



ANNUAL STATEMENT

For the Year Ended December 31, 2011
of the Condition and Affairs of the

United Benefit Life Insurance Company

NAIC Group Code.....0084, 0084
(Current Period) (Prior Period)

Organized under the Laws of Ohio
Incorporated/Organized..... June 26, 1957
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 65269

State of Domicile or Port of Entry Ohio
Commenced Business..... August 13, 1957

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

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

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

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

N/A

Jesse Navarrete
(Name)
austinfirpt@gafri.com
(E-Mail Address)

Employer's ID Number..... 75-2305400

Country of Domicile US

512-451-2224
(Area Code) (Telephone Number)

512-451-2224
(Area Code) (Telephone Number)

512-807-4801
(Area Code) (Telephone Number) (Extension)
512-467-1399
(Fax Number)

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

| | | | |
|-------------------------|-----------------------------|-----------------------|----------------------|
| Bradley Allen Wolfram # | Christopher Patrick Miliano | Mark Francis Muething | Michael James Prager |
| Paul Adloph Severt # | | | |

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

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

(Signature)
Bradley Allen Wolfram

1. (Printed Name)
President

(Title)

(Signature)
Byron Keith Buescher

2. (Printed Name)
Treasurer

(Title)

(Signature)
Brenda Weigilia Hardison

3. (Printed Name)
Secretary

(Title)

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

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **ARIZONA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **CONNECTICUT** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **FLORIDA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....65269

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 |

NONE

| 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 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **HAWAII** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **IOWA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **IDAHO** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 ILLINOIS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **INDIANA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **MAINE** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 MICHIGAN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 MONTANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **NORTH CAROLINA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 **NORTH DAKOTA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEW HAMPSHIRE** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | | 0 | 0 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **OHIO** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **PENNSYLVANIA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **SOUTH CAROLINA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 TENNESSEE DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **TEXAS** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 **UTAH** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **VIRGINIA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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 **WASHINGTON** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |
| 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 WISCONSIN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |

NONE

| 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..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF **WEST VIRGINIA** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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 |
| 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 |

NONE

| 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 |
| 18.4 Reduction by compromise..... | | | | | | | | |0 |0 |
| 18.5 Amount rejected..... | | | | | | | | |0 |0 |
| 18.6 Total settlements..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... |0 |0 |0 |0 |0 |0 |0 |0 |0 |0 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | | | | (a)..... | | | | |0 |0 |
| 21. Issued during year..... | | | | | | | | |0 |0 |
| 22. Other changes to in force (Net)..... | | | | | | | | |0 |0 |
| 23. In force December 31 of current year..... |0 |0 |0 | (a).....0 |0 |0 |0 |0 |0 |0 |

NONE

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

ACCIDENT AND HEALTH INSURANCE

| | 1 | 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 |

NONE

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....65269

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..... | | | | (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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|--|-------------|
| 1. Reserve as of December 31, prior year..... | 57,134 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0..... | |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve..... | |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)..... | 57,134 |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)..... | 2,172 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5)..... | 54,962 |

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..... | 2,172 | | | 2,172 |
| 2. 2012..... | 2,321 | | | 2,321 |
| 3. 2013..... | 2,478 | | | 2,478 |
| 4. 2014..... | 2,627 | | | 2,627 |
| 5. 2015..... | 2,859 | | | 2,859 |
| 6. 2016..... | 3,083 | | | 3,083 |
| 7. 2017..... | 3,240 | | | 3,240 |
| 8. 2018..... | 3,546 | | | 3,546 |
| 9. 2019..... | 3,770 | | | 3,770 |
| 10. 2020..... | 4,076 | | | 4,076 |
| 11. 2021..... | 4,316 | | | 4,316 |
| 12. 2022..... | 4,689 | | | 4,689 |
| 13. 2023..... | 4,932 | | | 4,932 |
| 14. 2024..... | 4,563 | | | 4,563 |
| 15. 2025..... | 3,651 | | | 3,651 |
| 16. 2026..... | 2,666 | | | 2,666 |
| 17. 2027..... | 1,607 | | | 1,607 |
| 18. 2028..... | 538 | | | 538 |
| 19. 2029..... | | | | 0 |
| 20. 2030..... | | | | 0 |
| 21. 2031..... | | | | 0 |
| 22. 2032..... | | | | 0 |
| 23. 2033..... | | | | 0 |
| 24. 2034..... | | | | 0 |
| 25. 2035..... | | | | 0 |
| 26. 2036..... | | | | 0 |
| 27. 2037..... | | | | 0 |
| 28. 2038..... | | | | 0 |
| 29. 2039..... | | | | 0 |
| 30. 2040..... | | | | 0 |
| 31. 2041 and Later..... | | | | 0 |
| 32. Total (Lines 1 to 31)..... | 57,134 | 0 | 0 | 57,134 |

ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 |
|--|--------------------------------------|------------------------|-----------------------------|----------------------|--|-----------------------------|----------------------------------|
| | 1 Other Than Mortgage Loans | 2 Mortgage Loans | 3 Total (Cols. 1 + 2) | 4 Common Stock | 5 Real Estate and Other Invested Assets | 6 Total (Cols. 4 + 5) | Total Amount (Cols. 3 + 6) |
| 1. Reserve as of December 31, prior year..... | 75 | | 75 | | | 0 | 75 |
| 2. Realized capital gains/(losses) net of taxes - General Account..... | | | 0 | | | 0 | 0 |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts..... | | | 0 | | | 0 | 0 |
| 4. Unrealized capital gains/(losses) - net of deferred taxes - General Account..... | | | 0 | | | 0 | 0 |
| 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..... | 10 | | 10 | | | 0 | 10 |
| 8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)..... | 85 | 0 | 85 | 0 | 0 | 0 | 85 |
| 9. Maximum reserve..... | 75 | | 75 | | | 0 | 75 |
| 10. Reserve objective..... | 58 | | 58 | | | 0 | 58 |
| 11. 20% of (Line 10 minus Line 8)..... | (5) | 0 | (5) | 0 | 0 | 0 | (5) |
| 12. Balance before transfers (Lines 8 + 11)..... | 80 | 0 | 80 | 0 | 0 | 0 | 80 |
| 13. Transfers..... | | | 0 | | | 0 | XXX |
| 14. Voluntary contribution..... | | | 0 | | | 0 | 0 |
| 15. Adjustment down to maximum/up to zero..... | (5) | | (5) | | | 0 | (5) |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)..... | 75 | 0 | 75 | 0 | 0 | 0 | 75 |

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|------------------|------------------|--|------------------------------|---------------------------------------|------------------------------|--|--------------------|----------------------|-------------------|----------------------|-----------------|----------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt obligations..... | 1,983,440 | XXX | XXX | 1,983,440 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 2 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 3 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 4 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 5 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 6 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 7 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 8 | | Total unrated multi-class securities acquired by conversion..... | | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| 9 | | Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999)..... | 1,983,440 | XXX | XXX | 1,983,440 | XXX | 0 | XXX | 0 | XXX | 0 |
| PREFERRED STOCKS | | | | | | | | | | | | |
| 10 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 11 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 12 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 13 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 14 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 15 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 16 | | Affiliated life with AVR..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 17 | | Total preferred stocks (sum of Lines 10 through 16) (Page 3, Line 2.1, Column 3 plus Schedule DL, Part 1, Column 6, Line 7099999)..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt obligations..... | 1,108,749 | XXX | XXX | 1,108,749 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 19 | 1 | Highest quality..... | 25,000 | XXX | XXX | 25,000 | 0.0004 | 10 | 0.0023 | 58 | 0.0030 | 75 |
| 20 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 21 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 22 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 23 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 24 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 25 | | Total short-term bonds (sum of Lines 18 thru 24)..... | 1,133,749 | XXX | XXX | 1,133,749 | XXX | 10 | XXX | 58 | XXX | 75 |

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|----------------------------|------------------|--|------------------------------|---------------------------------------|------------------------------|--|--------------------|----------------------|-------------------|----------------------|-----------------|----------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | Factor | Amount (Cols. 4 x 5) | Factor | Amount (Cols. 4 x 7) | Factor | Amount (Cols. 4 x 9) |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange-traded..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 27 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 28 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 29 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 30 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 31 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 32 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 33 | | Total derivative instruments..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 34 | | TOTAL (Lines 9 + 17 + 25 + 33)..... | 3,117,189 | XXX | XXX | 3,117,189 | XXX | 10 | XXX | 58 | XXX | 75 |
| MORTGAGE LOANS | | | | | | | | | | | | |
| In good standing: | | | | | | | | | | | | |
| 35 | | Farm mortgages..... | | | XXX | 0 | (a) | 0 | (a) | 0 | (a) | 0 |
| 36 | | Residential mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 37 | | Residential mortgages-all other..... | | | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 |
| 38 | | Commercial mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 39 | | Commercial mortgages-all other..... | | | XXX | 0 | (a) | 0 | (a) | 0 | (a) | 0 |
| 40 | | In good standing with restructured terms..... | | | XXX | 0 | (b) | 0 | (b) | 0 | (b) | 0 |
| Overdue, not in process: | | | | | | | | | | | | |
| 41 | | Farm mortgages..... | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| 42 | | Residential mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 43 | | Residential mortgages-all other..... | | | XXX | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 44 | | Commercial mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 45 | | Commercial mortgages-all other..... | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| In process of foreclosure: | | | | | | | | | | | | |
| 46 | | Farm mortgages..... | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 47 | | Residential mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 48 | | Residential mortgages-all other..... | | | XXX | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | 0 |
| 49 | | Commercial mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 50 | | Commercial mortgages-all other..... | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 51 | | Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Column 3 plus Schedule DL, Part 1, Column 6, Line 8799999)..... | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 52 | | Schedule DA mortgages..... | | | XXX | 0 | (c) | 0 | (c) | 0 | (c) | 0 |
| 53 | | Total mortgage loans on real estate (Lines 51 + 52)..... | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

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

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

AVR-Equity Component (Lines 1-30)

NONE

AVR-Equity Component (Lines 31-55)

NONE

AVR-Equity Component (Lines 56-74)

NONE

AVR-Replications (Synthetic) Assets

NONE

Sch. F

NONE

Sch. H-Pt. 1

NONE

Sch. H-Pt. 2

NONE

Sch. H-Pt. 3

NONE

Sch. H-Pt. 4

NONE

Sch. H-Pt. 5

NONE

Sch. S-Pt. 1-Sn. 1

NONE

Sch. S-Pt. 1-Sn. 2

NONE

Sch. S-Pt. 2

NONE

Sch. S-Pt. 3-Sn. 1

NONE

Sch. S-Pt. 3-Sn. 2

NONE

Sch. S-Pt. 4

NONE

SCHEDULE S - PART 5

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

| | 1 2011 | 2 2010 | 3 2009 | 4 2008 | 5 2007 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | | | | | |
| 2. Commissions and reinsurance expense allowances..... | | | | | |
| 3. Contract claims..... | | | | | 205 |
| 4. Surrender benefits and withdrawals for life contracts..... | | | | | |
| 5. Dividends to policyholders..... | | | | | |
| 6. Reserve adjustments on reinsurance ceded..... | | | | | |
| 7. Increase in aggregate reserves for life and accident and health contracts..... | | | | | |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | | | | | |
| 9. Aggregate reserves for life and accident and health contracts..... | | | | | |
| 10. Liability for deposit-type contracts..... | | | | | |
| 11. Contract claims unpaid..... | | | | | 1 |
| 12. Amounts recoverable on reinsurance..... | | | | | |
| 13. Experience rating refunds due or unpaid..... | | | | | |
| 14. Policyholders' dividends (not included in Line 10)..... | | | | | |
| 15. Commissions and reinsurance expense allowances unpaid..... | | | | | |
| 16. Unauthorized reinsurance offset..... | | | | | |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Funds deposited by and withheld from (F)..... | | | | | |
| 18. Letters of credit (L)..... | | | | | |
| 19. Trust agreements (T)..... | | | | | |
| 20. Other (O)..... | | | | | |

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 | 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)..... | 3,160,908 | | 3,160,908 |
| 2. Reinsurance (Line 16)..... | | | 0 |
| 3. Premiums and considerations (Line 15)..... | | | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | 0 | 0 |
| 5. All other admitted assets (balance)..... | 32,568 | | 32,568 |
| 6. Total assets excluding Separate Accounts (Line 26)..... | 3,193,476 | 0 | 3,193,476 |
| 7. Separate Account Assets (Line 27)..... | | | 0 |
| 8. Total assets (Line 28)..... | 3,193,476 | 0 | 3,193,476 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2)..... | | | 0 |
| 10. Liability for deposit-type contracts (Line 3)..... | | | 0 |
| 11. Claim reserves (Line 4)..... | | | 0 |
| 12. Policyholder dividends/reserves (Lines 5 through 7)..... | | | 0 |
| 13. Premium & annuity considerations received in advance (Line 8)..... | | | 0 |
| 14. Other contract liabilities (Line 9)..... | 54,962 | | 54,962 |
| 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)..... | 3,261 | | 3,261 |
| 18. Total liabilities excluding Separate Accounts (Line 26)..... | 58,223 | 0 | 58,223 |
| 19. Separate Account liabilities (Line 27)..... | | | 0 |
| 20. Total liabilities (Line 28)..... | 58,223 | 0 | 58,223 |
| 21. Capital & surplus (Line 38)..... | 3,135,253 | XXX | 3,135,253 |
| 22. Total liabilities, capital & surplus (Line 39)..... | 3,193,476 | 0 | 3,193,476 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 23. Contract reserves..... | 0 | | |
| 24. Claim reserves..... | 0 | | |
| 25. Policyholder dividends/reserves..... | 0 | | |
| 26. Premium & annuity considerations received in advance..... | 0 | | |
| 27. Liability for deposit-type contracts..... | 0 | | |
| 28. Other contract liabilities..... | 0 | | |
| 29. Reinsurance ceded assets..... | 0 | | |
| 30. Other ceded reinsurance recoverables..... | 0 | | |
| 31. Total ceded reinsurance recoverables..... | 0 | | |
| 32. Premiums and considerations..... | 0 | | |
| 33. Reinsurance in unauthorized companies..... | 0 | | |
| 34. Funds held under reinsurance treaties with unauthorized reinsurers..... | 0 | | |
| 35. Other ceded reinsurance payables/offsets..... | 0 | | |
| 36. Total ceded reinsurance payables/offsets..... | 0 | | |
| 37. Total net credit for ceded reinsurance..... | 0 | | |

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|--------------------------------|-------------------|-------------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| 51 | Members | | | | | | | | | | | | | |
| | | | 31-1544320 | | 0000944707 | NYSE | American Financial Group, Inc. | OH | UIP | | Ownership | | | |
| | | | 31-6549738 | | | | American Financial Capital Trust II | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 16-6543606 | | | | American Financial Capital Trust III | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 16-6543609 | | | | American Financial Capital Trust IV | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-0996797 | | | | American Financial Enterprises, Inc. | CT | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-0828578 | | | | American Money Management Corporation | OH | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 27-1577326 | | | | American Real Estate Capital Company, LLC | OH | NIA | American Money Management Corporation | Ownership | 80.00 | American Financial Group, Inc. | |
| | | | 27-2829629 | | | | MidMarket Capital Partners, LLC | DE | NIA | American Money Management Corporation | Ownership | 51.00 | American Financial Group, Inc. | |
| | | | 41-2112001 | | | | APU Holding Company | OH | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6000765 | | | | American Premier Underwriters, Inc. | PA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6297584 | | | | The Associates of the Jersey Company | NJ | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 37-1094159 | | | | Cal Coal, Inc. | IL | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 95-2802826 | | | | Great Southwest Corporation | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 35-6001691 | | | | The Indianapolis Union Railway Company | IN | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 13-6400464 | | | | Lehigh Valley Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 20-1548213 | | | | Magnolia Alabama Holdings, Inc. | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 20-1574094 | | | | Magnolia Alabama Holdings LLC | AL | NIA | Magnolia Alabama Holdings, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 13-6021353 | | | | The Owasco River Railway, Inc. | NY | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1236926 | | | | PCC Real Estate, Inc. | NY | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 76-0080537 | | | | PCC Technical Industries, Inc. | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1388401 | | | | PCC Maryland Realty Corp | MD | NIA | PCC Technical Industries, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 06-1209709 | | | | Penn Central Energy Management Company | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-1537928 | | | | Penn Towers, Inc. | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6000766 | | | | Pennsylvania-Reading Seashore Lines | NJ | NIA | American Premier Underwriters, Inc. | Ownership | 66.67 | American Financial Group, Inc. | |
| | | | 23-6207599 | | | | Pittsburgh and Cross Creek Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 83.00 | American Financial Group, Inc. | |
| | | | 23-1707450 | | | | Terminal Realty Penn Co | DC | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-1675796 | | | | Waynesburg Southern Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | | | | | GAI Insurance Company, Ltd. | BM | IA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1446308 | | | | Hangar Acquisition Corp. | OH | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1508643 | | | | PLLS, Ltd. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1242743 | | | | Premier Lease & Loan Services Insurance Agency, Inc. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1508644 | | | | Premier Lease & Loan Services of Canada, Inc. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| 0084 | American Financial Group, Inc. | 22179 | 95-2801326 | | | | Republic Indemnity Company of America | CA | IA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| 0084 | American Financial Group, Inc. | 43753 | 31-1054123 | | | | Republic Indemnity Company of California | CA | IA | Republic Indemnity Company of America | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1262960 | | | | 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..... | NIA..... | Great American Financial Resources, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | 58-646032.. | | | | Great American Financial Statutory Trust IV..... | CT..... | NIA..... | AAG Holding Company, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 63312.. | 13-1935920.. | | | Great American Life Insurance Company..... | OH..... | IA..... | AAG Holding Company, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | Aerielle IP Holdings, LLC..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 62.50 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Aerielle, LLC..... | DE..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 62.50 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Aerielle Technologies, Inc..... | CA..... | NIA..... | Aerielle, LLC..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 93661..... | 31-1021738.. | | | Annuity Investors Life Insurance Company..... | OH..... | IA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | Bay Bridge Marina Hemingway's Restaurant, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 85.00 | American Financial Group, Inc..... | |
| | | | | | | | Bay Bridge Marina Management, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 85.00 | American Financial Group, Inc..... | |
| | | | | | | | Brothers Management, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 99.00 | American Financial Group, Inc..... | |
| | | | | | | | Consolidated Financial Corporation..... | MI..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | FT Liquidation, LLC..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC - Bay Bridge Marina, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC - Stoneleigh, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC Brothers, Inc..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 80.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC Pointe, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 65.00 | American Financial Group, Inc..... | 2.... |
| | | | | | | | GALIC Port Orange, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 48.00 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Manhattan National Holding Corporation..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 67083..... | 45-0252531.. | | | Manhattan National Life Insurance Company..... | IL..... | IA..... | Manhattan National Holding Corporation..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | | | | | | | | |

SCHEDULE Y

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 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 the AFG Group. |
| 3 | Great American Insurance Company is the majority member of the Association |
| 4 | Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company. |

SCHEDULE Y

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

| 1 | 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% | | | |

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? | YES |

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| MARCH FILING | | |
|---------------|---|-----------------|
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 14. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 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? | NO |
| 17. | Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 18. | Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 19. | Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 20. | Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 21. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 22. | Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 23. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 24. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 25. | Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 26. | Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 27. | Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 28. | Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 29. | Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 30. | Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 31. | Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 32. | Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 33. | Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? | SEE EXPLANATION |
| 34. | Will the Workers' Compensation Carve-Out Supplement be filed by March 1? | NO |
| 35. | Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | NO |
| 36. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 37. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| 38. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| 39. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | SEE EXPLANATION |
| APRIL FILING | | |
| 40. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 41. | Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 42. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 43. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | NO |
| 44. | Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? | NO |
| 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? | NO |
| 46. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 47. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| AUGUST FILING | | |
| 48. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

BAR CODE:

1.
2.
3.
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33. Not applicable
34.

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* 6 5 2 6 9 2 0 1 1 4 4 2 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 3 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 4 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 5 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 6 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 7 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 8 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 4 9 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 5 0 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 5 1 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 5 2 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 5 3 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 3 6 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 3 7 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 3 8 0 0 0 0 0 *















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* 6 5 2 6 9 2 0 1 1 4 5 4 0 0 0 0 0 *

* 6 5 2 6 9 2 0 1 1 4 9 5 0 0 0 0 0 *

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.

| | |
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| 35. |  * 6 5 2 6 9 2 0 1 1 4 6 5 0 0 0 0 0 * |
| 36. |  * 6 5 2 6 9 2 0 1 1 3 6 5 0 0 0 0 0 * |
| 37. Not applicable |  * 6 5 2 6 9 2 0 1 1 2 2 4 0 0 0 0 0 * |
| 38. Not applicable |  * 6 5 2 6 9 2 0 1 1 2 2 5 0 0 0 0 0 * |
| 39. Not applicable |  * 6 5 2 6 9 2 0 1 1 2 2 6 0 0 0 0 0 * |
| 40. |  * 6 5 2 6 9 2 0 1 1 3 0 6 0 0 0 0 0 * |
| 41. |  * 6 5 2 6 9 2 0 1 1 2 8 0 0 0 0 0 0 * |
| 42. |  * 6 5 2 6 9 2 0 1 1 2 3 0 0 0 0 0 0 * |
| 43. |  * 6 5 2 6 9 2 0 1 1 2 1 0 0 0 0 0 0 * |
| 44. |  * 6 5 2 6 9 2 0 1 1 5 1 0 0 0 0 0 0 * |
| 45. |  * 6 5 2 6 9 2 0 1 1 5 1 1 0 0 0 0 0 * |
| 46. |  * 6 5 2 6 9 2 0 1 1 2 1 6 0 0 0 0 0 * |
| 47. |  * 6 5 2 6 9 2 0 1 1 2 1 7 0 0 0 0 0 * |
| 48. |  * 6 5 2 6 9 2 0 1 1 2 2 3 0 0 0 0 0 * |

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2011 ALPHABETICAL INDEX

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

NONE

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 | Members | | | | | | | | | | | | | |
| | | | 31-1544320 | | 0000944707 | NYSE | American Financial Group, Inc. | OH | UIP | | Ownership | | | |
| | | | 31-6549738 | | | | American Financial Capital Trust II | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 16-6543606 | | | | American Financial Capital Trust III | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 16-6543609 | | | | American Financial Capital Trust IV | DE | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-0996797 | | | | American Financial Enterprises, Inc. | CT | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-0828578 | | | | American Money Management Corporation | OH | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 27-1577326 | | | | American Real Estate Capital Company, LLC | OH | NIA | American Money Management Corporation | Ownership | 80.00 | American Financial Group, Inc. | |
| | | | 27-2829629 | | | | MidMarket Capital Partners, LLC | DE | NIA | American Money Management Corporation | Ownership | 51.00 | American Financial Group, Inc. | |
| | | | 41-2112001 | | | | APU Holding Company | OH | NIA | American Financial Group, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6000765 | | | | American Premier Underwriters, Inc. | PA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6297584 | | | | The Associates of the Jersey Company | NJ | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 37-1094159 | | | | Cal Coal, Inc. | IL | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 95-2802826 | | | | Great Southwest Corporation | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 35-6001691 | | | | The Indianapolis Union Railway Company | IN | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 13-6400464 | | | | Lehigh Valley Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 20-1548213 | | | | Magnolia Alabama Holdings, Inc. | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 20-1574094 | | | | Magnolia Alabama Holdings LLC | AL | NIA | Magnolia Alabama Holdings, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 13-6021353 | | | | The Owasco River Railway, Inc. | NY | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1236926 | | | | PCC Real Estate, Inc. | NY | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 76-0080537 | | | | PCC Technical Industries, Inc. | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1388401 | | | | PCC Maryland Realty Corp | MD | NIA | PCC Technical Industries, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 06-1209709 | | | | Penn Central Energy Management Company | DE | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-1537928 | | | | Penn Towers, Inc. | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-6000766 | | | | Pennsylvania-Reading Seashore Lines | NJ | NIA | American Premier Underwriters, Inc. | Ownership | 66.67 | American Financial Group, Inc. | |
| | | | 23-6207599 | | | | Pittsburgh and Cross Creek Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 83.00 | American Financial Group, Inc. | |
| | | | 23-1707450 | | | | Terminal Realty Penn Co | DC | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 23-1675796 | | | | Waynesburg Southern Railroad Company | PA | NIA | American Premier Underwriters, Inc. | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | | | | | GAI Insurance Company, Ltd. | BM | IA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1446308 | | | | Hangar Acquisition Corp. | OH | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1508643 | | | | PLLS, Ltd. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1242743 | | | | Premier Lease & Loan Services Insurance Agency, Inc. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 91-1508644 | | | | Premier Lease & Loan Services of Canada, Inc. | WA | NIA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| 0084 | American Financial Group, Inc. | 22179 | 95-2801326 | | | | Republic Indemnity Company of America | CA | IA | APU Holding Company | Ownership | 100.00 | American Financial Group, Inc. | |
| 0084 | American Financial Group, Inc. | 43753 | 31-1054123 | | | | Republic Indemnity Company of California | CA | IA | Republic Indemnity Company of America | Ownership | 100.00 | American Financial Group, Inc. | |
| | | | 31-1262960 | | | | 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..... | NIA..... | Great American Financial Resources, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | 58-646032.. | | | | Great American Financial Statutory Trust IV..... | CT..... | NIA..... | AAG Holding Company, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 63312.. | 13-1935920.. | | | Great American Life Insurance Company..... | OH..... | IA..... | AAG Holding Company, Inc..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | Aerielle IP Holdings, LLC..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 62.50 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Aerielle, LLC..... | DE..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 62.50 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Aerielle Technologies, Inc..... | CA..... | NIA..... | Aerielle, LLC..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 93661..... | 31-1021738.. | | | Annuity Investors Life Insurance Company..... | OH..... | IA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | Bay Bridge Marina Hemingway's Restaurant, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 85.00 | American Financial Group, Inc..... | |
| | | | | | | | Bay Bridge Marina Management, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 85.00 | American Financial Group, Inc..... | |
| | | | | | | | Brothers Management, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 99.00 | American Financial Group, Inc..... | |
| | | | | | | | Consolidated Financial Corporation..... | MI..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | FT Liquidation, LLC..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC - Bay Bridge Marina, LLC..... | MD..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC - Stoneleigh, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC Brothers, Inc..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 80.00 | American Financial Group, Inc..... | |
| | | | | | | | GALIC Pointe, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 65.00 | American Financial Group, Inc..... | 2.... |
| | | | | | | | GALIC Port Orange, LLC..... | FL..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 48.00 | American Financial Group, Inc..... | 2.... |
| | | | | | | | Manhattan National Holding Corporation..... | OH..... | NIA..... | Great American Life Insurance Company..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | 0084.. | American Financial Group, Inc... | 67083..... | 45-0252531.. | | | Manhattan National Life Insurance Company..... | IL..... | IA..... | Manhattan National Holding Corporation..... | Ownership..... | 100.00 | American Financial Group, Inc..... | |
| | | | | | | | | | | | | | | |

SCHEDULE Y

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

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 the AFG Group. |
| 3 | Great American Insurance Company is the majority member of the Association |
| 4 | Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company. |