	217,885					217,885			
2. Reserve for future contingent benefits.....	2,000					2,000			
3. Total contract reserves, current year.....	219,885	0	0	0	0	219,885	0	0	0
4. Total contract reserves, prior year.....	90,560					90,560			
5. Increase in contract reserves.....	129,325	0	0	0	0	129,325	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	1,050,295					1,050,295			
2. Total prior year.....	1,215,916					1,215,916			
3. Increase.....	(165,621)	0	0	0	0	(165,621)	0	0	0

38

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.....	851,345					851,345			
1.2 On claims incurred during current year.....	7,628,185					7,628,185			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	235,770					235,770			
2.2 On claims incurred during current year.....	814,525					814,525			
3. Test:									
3.1 Lines 1.1 and 2.1.....	1,087,115	0	0	0	0	1,087,115	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,215,916					1,215,916			
3.3 Line 3.1 minus Line 3.2.....	(128,801)	0	0	0	0	(128,801)	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.....	2,871,979	80,049				2,791,930			
2. Premiums earned.....	2,946,281	83,679				2,862,602			
3. Incurred claims.....	696,268	627				695,641			
4. Commissions.....	478,429					478,429			

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

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			9,010,177	9,010,177
2. Beginning claim reserves and liabilities.....	25,000		2,007,988	2,032,988
3. Ending claim reserves and liabilities.....	25,000		2,183,942	2,208,942
4. Claims paid.....	0	0	8,834,223	8,834,223
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.....			696,268	696,268
10. Beginning claim reserves and liabilities.....			817,072	817,072
11. Ending claim reserves and liabilities.....			1,158,647	1,158,647
12. Claims paid.....	0	0	354,693	354,693
D. Net:				
13. Incurred claims.....	0	0	8,313,909	8,313,909
14. Beginning claim reserves and liabilities.....	25,000	0	1,190,916	1,215,916
15. Ending claim reserves and liabilities.....	25,000	0	1,025,295	1,050,295
16. Claims paid.....	0	0	8,479,530	8,479,530
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			8,313,909	8,313,909
18. Beginning reserves and liabilities.....	25,000		1,190,916	1,215,916
19. Ending reserves and liabilities.....	25,000		1,025,295	1,050,295
20. Paid claims and cost containment expenses.....	0	0	8,479,530	8,479,530

SCHEDULE S - PART 1 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Affiliates - U.S. Affiliates											
65722.....	63-0343428....	01/01/2007	Loyal American Life Insurance.....	OH.....	ACO/I.....		55,678,777	324,621	16,124		
62200.....	95-2496321....	06/30/2011	Great American Life Assurance	OH.....	ACO/I.....		5,359,229	5,346,187	85,199		
62200.....	95-2496321....	06/30/2011	Great American Life Assurance	OH.....	CO/I.....		4,294,818	4,188,686			
0199999.	Total - General Account - U.S. Affiliates.....					0	65,332,824	9,859,494	101,323	0	0
0399999.	Total - General Account - Affiliates.....					0	65,332,824	9,859,494	101,323	0	0
General Account - Non-Affiliates - U.S. Non-Affiliates											
73814.....	66-0258488....	01/27/2006	Triple - S Vida Incorporated.....	PR.....	CO/I.....	783,500	400,383	2,831			
0499999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					783,500	400,383	2,831	0	0	0
0699999.	Total - General Account - Non-Affiliates.....					783,500	400,383	2,831	0	0	0
0799999.	Total - General Account.....					783,500	65,733,207	9,862,325	101,323	0	0
1599999.	Total U.S.....					783,500	65,733,207	9,862,325	101,323	0	0
1799999.	Total.....					783,500	65,733,207	9,862,325	101,323	0	0

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates - U.S. Affiliates											
16691.....	31-0501234....	01/01/1974	Great American Insurance Company.....	OH.....	CO/I.....		1,354	5,801			
01999999.	Total - Affiliates - U.S. Affiliates.....					0	1,354	5,801	0	0	0
03999999.	Total - Affiliates.....					0	1,354	5,801	0	0	0
07999999.	Total - U.S.....					0	1,354	5,801	0	0	0
09999999.	Total.....					0	1,354	5,801	0	0	0

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Affiliates - U.S. Affiliates						
62200.....	95-2496321....	06/30/2011	Great American Life Assurance	OH.....	8,972,057	.....
0199999.	Total - Life and Annuity Affiliates - U.S. Affiliates.....				8,972,057	0
0399999.	Total - Life and Annuity Affiliates.....				8,972,057	0
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	DE.....	12,500	.....
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America.....	CT.....	37,500	.....
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	75,000	187,500
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	62,500	187,500
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	15,000	15,000
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	DE.....	30,000	30,000
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Co.....	CO.....	12,500	1,937,500
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Co.....	CO.....	1,535,500	4,281,868
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Co.....	CO.....	15,000	15,000
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America.....	CT.....	.....	.....187,500
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	60,000	60,000
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	449,057	103,716
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				2,304,557	7,005,584
0699999.	Total - Life and Annuity Non-Affiliates.....				2,304,557	7,005,584
0799999.	Total - Life and Annuity.....				11,276,614	7,005,584
Accident and Health - Affiliates - U.S. Affiliates						
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	.....	.....67,343
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates.....				0	67,343
1099999.	Total - Accident and Health Affiliates.....				0	67,343
1499999.	Total - Accident and Health.....				0	67,343
1599999.	Total U.S.....				11,276,614	7,072,927
1799999.	Total.....				11,276,614	7,072,927

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88099.....	75-1608507....	01/01/1982	Optimum Re Ins Co.....	TX.....	YRT/I.....	100,000	1,123	1,026	1,250				
87572.....	23-2038295....	01/01/1973	Scottish Re, Inc.....	DE.....	DIS/I.....								
87572.....	23-2038295....	01/01/1983	Scottish Re, Inc.....	DE.....	CO/I.....	5,293,376	80,523	83,109	27,182				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	CT.....	DIS/I.....		2						
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health of America, Inc.....	CT.....	YRT/I.....	528,500	16,273	15,039	17,118				
82627.....	06-0839705....	01/01/1973	Swiss Re Life & Health of America, Inc.....	CT.....	YRT/I.....	93,750	3,552	3,292	134,243				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health of America, Inc.....	CT.....	CO/I.....	25,374,047	449,012	491,005	10,352				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health of America, Inc.....	CT.....	DIS/I.....		51,683	54,351					
86231.....	39-0989781....	01/01/1982	Transamerica Life Insurance Company.....	IA.....	MCO/I.....	3,071,000	1,396	1,550				1,166,003	
86231.....	39-0989781....	01/01/1982	Transamerica Life Insurance Company.....	IA.....	YRT/I.....	350,000			24,720				
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	CO/I.....	83,358,868	235,660	219,252	300,993				
86258.....	13-2572994....	07/01/1999	General Re Life Corporation.....	CT.....	DIS/I.....		109,949	107,404	44,444				
86258.....	13-2572994....	10/01/2003	General Re Life Corporation.....	CT.....	YRT/I.....	233,940	376	429	6,214				
97071.....	13-3126819....	01/01/2000	Generali USA Life Reassurance Co.....	MO.....	CO/I.....	7,232,894	365,873	824,989	30,647				
97071.....	13-3126819....	01/01/2008	Generali USA Life Reassurance Co.....	MO.....	CAT/I.....				185,500				
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	202,822,844	1,105,298	1,071,866	526,221				
88340.....	59-2859797....	01/01/2000	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	9,351,000	1,184,979	1,095,405	57,132				
88340.....	59-2859797....	12/31/2002	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	852,170,863	51,948,378	49,303,227	6,419,630				
88340.....	59-2859797....	10/01/2003	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	51,810,777	26,475	24,779	211,363				
88340.....	59-2859797....	07/01/2008	Hannover Life Reassurance Company of America.....	FL.....	COMB/I.....	1,627,795,000	21,689,000	20,944,000	10,903,668			20,617,805	
88099.....	75-1608507....	11/09/2004	Optimum Re Ins. Co.....	TX.....	YRT/i.....	881,031	311	282	4,848				
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	CO/I.....	172,217,835	1,155,565	1,109,511	523,426				
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	CO/I.....	189,041,408	4,057,927	3,809,845	269,362				
93572.....	43-1235868....	10/01/2003	RGA Reinsurance Company.....	MO.....	YRT/I.....	2,972,918	3,001	3,128	33,261				
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	DE.....	CO/I.....	370,141,483	8,041,385	7,619,701	519,597				
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Co.....	CO.....	YRT/I.....	82,861,546	42,108	40,675	384,514				
68713.....	84-0499703....	01/01/1999	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	536,594,266	12,504,229	12,978,610	1,555,941				
68713.....	84-0499703....	04/01/1999	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	9,206,528	46,047	47,610	46,499				
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	5,648,061,411	187,887,724	187,434,579	14,117,011				
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	191,178,727	4,173,041	3,985,592	296,436				
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America, Inc.	CT.....	CO/I.....	106,772,958	709,504	936,543	414,964				
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America, Inc.	CT.....	YRT/I.....	74,277,150	229,795	15,172	128,802				
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	CO/I.....	743,133,819	16,147,609	15,325,790	1,079,177				
86231.....	39-0989781....	10/01/2003	Transamerica Life Insurance Company.....	IA.....	YRT/I.....	1,944,026	3,179	3,330	24,771				
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	ACO/I.....		4,443,319	4,659,574	846				
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	ACO/G.....		2,648,634	2,756,185					
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	CO/I.....	24,816,822	17,714,240	18,881,420	23,726				

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	CO/G.....	24,384,265	17,523,190	18,628,124	(35,953)	.....	.....	.....	.....
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Co.	GA.....	CO/I.....	.....	.....	.....	.....42,560	.....	.....	.....	.....
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0
0799999.	Total - General Account - Authorized.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0
1599999.	Total - General Account - Authorized and Unauthorized.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0
3199999.	Total U.S.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0
3399999.	Total.....					11,048,073,052	354,600,360	352,476,394	38,330,465	0	0	21,783,808	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Affiliates - U.S. Affiliates												
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	CO/i.....	2,769,065	802,401	17,269,130	.....	.....	.....	.....
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	CO/g.....	83,101	2,974	1,973,517	.....	.....	.....	.....
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates.....					2,852,166	805,375	19,242,647	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates.....					2,852,166	805,375	19,242,647	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
82627.....	06-0839705....	10/01/1972	Swiss Re Life & Health of America.....	CT.....	OTH/i.....	.....	.....	.....17,352	.....	.....	.....	.....
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					0	0	17,352	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					0	0	17,352	0	0	0	0
0799999.	Total - General Account - Authorized.....					2,852,166	805,375	19,259,999	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized.....					2,852,166	805,375	19,259,999	0	0	0	0
3199999.	Total - U.S.....					2,852,166	805,375	19,259,999	0	0	0	0
3399999.	Total.....					2,852,166	805,375	19,259,999	0	0	0	0

Sch. S-Pt. 4
NONE

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	41,183	59,693	190,282	62,426	39,199
2. Commissions and reinsurance expense allowances.....	7,592	11,997	19,735	12,044	7,741
3. Contract claims.....	46,684	37,598	51,600	39,410	33,904
4. Surrender benefits and withdrawals for life contracts.....	2,168	1,820	2,124	1,381	860
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....	(266)	(205)	(358)	281	
7. Increase in aggregate reserves for life and accident and health contracts.....	(63,390)	(47,007)	147,664	31,678	19,066
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....	374,666	438,056	485,063	337,399	305,721
10. Liability for deposit-type contracts.....	73	123	116	108	102
11. Contract claims unpaid.....	7,073	3,801	8,033	4,107	4,769
12. Amounts recoverable on reinsurance.....	11,277	5,433	5,291	2,559	5,373
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).....					

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	13,620,472,146		13,620,472,146
2. Reinsurance (Line 16).....	11,276,613	(2,304,557)	8,972,056
3. Premiums and considerations (Line 15).....	12,700,554		12,700,554
4. Net credit for ceded reinsurance.....	XXX	384,115,993	384,115,993
5. All other admitted assets (balance).....	306,018,847		306,018,847
6. Total assets excluding Separate Accounts (Line 26).....	13,950,468,160	381,811,436	14,332,279,596
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	13,950,468,160	381,811,436	14,332,279,596
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	11,938,978,962	374,665,739	12,313,644,701
10. Liability for deposit-type contracts (Line 3).....	703,108,767	72,770	703,181,537
11. Claim reserves (Line 4).....	62,785,176	7,072,927	69,858,103
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	386,985		386,985
14. Other contract liabilities (Line 9).....	42,594,327		42,594,327
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).....	132,109,938		132,109,938
18. Total liabilities excluding Separate Accounts (Line 26).....	12,879,964,155	381,811,436	13,261,775,591
19. Separate Account liabilities (Line 27).....			0
20. Total liabilities (Line 28).....	12,879,964,155	381,811,436	13,261,775,591
21. Capital & surplus (Line 38).....	1,070,504,004	XXX	1,070,504,004
22. Total liabilities, capital & surplus (Line 39).....	13,950,468,160	381,811,436	14,332,279,596
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves.....	374,665,739		
24. Claim reserves.....	7,072,927		
25. Policyholder dividends/reserves.....	0		
26. Premium & annuity considerations received in advance.....	0		
27. Liability for deposit-type contracts.....	72,770		
28. Other contract liabilities.....	0		
29. Reinsurance ceded assets.....	2,304,557		
30. Other ceded reinsurance recoverables.....	0		
31. Total ceded reinsurance recoverables.....	384,115,993		
32. Premiums and considerations.....	0		
33. Reinsurance in unauthorized companies.....	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
35. Other ceded reinsurance payables/offsets.....	0		
36. Total ceded reinsurance payables/offsets.....	0		
37. Total net credit for ceded reinsurance.....	384,115,993		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				Totals
			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
1.	Alabama.....	AL.....	530,679	61,001,939		1,250	61,533,868
2.	Alaska.....	AK.....	28,409	249,517		76,422	354,348
3.	Arizona.....	AZ.....	1,179,004	38,571,703		8,046	39,799,025
4.	Arkansas.....	AR.....	456,827	17,623,138		4,623	18,084,588
5.	California.....	CA.....	11,665,909	212,830,990	625	13,421	225,203,032
6.	Colorado.....	CO.....	734,893	17,322,792		112,302	18,310,787
7.	Connecticut.....	CT.....	812,870	65,840,549	873	7,391	66,800,518
8.	Delaware.....	DE.....	144,503	15,142,343			15,286,845
9.	District of Columbia.....	DC.....	86,887	1,398,919			1,485,807
10.	Florida.....	FL.....	4,528,335	300,825,330	245	26,566	306,304,584
11.	Georgia.....	GA.....	2,183,359	69,444,341	244	77,816	71,967,996
12.	Hawaii.....	HI.....	427,762	7,618,364			8,046,126
13.	Idaho.....	ID.....	212,527	16,135,368			16,347,895
14.	Illinois.....	IL.....	2,079,271	102,926,767		115,625	105,337,442
15.	Indiana.....	IN.....	585,392	76,858,682		1,855	77,467,686
16.	Iowa.....	IA.....	288,924	29,118,019		2,185	29,455,720
17.	Kansas.....	KS.....	467,478	16,191,133		52,213	16,750,094
18.	Kentucky.....	KY.....	524,705	57,134,206		3,664	57,662,575
19.	Louisiana.....	LA.....	604,368	56,833,194			57,437,562
20.	Maine.....	ME.....	247,705	7,877,808	252	3,467	8,292,441
21.	Maryland.....	MD.....	1,449,382	45,420,873		1,748	47,026,125
22.	Massachusetts.....	MA.....	1,110,356	43,692,950		16,952	46,456,700
23.	Michigan.....	MI.....	597,436	163,038,454	110	2,683	163,804,780
24.	Minnesota.....	MN.....	805,379	64,472,878		214	65,749,789
25.	Mississippi.....	MS.....	334,246	29,602,857			29,937,103
26.	Missouri.....	MO.....	772,143	40,211,022		100,822	41,083,987
27.	Montana.....	MT.....	28,907	2,229,278			2,290,850
28.	Nebraska.....	NE.....	269,601	10,444,568		58,391	10,870,554
29.	Nevada.....	NV.....	740,317	15,114,733	268	670	15,855,987
30.	New Hampshire.....	NH.....	171,289	15,576,555	64	77,350	15,825,259
31.	New Jersey.....	NJ.....	1,971,157	110,314,053	939	2,491	112,378,164
32.	New Mexico.....	NM.....	481,105	5,837,903			6,319,008
33.	New York.....	NY.....	433,305	8,756,739	373	1,765	9,192,182
34.	North Carolina.....	NC.....	2,252,603	132,086,004	30	925,791	135,658,927
35.	North Dakota.....	ND.....	92,212	4,850,261			4,942,473
36.	Ohio.....	OH.....	1,416,721	129,333,939	38	317	132,088,176
37.	Oklahoma.....	OK.....	1,123,095	13,189,492		1,856	14,314,442
38.	Oregon.....	OR.....	364,044	23,509,461	139	63,085	24,021,493
39.	Pennsylvania.....	PA.....	2,421,165	155,868,965	24	1,799	158,682,555
40.	Rhode Island.....	RI.....	148,678	6,178,221		9,822	6,336,720
41.	South Carolina.....	SC.....	969,847	70,390,996		3,392	71,462,228
42.	South Dakota.....	SD.....	87,906	2,653,300		6,732	2,747,938
43.	Tennessee.....	TN.....	1,013,046	134,242,717		84,842	135,340,604
44.	Texas.....	TX.....	5,982,314	100,898,863	224	1,904	107,254,746
45.	Utah.....	UT.....	300,455	39,246,870			39,612,001
46.	Vermont.....	VT.....	90,204	3,337,958		22,112	3,450,274
47.	Virginia.....	VA.....	2,164,589	85,639,453	147	275,458	88,174,380
48.	Washington.....	WA.....	976,205	61,334,373	104	387,535	62,846,392
49.	West Virginia.....	WV.....	170,821	20,501,830			20,672,652
50.	Wisconsin.....	WI.....	588,092	54,386,820	100	361,598	55,405,484
51.	Wyoming.....	WY.....	57,176	1,650,216			1,707,393
52.	American Samoa.....	AS.....					0
53.	Guam.....	GU.....	189,708				189,708
54.	Puerto Rico.....	PR.....	8,863				8,863
55.	US Virgin Islands.....	VI.....	8,484				8,484
56.	Northern Mariana Islands.....	MP.....					0
57.	Canada.....	CN.....	5,700				5,700
58.	Aggregate Other Alien.....	OT.....	77,500	142,915			220,415
59.	Totals.....		57,463,857	2,765,100,622	4,798	2,916,175	2,833,871,475

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

Members

51			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..				Risiko 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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

			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.....	UDP.....	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.....		AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-2969767..			Aerielle IP Holdings, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-4391696..			Aerielle, LLC.....	DE.....	DS.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-0756104..			Aerielle Technologies, Inc.....	CA.....	DS.....	Aerielle, LLC.....	Ownership.....	100.00	American Financial Group, Inc.....	
0084..	American Financial Group, Inc..	93661....	31-1021738..			Annuity Investors Life Insurance Company.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			27-4078277..			Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			27-0513333..			Bay Bridge Marina Management, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			20-1246122..			Brothers Management, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	99.00	American Financial Group, Inc.....	
			36-3383108..			Consolidated Financial Corporation.....	MI.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3988240..			FT Liquidation, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			20-4604276..			GALIC - Bay Bridge Marina, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3829557..			GALIC - Stoneleigh, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1391777..			GALIC Brothers, Inc.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	80.00	American Financial Group, Inc.....	
			45-1144095..			GALIC Pointe, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	65.00	American Financial Group, Inc.....	2....
			27-1026964..			GALIC Port Orange, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	48.00	American Financial Group, Inc.....	2....
			26-3260520..			Manhattan National Holding Corporation.....	OH.....	DS.....	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.....	DS.....	Manhattan National Holding Corporation.....	Ownership.....	100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.2			52-2179330..				Skipjack Marina Corp.....	MD.....	DS.....	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.....	NIA.....	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.....	IA.....	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.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
										Provident American Life & Health Insurance Company	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65269..	75-2305400..			United Benefit Life Insurance Company.....	OH.....	IA.....	Ceres Group, Inc.....	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.....	
										American Empire Surplus Lines Insurance Company	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	37990..	31-0973761..			American Empire Insurance Company.....	OH.....	IA.....	American Empire Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
				59-1671722..			American Empire Underwriters, Inc.....	TX.....	NIA.....	Great American International Insurance Limited.....	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.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.3	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, Compañía de Seguros, S.A. de C.V.....	MX.....	IA.....	Great American Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	.....
	.....	.....	.....	.....	.....	.....	Financidora de Primas Condor, S.A. de C.V.....	MX.....	NIA.....	El Aguila, Compañía 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

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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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.....			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 American Financial 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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).....		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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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%	16691	Great American Insurance Company	100.00%
37990	American Empire Insurance Company	10.00%	22136	Great American Insurance Company of New York	
			26832	Great American Alliance Insurance Company	
23418	Mid-Continent Casualty Company	94.00%	26344	Great American Assurance Company	
15380	Mid-Continent Assurance Company	3.00%	39896	Great American Casualty Insurance Company	
23426	Oklahoma Surety Company	3.00%	10646	Great American Contemporary Insurance Company	
13794	Mid-Continent Excess and Surplus Insurance Company		37532	Great American E&S Insurance Company	
			41858	Great American Fidelity Insurance Company	
22179	Republic Indemnity Company of America	97.00%	38580	Great American Protection Insurance Company	
43753	Republic Indemnity Company of California	3.00%	31135	Great American Security Insurance Company	
			33723	Great American Spirit Insurance Company	
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%			

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE 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.

MARCH FILING		Responses
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?	WAIVED

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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
AUGUST FILING		
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	* 6 3 3 1 2 2 0 1 1 2 2 2 0 0 0 0 0 *
12. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 2 0 0 0 0 0 0 *
13.	
14. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 9 0 0 0 0 0 0 *
15. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 3 7 1 0 0 0 0 0 *
16.	
17.	
18. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 3 0 0 0 0 0 *
19. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 4 0 0 0 0 0 *
20. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 5 0 0 0 0 0 *
21.	
22. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 7 0 0 0 0 0 *
23. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 8 0 0 0 0 0 *
24. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 4 9 0 0 0 0 0 *
25.	
26.	
27. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 5 2 0 0 0 0 0 *
28. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 5 3 0 0 0 0 0 *
29. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 3 6 0 0 0 0 0 *
30. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 3 7 0 0 0 0 0 *
31. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 3 8 0 0 0 0 0 *
32. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 3 9 0 0 0 0 0 *
33. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 5 4 0 0 0 0 0 *
34. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 1 4 9 5 0 0 0 0 0 *

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE 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.

35.
36. NOT APPLICABLE
37. NOT APPLICABLE
38. NOT APPLICABLE
39. NOT APPLICABLE
40.
41.
42. NOT APPLICABLE
43.
44.
45.
46. NOT APPLICABLE
47. NOT APPLICABLE
48.

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Accrued contractual fee income.....	2,808,151		2,808,151	582,141
2597. Summary of remaining write-ins for Line 25.....	2,808,151	0	2,808,151	582,141

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Miscellaneous income.....	28,509	12,508
08.397	Summary of remaining write-ins for Line 8.3.....	28,509	12,508

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	28,509			28,509								
08.397. Summary of remaining write-ins for Line 8.3.....	28,509	0	0	28,509	0	0	0	0	0	0	0	0

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPB0001.....	B.....	NO.....	34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....1,479	864	58.4	.....
.....YES.....	1MSPC0001.....	C.....	NO.....	34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....8,085	10,273	127.1	3
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	22,090	15,873	71.9	9	144,909	105,456	72.8	59
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,414	7,582	90.1	3	55,227	23,919	43.3	18
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	43,960	23,951	54.5	18	16,769	7,674	45.8	6
0199999.	Total Policy Experience on Individual Policies.....									74,463	47,406	63.7	30	226,468	148,186	65.4	86

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																	
.....4	18435.....	F.....	NO.....	34060.....	.12/24/2007			.05/31/2010	MEDICARE SUPPLEMENT.....	9,828	13,497	137.3	4	18,435	15,341	83.2	7
0199999.	Total Policy Experience on Individual Policies.....									9,828	13,497	137.3	4	18,435	15,341	83.2	7

360.CO

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	1,647.....	1,735.....	105.4.....	1.....	.....	.....	.....0.0.....	.....
.....YES.....	1MSPB0001.....	B.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	6,523.....	5,026.....	77.0.....	3.....	2,396.....	95.....	4.0.....	1.....
.....YES.....	1MSPC0001.....	C.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	17,566.....	12,452.....	70.9.....	7.....	23,068.....	19,443.....	84.3.....	7.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	83,176.....	48,680.....	58.5.....	37.....	217,924.....	160,338.....	73.6.....	96.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	109,611.....	71,811.....	65.5.....	43.....	205,908.....	129,892.....	63.1.....	80.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	10/19/2006.....	10/16/2009.....	.....	.....	MEDICARE SUPPLEMENT.....	49,404.....	23,359.....	47.3.....	22.....	77,388.....	68,861.....	89.0.....	34.....
0199999.	Total Policy Experience on Individual Policies.....									267,927.....	163,064.....	60.9.....	113.....	526,684.....	378,629.....	71.9.....	218.....

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34000.....	.02/25/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		3,328	115	3.5	2
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.02/25/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		9,000	6,906	76.7	3
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.02/25/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	3,421	251	7.3	1	34,094	33,133	97.2	15
0199999.	Total Policy Experience on Individual Policies.....									3,421	251	7.3	1	46,422	40,154	86.5	20

360.GA

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34000.....	.02/24/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		487	9	1.8	
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.02/24/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	1,604	682	42.5	1	639,090	524,848	82.1	269
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.02/24/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		19,740	9,883	50.1	12
0199999.	Total Policy Experience on Individual Policies.....									1,604	682	42.5	1	659,317	534,741	81.1	281

360.1A

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34060.....	.02/09/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		2,000	13,540	676.9	1
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	.02/09/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	34,766	48,567	139.7	14	66,237	44,922	67.8	28
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.02/09/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		7,581	9,042	119.3	3
0199999.	Total Policy Experience on Individual Policies.....									34,766	48,567	139.7	14	75,818	67,504	89.0	32

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	NO.....	34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,807	429	15.3	2	977	521	53.3	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	31,147	29,633	95.1	15	94,858	58,033	61.2	47
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	49,558	24,081	48.6	23	205,533	124,989	60.8	91
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	15,324	9,514	62.1	9	30,654	37,563	122.5	14
0199999.	Total Policy Experience on Individual Policies.....									98,836	63,657	64.4	49	332,023	221,106	66.6	152

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	13,290	9,662	72.7	7	57,700	32,052	55.5	30
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	32,800	21,330	65.0	14	207,134	211,490	102.1	101
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	31,028	20,395	65.7	15	146,321	111,531	76.2	74
0199999.	Total Policy Experience on Individual Policies.....									77,117	51,387	66.6	36	411,155	355,073	86.4	205

360.KS

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPB0001.....	B.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0.....	.....	.....15,820.....	8,895.....	56.2.....	5.....
.....YES.....	1MSPC0001.....	C.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0.....	.....	.....8,162.....	2,230.....	27.3.....	3.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	13,664.....	20,114.....	147.2.....	3.....	68,885.....	44,410.....	64.5.....	28.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	153,389.....	77,203.....	50.3.....	62.....	939,663.....	655,795.....	69.8.....	366.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	30,477.....	20,951.....	68.7.....	15.....	173,811.....	165,947.....	95.5.....	75.....
0199999.	Total Policy Experience on Individual Policies.....									197,531.....	118,268.....	59.9.....	80.....	1,206,341.....	877,276.....	72.7.....	477.....

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



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

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	NO.....	34000.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,095	177	5.7	1	2,910	1,704	58.6	1
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....5,680	717	12.6	3
0199999.	Total Policy Experience on Individual Policies.....									3,095	177	5.7	1	8,591	2,421	28.2	4

360.MI

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,021	29	1.5	1	7,606	815	10.7	2
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	252,576	151,404	59.9	99	210,938	126,511	60.0	80
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	97,636	60,119	61.6	37	105,237	61,854	58.8	41
0199999.	Total Policy Experience on Individual Policies.....									352,233	211,553	60.1	137	323,781	189,180	58.4	123

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	NO.....	34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,519	13,465	158.1	3	17,665	13,761	77.9	6
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,326	5	0.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									11,845	13,470	113.7	4	17,665	13,761	77.9	6

360.MS

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0.....	.....	.....1,607.....	11,908.....	741.2.....	1.....
.....YES.....	1MSPC0001.....	C.....	NO.....	34060.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	18,056.....	7,498.....	41.5.....	7.....	11,023.....	10,424.....	94.6.....	4.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	39,002.....	54,786.....	140.5.....	18.....	36,742.....	27,620.....	75.2.....	14.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	254,456.....	193,675.....	76.1.....	98.....	967,803.....	721,634.....	74.6.....	409.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	02/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	135,263.....	119,979.....	88.7.....	60.....	140,076.....	86,163.....	61.5.....	66.....
0199999.	Total Policy Experience on Individual Policies.....									446,777.....	375,938.....	84.1.....	183.....	1,157,252.....	857,749.....	74.1.....	494.....

360.NC

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....800	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,803	7,639	131.6	2	107,837	93,396	86.6	33
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,232	708	21.9	2	21,889	12,368	56.5	10
0199999.	Total Policy Experience on Individual Policies.....									9,035	8,347	92.4	4	130,525	105,764	81.0	43

360.NE

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2011
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,646	222	13.5	1	1,774	230	13.0	1
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,440	5,278	42.4	5	6,183	1,375	22.2	3
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,524	4,812	190.7	1	.....	.....0.0	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									16,609	10,312	62.1	7	7,956	1,605	20.2	4

360.NH

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPG0001.....	G.....	NO.....	34000.....	.09/26/2008			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		2.689	270	10.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2.689	270	10.0	1

360.NV

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPC0001.....	C.....	NO.....	34000.....	.01/23/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	2,605	885	34.0	1	11,240	2,925	26.0	5
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.01/23/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	9,176	9,690	105.6	4	42,729	10,295	24.1	15
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.01/23/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	20,201	12,522	62.0	6	36,658	37,936	103.5	16
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.01/23/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	7,505	15,280	203.6	3	22,527	28,986	128.7	6
0199999.	Total Policy Experience on Individual Policies.....									39,487	38,378	97.2	14	113,154	80,141	70.8	42

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	NO.....	34060.....	04/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	357.....	40.....	11.3.....	.....	.....3,305.....	6,982.....	211.3.....	2.....
.....YES.....	1MSPC0001.....	C.....	NO.....	34000.....	04/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0.....	.....	.....4,675.....	4,502.....	96.3.....	1.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	04/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0.....	.....	.....10,991.....	12,765.....	116.1.....	3.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	04/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	101,870.....	42,820.....	42.0.....	46.....	295,463.....	175,532.....	59.4.....	122.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	04/26/2004.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	19,830.....	20,866.....	105.2.....	7.....	61,044.....	44,877.....	73.5.....	27.....
0199999.	Total Policy Experience on Individual Policies.....									122,058.....	63,726.....	52.2.....	53.....	375,479.....	244,659.....	65.2.....	155.....

360.OK

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	NO.....	34060.....	.01/09/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,821	3,512	72.8	2	28,146	17,347	61.6	12
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.01/09/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,007	991	49.4	1	.....	.....0.0	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									6,828	4,502	65.9	3	28,146	17,347	61.6	12

360.0R

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,576	161	10.2	1	6,056	1,133	18.7	3
.....YES.....	1MSPF0001.....	F.....	NO.....	34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....42,718	18,801	44.0	21
.....YES.....	1MSPG0001.....	G.....	NO.....	34060.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....11,065	7,252	65.5	5
0199999.	Total Policy Experience on Individual Policies.....									1,576	161	10.2	1	59,839	27,186	45.4	29

360.PA

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPG0001.....	G.....	NO.....	34000.....	.12/05/2007			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		2,213	73	3.3	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,213	73	3.3	1

360.RI

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPB0001.....	B.....	NO.....	34000.....	..02/18/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....6,121	9,969	162.9	2
.....YES.....	1MSPC0001.....	C.....	NO.....	34000.....	..02/18/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	2,362	96	4.1	1	475	180	38.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	..02/18/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	20,038	17,629	88.0	7	33,542	19,299	57.5	16
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	..02/18/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	125,195	106,652	85.2	48	554,495	453,217	81.7	208
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	..02/18/2004	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	173,189	129,794	74.9	78	541,092	385,818	71.3	285
0199999.	Total Policy Experience on Individual Policies.....									320,784	254,171	79.2	134	1,135,725	868,484	76.5	511

360.SC

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPC0001.....	C.....	NO.....	34000.....	.02/13/2004			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		2,184	6,098	279.3	
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.02/13/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	3,473	593	17.1	1			0.0	
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.02/13/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	168,146	121,364	72.2	65	714,558	551,296	77.2	281
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.02/13/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	47,396	26,076	55.0	20	144,052	82,384	57.2	68
0199999.	Total Policy Experience on Individual Policies.....									219,015	148,032	67.6	86	860,794	639,778	74.3	349

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	NO.....	34060.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,713	28,236	222.1	5	13,799	6,115	44.3	6
.....YES.....	1MSPC0001.....	C.....	NO.....	34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....5,747	3,455	60.1	2
.....YES.....	1MSPD0001.....	D.....	NO.....	34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,880	220	5.7	2	18,933	9,662	51.0	8
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	190,895	163,101	85.4	71	183,289	158,682	86.6	70
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	34,617	13,592	39.3	15	37,538	23,637	63.0	15
0199999.	Total Policy Experience on Individual Policies.....									242,105	205,149	84.7	93	259,306	201,550	77.7	101

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	NO.....	34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,767	1,335	48.2	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,116	8,395	52.1	7	60,358	24,663	40.9	24
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,334	4,414	101.8	2	60,894	25,209	41.4	31
0199999.	Total Policy Experience on Individual Policies.....									23,218	14,143	60.9	10	121,252	49,873	41.1	55

360.UT

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	NO.....	34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....49,976	31,530	63.1	25
.....YES.....	1MSPG0001.....	G.....	NO.....	34000.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....64,984	28,986	44.6	34
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	114,960	60,515	52.6	59

GENERAL INTERROGATORIES

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

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).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSP-WI.....	O.....	NO.....	34060.....	.03/30/2009			.05/31/2010	MEDICARE SUPPLEMENT.....			0.0		557,430	415,706	74.6	208
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	557,430	415,706	74.6	208

360.WI

GENERAL INTERROGATORIES

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

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
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	NO.....	34000.....	..10/29/2007	.....	.....	..05/31/2010	MEDICARE SUPPLEMENT.....	2,388	4,261	178.4	1	2,511	3,301	131.4	1
0199999.	Total Policy Experience on Individual Policies.....									2,388	4,261	178.4	1	2,511	3,301	131.4	1

360.WV

GENERAL INTERROGATORIES

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



SCHEDULE O SUPPLEMENT

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

Of The.....GREAT AMERICAN LIFE INSURANCE COMPANY

Address (City, State, Zip Code).....Cincinnati, OH 45202

NAIC Group Code.....0084

NAIC Company Code.....63312

Employer's ID Number.....13-1935920

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 2007	2 2008	3 2009	4 2010	5 2011 (a)
1. Prior.....	119	110	110	110	110
2. 2007.....					
3. 2008.....	XXX	1	1	1	1
4. 2009.....	XXX	XXX			
5. 2010.....	XXX	XXX	XXX		
6. 2011.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....	2,241	2,857	2,857	2,856	2,856
2. 2007.....	534	1,031	1,031	1,031	1,031
3. 2008.....	XXX	943	1,210	1,212	1,216
4. 2009.....	XXX	XXX	5,613	6,386	6,389
5. 2010.....	XXX	XXX	XXX	9,465	10,309
6. 2011.....	XXX	XXX	XXX	XXX	7,628

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.

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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	

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	

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	

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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 2007	2 2008	3 2009	4 2010	5 2011
1. 2007.....	151			XXX	XXX
2. 2008.....	XXX	249			XXX
3. 2009.....	XXX	XXX			
4. 2010.....	XXX	XXX	XXX		
5. 2011.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2007.....	1,803	2,181	1,031	XXX	XXX
2. 2008.....	XXX	2,734	1,232	1,212	XXX
3. 2009.....	XXX	XXX	6,670	6,602	6,371
4. 2010.....	XXX	XXX	XXX	10,511	10,544
5. 2011.....	XXX	XXX	XXX	XXX	8,443

Section C - Credit Accident and Health

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

NONE

Annual Statement for the year 2011 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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

Section B - Other Accident and Health

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

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.....	

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.....		
2. Ordinary life.....	Development.....	4,520
3. Individual annuity.....	Standard Factor.....	57,379
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Standard Factor.....	10
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....	Other.....	1,050
11. Total.....		62,959

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

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Default Component	30	Schedule D – Part 3	E13
Asset Valuation Reserve Equity	32	Schedule D – Part 4	E14
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 5	E15
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part D	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Verification	SI14
Exhibit of Life Insurance	25	Schedule DL – Part 1	E23
Exhibit of Net Investment Income	8	Schedule DL – Part 2	E24
Exhibit of Nonadmitted Assets	18	Schedule E – Part 1 – Cash	E25
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule E – Part 2 – Cash Equivalents	E26
Five-Year Historical Data	22	Schedule E – Part 3 – Special Deposits	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Verification Between Years	SI15
General Interrogatories	20	Schedule F	36
Jurat Page	1	Schedule H – Accident and Health Exhibit – Part 1	37
Liabilities, Surplus and Other Funds	3	Schedule H – Part 2, Part 3 and Part 4	38
Life Insurance (State Page)	24	Schedule H – Part 5 – Health Claims	39
Notes To Financial Statements	19	Schedule S – Part 1 – Section 1	40
Overflow Page For Write-ins	54	Schedule S – Part 1 – Section 2	41
Schedule A – Part 1	E01	Schedule S – Part 2	42
Schedule A – Part 2	E02	Schedule S – Part 3 – Section 1	43
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 2	44
Schedule A – Verification Between Years	SI02	Schedule S – Part 4	45
Schedule B – Part 1	E04	Schedule S – Part 5	46
Schedule B – Part 2	E05	Schedule S – Part 6	47
Schedule B – Part 3	E06	Schedule T – Part 2 Interstate Compact	49
Schedule B – Verification Between Years	SI02	Schedule T – Premiums and Annuity Considerations	48
Schedule BA – Part 1	E07	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	50
Schedule BA – Part 2	E08	Schedule Y – Part 1A – Detail of Insurance Holding Company System	51
Schedule BA – Part 3	E09	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	52
Schedule BA – Verification Between Years	SI03	Summary Investment Schedule	SI01
Schedule D – Part 1	E10	Summary of Operations	4
Schedule D – Part 1A – Section 1	SI05	Supplemental Exhibits and Schedules Interrogatories	53
Schedule D – Part 1A – Section 2	SI08		

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

Members

51			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..				Risiko 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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.1			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.....	UDP.....	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..				Great American Life Insurance Company.....	OH.....		AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Aerielle IP Holdings, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
							Aerielle, LLC.....	DE.....	DS.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
							Aerielle Technologies, Inc.....	CA.....	DS.....	Aerielle, LLC.....	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	93661....				Annuity Investors Life Insurance Company.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
							Bay Bridge Marina Management, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
							Brothers Management, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	99.00	American Financial Group, Inc.....	
							Consolidated Financial Corporation.....	MI.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
							FT Liquidation, LLC.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
							GALIC - Bay Bridge Marina, LLC.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
							GALIC - Stoneleigh, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
							GALIC Brothers, Inc.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	80.00	American Financial Group, Inc.....	
							GALIC Pointe, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	65.00	American Financial Group, Inc.....	2....
							GALIC Port Orange, LLC.....	FL.....	DS.....	Great American Life Insurance Company.....	Ownership.....	48.00	American Financial Group, Inc.....	2....
							Manhattan National Holding Corporation.....	OH.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	67083....				Manhattan National Life Insurance Company.....	IL.....	DS.....	Manhattan National Holding Corporation.....	Ownership.....	100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.2			52-2179330..				Skipjack Marina Corp.....	MD.....	DS.....	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.....	NIA.....	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.....	IA.....	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.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
										Provident American Life & Health Insurance Company	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65269..	75-2305400..			United Benefit Life Insurance Company.....	OH.....	IA.....	Ceres Group, Inc.....	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.....	
										American Empire Surplus Lines Insurance Company	Ownership.....	100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	37990..	31-0973761..			American Empire Insurance Company.....	OH.....	IA.....	American Empire Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
				59-1671722..			American Empire Underwriters, Inc.....	TX.....	NIA.....	Great American International Insurance Limited.....	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.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.3	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, Compañía de Seguros, S.A. de C.V.....	MX.....	IA.....	Great American Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	.....
	.....	.....	.....	.....	.....	.....	Financidora de Primas Condor, S.A. de C.V.....	MX.....	NIA.....	El Aguila, Compañía 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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.....			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 American Financial 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.