LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

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

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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

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

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

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

Internet Web Site Address www.gafri.com

Statutory Statement Contact Andrew Joseph Muller 512-531-1435
(Name) (Area Code) (Telephone Number) (Extension)
austinfinrpt@gafri.com (512) 467-1399
(E-Mail Address) (Fax Number)

OFFICERS

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

OTHER

John Paul Gruber	Vice President & Secretary	Mylott White Nyhart	Sr. Vice President
Christopher Patrick Miliano	Vice President	Thomas Edward Mischell	Assisstant Treasurer
Mark Francis Muething	Executive Vice President	Paul Adolph Severt	Chief Financial Officer
Tracy Eugene Maples	Chief Actuary	David Lawrence Chambers #	Vice President
James Monroe Garvin, III #	Vice President		

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram #	Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething
Paul Adolph Severt #			

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

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

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

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

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

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	299,299				299,299
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	299,299	0	0	0	299,299
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,208				4,208
6.2	Applied to pay renewal premiums	245				245
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	626				626
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,079	0	0	0	5,079
	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)	5,079	0	0	0	5,079
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,164,893				1,164,893
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	266,639				266,639
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,431,532	0	0	0	1,431,532
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	525,000							2	525,000
17. Incurred during current year	7	639,893							7	639,893
Settled during current year:										
18.1 By payment in full	9	1,164,893							9	1,164,893
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,164,893	0	0	0	0	0	0	9	1,164,893
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,164,893	0	0	0	0	0	0	9	1,164,893
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	433	56,315,119		(a)					433	56,315,119
21. Issued during year									0	0
22. Other changes to in force (Net)	(37)	(5,886,058)							(37)	(5,886,058)
23. In force December 31 of current year	396	50,429,061	0	(a) 0	0	0	0	0	396	50,429,061

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	837	837			
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)	837	837	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	837	837	0	0	0

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

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,938				2,938
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,938	0	0	0	2,938
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	409				409
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	31				31
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	440	0	0	0	440
	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)	440	0	0	0	440
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	55,296				55,296
12.	Surrender values and withdrawals for life contracts	(31)				(31)
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	55,265	0	0	0	55,265
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	13	151,273		(a)					13	151,273
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(6,490)							(1)	(6,490)
23. In force December 31 of current year	12	144,783	0	(a) 0	0	0	0	0	12	144,783

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	126	126			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,801	6,689		2,310	2,349
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,801	6,689	0	2,310	2,349
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,927	6,815	0	2,310	2,349

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	715,227		30,072		745,299
2.	Annuity considerations					0
3.	Deposit-type contract funds	1,201	XXX		XXX	1,201
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	716,428	0	30,072	0	746,500
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,880				14,880
6.2	Applied to pay renewal premiums	345				345
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	225				225
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	15,450	0	0	0	15,450
	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)	15,450	0	0	0	15,450
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	563,515		37,482		600,997
10.	Matured endowments	14,500				14,500
11.	Annuity benefits	80,096				80,096
12.	Surrender values and withdrawals for life contracts	694,629				694,629
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,352,740	0	37,482	0	1,390,222
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	15	42,731							15	42,731
17. Incurred during current year	114	724,458			3	37,482			117	761,940
Settled during current year:										
18.1 By payment in full	101	563,515			3	37,482			104	600,997
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	101	563,515	0	0	3	37,482	0	0	104	600,997
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	101	563,515	0	0	3	37,482	0	0	104	600,997
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	28	203,674	0	0	0	0	0	0	28	203,674
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,439	81,511,034		(a)	271	5,462,173			4,710	86,973,207
21. Issued during year									0	0
22. Other changes to in force (Net)	(389)	(9,727,364)			(58)	(426,634)			(447)	(10,153,998)
23. In force December 31 of current year	4,050	71,783,670	0	(a) 0	213	5,035,539	0	0	4,263	76,819,209

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	21,213	11,088		8,995	7,529
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	416	376		487	219
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,525,888	3,523,424		2,475,260	2,516,941
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,525,888	3,523,424	0	2,475,260	2,516,941
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,547,517	3,534,888	0	2,484,742	2,524,689

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

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	222,648		5,654		228,302
2.	Annuity considerations	16,172				16,172
3.	Deposit-type contract funds	116	XXX		XXX	116
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	238,936	0	5,654	0	244,590
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,954				1,954
6.2	Applied to pay renewal premiums	47				47
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	94				94
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,095	0	0	0	2,095
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,095	0	0	0	2,095
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	188,104				188,104
10.	Matured endowments					0
11.	Annuity benefits	52,775				52,775
12.	Surrender values and withdrawals for life contracts	274,030				274,030
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	514,909	0	0	0	514,909
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	5,000							3	5,000
17. Incurred during current year	23	237,766							23	237,766
Settled during current year:										
18.1 By payment in full	22	188,104							22	188,104
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	22	188,104	0	0	0	0	0	0	22	188,104
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	188,104	0	0	0	0	0	0	22	188,104
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	54,662	0	0	0	0	0	0	4	54,662
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,217	18,612,888		(a)	39	1,275,041			1,256	19,887,929
21. Issued during year		7,617							0	7,617
22. Other changes to in force (Net)	(91)	(1,408,030)			(6)	(165,004)			(97)	(1,573,034)
23. In force December 31 of current year	1,126	17,212,475	0	(a) 0	33	1,110,037	0	0	1,159	18,322,512

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	10,813	10,378		650	544
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)	772,524	775,335		679,515	690,957
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)	772,524	775,335	0	679,515	690,957
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	783,337	785,713	0	680,165	691,501

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

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DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	44,708		180		44,888
2.	Annuity considerations					0
3.	Deposit-type contract funds	3,998	XXX		XXX	3,998
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	48,706	0	180	0	48,886
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,978				3,978
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	115				115
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,093	0	0	0	4,093
	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)	4,093	0	0	0	4,093
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	28,892				28,892
10.	Matured endowments					0
11.	Annuity benefits	309,548				309,548
12.	Surrender values and withdrawals for life contracts	1,557,148				1,557,148
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,895,588	0	0	0	1,895,588
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	28,892							2	28,892
Settled during current year:										
18.1 By payment in full	2	28,892							2	28,892
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	28,892	0	0	0	0	0	0	2	28,892
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	28,892	0	0	0	0	0	0	2	28,892
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	74	4,475,872		(a)					74	4,475,872
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(780,844)							(5)	(780,844)
23. In force December 31 of current year	69	3,695,028	0	(a) 0	0	0	0	0	69	3,695,028

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	306	(642)			
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)	474,829	465,325		392,293	398,899
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)	474,829	465,325	0	392,293	398,899
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	475,135	464,683	0	392,293	398,899

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

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DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	144,297		2,598		146,895
2.	Annuity considerations	100,485				100,485
3.	Deposit-type contract funds	4,159	XXX		XXX	4,159
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	248,941	0	2,598	0	251,539
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,771				6,771
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	339				339
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	7,110	0	0	0	7,110
	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)	7,110	0	0	0	7,110
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	289,179		1,007		290,186
10.	Matured endowments					0
11.	Annuity benefits	805,494				805,494
12.	Surrender values and withdrawals for life contracts	2,092,159				2,092,159
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	35	0	0	0	35
14.	All other benefits, except accident and health					0
15.	Totals	3,186,867	0	1,007	0	3,187,874
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	35				35
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)	35	0	0	0	35

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	33,093							3	33,093
17. Incurred during current year	21	276,086			1	1,007			22	277,093
Settled during current year:										
18.1 By payment in full	22	289,179			1	1,007			23	290,186
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	289,179	0	0	1	1,007	0	0	23	290,186
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	289,179	0	0	1	1,007	0	0	23	290,186
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,000	0	0	0	0	0	0	2	20,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	647	15,140,906		(a)	16	1,052,063			663	16,192,969
21. Issued during year		1,131							0	1,131
22. Other changes to in force (Net)	(47)	(1,231,379)			(3)	(108,447)			(50)	(1,339,826)
23. In force December 31 of current year	600	13,910,658	0	(a) 0	13	943,616	0	0	613	14,854,274

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,040	5,657		2,500	2,093
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	30	30			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	812,019	813,147		382,121	388,556
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)	812,019	813,147	0	382,121	388,556
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	820,089	818,834	0	384,621	390,649

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	154				154
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	154	0	0	0	154
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. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

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

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	24,292				24,292
2.	Annuity considerations					0
3.	Deposit-type contract funds	811	XXX		XXX	811
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	25,103	0	0	0	25,103
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,483				1,483
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)	1,483	0	0	0	1,483
	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)	1,483	0	0	0	1,483
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	100,269				100,269
12.	Surrender values and withdrawals for life contracts	188,808				188,808
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	289,077	0	0	0	289,077
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	65	3,994,551		(a)	1	6,000			66	4,000,551
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(20,340)							(2)	(20,340)
23. In force December 31 of current year	63	3,974,211	0	(a) 0	1	6,000	0	0	64	3,980,211

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	796	796			
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)	414,466	384,989		205,984	209,453
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)	414,466	384,989	0	205,984	209,453
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	415,262	385,785	0	205,984	209,453

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

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DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,320				4,320
2.	Annuity considerations					0
3.	Deposit-type contract funds	65	XXX		XXX	65
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,385	0	0	0	4,385
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	169				169
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	55				55
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	224	0	0	0	224
	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)	224	0	0	0	224
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,607				2,607
10.	Matured endowments					0
11.	Annuity benefits	129,918				129,918
12.	Surrender values and withdrawals for life contracts	161,221				161,221
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	293,746	0	0	0	293,746
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	2,607							2	2,607
Settled during current year:										
18.1 By payment in full	2	2,607							2	2,607
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	2,607	0	0	0	0	0	0	2	2,607
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	2,607	0	0	0	0	0	0	2	2,607
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	31	270,390		(a)					31	270,390
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(2,605)							(1)	(2,605)
23. In force December 31 of current year	30	267,785	0	(a) 0	0	0	0	0	30	267,785

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	840	(79)		600	502
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)	69,291	55,944		3,369	3,426
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)	69,291	55,944	0	3,369	3,426
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,131	55,865	0	3,969	3,928

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,694				9,694
2.	Annuity considerations					0
3.	Deposit-type contract funds	371	XXX		XXX	371
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	10,065	0	0	0	10,065
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	960				960
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	81				81
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,041	0	0	0	1,041
	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)	1,041	0	0	0	1,041
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	21,291				21,291
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	4,124				4,124
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	25,415	0	0	0	25,415
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	1,000							1	1,000
17. Incurred during current year	2	20,291							2	20,291
Settled during current year:										
18.1 By payment in full	3	21,291							3	21,291
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	21,291	0	0	0	0	0	0	3	21,291
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	21,291	0	0	0	0	0	0	3	21,291
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	96	1,078,271		(a)					96	1,078,271
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(64,539)							(6)	(64,539)
23. In force December 31 of current year	90	1,013,732	0	(a) 0	0	0	0	0	90	1,013,732

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,233	1,006			
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)	9,606	9,118		3,328	3,384
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)	9,606	9,118	0	3,328	3,384
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,839	10,124	0	3,328	3,384

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

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,473				20,473
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,473	0	0	0	20,473
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	272				272
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	147				147
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	419	0	0	0	419
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)	419	0	0	0	419
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,553				7,553
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	107,829				107,829
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	115,382	0	0	0	115,382
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	7,553							1	7,553
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	7,553							1	7,553
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	7,553	0	0	0	0	0	0	1	7,553
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	7,553	0	0	0	0	0	0	1	7,553
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	15	216,919		(a)					15	216,919
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,301)							(1)	(10,301)
23. In force December 31 of current year	14	206,618	0	(a) 0	0	0	0	0	14	206,618

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,445	7,524		2,088	2,123
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)	7,445	7,524	0	2,088	2,123
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,445	7,524	0	2,088	2,123

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

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DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	778,687		2,157		780,844
2.	Annuity considerations	77,421				77,421
3.	Deposit-type contract funds	4,081	XXX		XXX	4,081
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	860,189	0	2,157	0	862,346
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	20,339				20,339
6.2	Applied to pay renewal premiums	185				185
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,608				6,608
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	27,132	0	0	0	27,132
	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)	27,132	0	0	0	27,132
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	815,054		5,013		820,067
10.	Matured endowments	7,995				7,995
11.	Annuity benefits	1,504,856				1,504,856
12.	Surrender values and withdrawals for life contracts	3,304,294				3,304,294
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	319	0	0	0	319
14.	All other benefits, except accident and health					0
15.	Totals	5,632,518	0	5,013	0	5,637,531
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	319				319
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)	319	0	0	0	319

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	25	105,027							25	105,027
17. Incurred during current year	122	838,007			1	5,013			123	843,020
Settled during current year:										
18.1 By payment in full	127	815,054			1	5,013			128	820,067
18.2 By payment on compromised claims									0	0
18.3 Totals paid	127	815,054	0	0	1	5,013	0	0	128	820,067
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	127	815,054	0	0	1	5,013	0	0	128	820,067
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	127,980	0	0	0	0	0	0	20	127,980
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,064	53,447,041		(a)	2	43,900			5,066	53,490,941
21. Issued during year									0	0
22. Other changes to in force (Net)	(315)	(4,159,535)			(1)	(7,800)			(316)	(4,167,335)
23. In force December 31 of current year	4,749	49,287,506	0	(a) 0	1	36,100	0	0	4,750	49,323,606

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,339	2,119		390	326
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	8,483	8,431		5,974	2,690
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	81	88			(10)
25.2	Guaranteed renewable (b)	868,848	856,287		772,334	785,339
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	868,929	856,375	0	772,334	785,329
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	880,751	866,925	0	778,698	788,345

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

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	354,374		2,804		357,178
2.	Annuity considerations	1,069				1,069
3.	Deposit-type contract funds	4,191	XXX		XXX	4,191
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	359,634	0	2,804	0	362,438
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	75,952				75,952
6.2	Applied to pay renewal premiums	3,634				3,634
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,719				2,719
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	82,305	0	0	0	82,305
	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)	82,305	0	0	0	82,305
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	398,481				398,481
10.	Matured endowments	116				116
11.	Annuity benefits	44,509				44,509
12.	Surrender values and withdrawals for life contracts	423,928				423,928
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	9,733	0	0	0	9,733
14.	All other benefits, except accident and health					0
15.	Totals	876,767	0	0	0	876,767
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	9,733				9,733
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)	9,733	0	0	0	9,733

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	14	52,944							14	52,944
17. Incurred during current year	97	458,084			1	1,200			98	459,284
Settled during current year:										
18.1 By payment in full	94	398,481							94	398,481
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	94	398,481	0	0	0	0	0	0	94	398,481
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	94	398,481	0	0	0	0	0	0	94	398,481
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	112,547	0	0	1	1,200	0	0	18	113,747
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,720	34,172,463		(a)	7	452,796			3,727	34,625,259
21. Issued during year									0	0
22. Other changes to in force (Net)	(195)	(4,560,141)			(2)	(151,796)			(197)	(4,711,937)
23. In force December 31 of current year	3,525	29,612,322	0	(a) 0	5	301,000	0	0	3,530	29,913,322

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,904	4,415			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	4,214	4,205		635	286
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,036,075	1,042,958		689,627	701,240
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,036,075	1,042,958	0	689,627	701,240
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,045,193	1,051,578	0	690,262	701,526

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,520,615		105,653		7,626,268
2.	Annuity considerations	736,874				736,874
3.	Deposit-type contract funds	181,650	XXX		XXX	181,650
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,439,139	0	105,653	0	8,544,792
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	269,715				269,715
6.2	Applied to pay renewal premiums	5,578				5,578
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	23,612				23,612
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	298,905	0	0	0	298,905
	Annuities:					
7.1	Paid in cash or left on deposit	375				375
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	375	0	0	0	375
8.	Grand Totals (Lines 6.5 + 7.4)	299,280	0	0	0	299,280
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,350,923		128,025		8,478,948
10.	Matured endowments	54,027				54,027
11.	Annuity benefits	10,467,190				10,467,190
12.	Surrender values and withdrawals for life contracts	29,783,443				29,783,443
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	11,679	0	0	0	11,679
14.	All other benefits, except accident and health					0
15.	Totals	48,667,262	0	128,025	0	48,795,287
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	11,679				11,679
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)	11,679	0	0	0	11,679

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	169	1,366,760		(0)	2	4,000			171	1,370,760
17.	Incurred during current year	1,099	8,518,337			13	152,377			1,112	8,670,714
	Settled during current year:										
18.1	By payment in full	1,075	8,350,923			11	128,025			1,086	8,478,948
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,075	8,350,923	0	0	11	128,025	0	0	1,086	8,478,948
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,075	8,350,923	0	0	11	128,025	0	0	1,086	8,478,948
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	193	1,534,174	0	(0)	4	28,352	0	0	197	1,562,526
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	44,211	712,900,656		(a)	2,365	17,209,538			46,576	730,110,194
21.	Issued during year		36,583			616	80,043			616	116,626
22.	Other changes to in force (Net)	(2,927)	(59,807,606)			(218)	(2,377,313)			(3,145)	(62,184,919)
23.	In force December 31 of current year	41,284	653,129,633	0	(a) 0	2,763	14,912,268	0	0	44,047	668,041,901

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	815,222	874,431		128,901	107,891
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	37,771	37,996		14,072	6,337
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	498	509			(59)
25.2	Guaranteed renewable (b)	112,942,356	112,367,699		76,909,950	78,205,036
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)	112,942,854	112,368,208	0	76,909,950	78,204,977
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	113,795,847	113,280,635	0	77,052,923	78,319,205

(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.

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,146				2,146
2.	Annuity considerations					0
3.	Deposit-type contract funds	86	XXX		XXX	86
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,232	0	0	0	2,232
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	248				248
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)	248	0	0	0	248
	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)	248	0	0	0	248
	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.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4	87,000		(a)					4	87,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	4	87,000	0	(a) 0	0	0	0	0	4	87,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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 HAWAII DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	13,061		2,128		15,189
2.	Annuity considerations	27,230				27,230
3.	Deposit-type contract funds	1,266	XXX		XXX	1,266
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	41,557	0	2,128	0	43,685
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,381				2,381
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)	2,381	0	0	0	2,381
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,381	0	0	0	2,381
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	405				405
12.	Surrender values and withdrawals for life contracts	40,235				40,235
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	40,640	0	0	0	40,640
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	81	1,257,175		(a)	1	200,000			82	1,457,175
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(61,814)							(2)	(61,814)
23.	In force December 31 of current year	79	1,195,361	0	(a) 0	1	200,000	0	0	80	1,395,361

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	397	397			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	110,695	112,528		662,219	673,370
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	110,695	112,528	0	662,219	673,370
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	111,092	112,925	0	662,219	673,370

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

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,075		367		16,442
2.	Annuity considerations					0
3.	Deposit-type contract funds	257	XXX		XXX	257
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,332	0	367	0	16,699
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	592				592
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	43				43
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	635	0	0	0	635
	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)	635	0	0	0	635
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	71,882				71,882
10.	Matured endowments					0
11.	Annuity benefits	291,529				291,529
12.	Surrender values and withdrawals for life contracts	385,168				385,168
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	748,579	0	0	0	748,579
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	6	71,882							6	71,882
Settled during current year:										
18.1 By payment in full	6	71,882							6	71,882
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	71,882	0	0	0	0	0	0	6	71,882
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	71,882	0	0	0	0	0	0	6	71,882
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	42	392,275		(a)	1	100,000			43	492,275
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(33,627)							(3)	(33,627)
23. In force December 31 of current year	39	358,648	0	(a) 0	1	100,000	0	0	40	458,648

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	956	472		200	167
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,640,476	4,622,281		3,597,080	3,657,651
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,640,476	4,622,281	0	3,597,080	3,657,651
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,641,432	4,622,753	0	3,597,280	3,657,818

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

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,854				3,854
2. Annuity considerations	5,000				5,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,854	0	0	0	8,854
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	161				161
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)	161	0	0	0	161
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)	161	0	0	0	161
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	9,454				9,454
12. Surrender values and withdrawals for life contracts	41,066				41,066
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	50,520	0	0	0	50,520
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	7,423							1	7,423
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,423	0	0	0	0	0	0	1	7,423
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	20	1,009,876		(a)	1	6,000			21	1,015,876
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(7,423)							(1)	(7,423)
23. In force December 31 of current year	19	1,002,453	0	(a) 0	1	6,000	0	0	20	1,008,453

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	(9)	(4)			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,016,139	1,015,502		698,038	709,792
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,016,139	1,015,502	0	698,038	709,792
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,016,130	1,015,498	0	698,038	709,792

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

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	151,426		2,854		154,280
2.	Annuity considerations					0
3.	Deposit-type contract funds	186	XXX		XXX	186
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	151,612	0	2,854	0	154,466
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,237				2,237
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	12				12
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,249	0	0	0	2,249
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,249	0	0	0	2,249
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	118,545				118,545
10.	Matured endowments	1,812				1,812
11.	Annuity benefits	59,016				59,016
12.	Surrender values and withdrawals for life contracts	505,116				505,116
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	684,489	0	0	0	684,489
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	19,077							2	19,077
17. Incurred during current year	13	207,867							13	207,867
Settled during current year:										
18.1 By payment in full	11	118,545							11	118,545
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	11	118,545	0	0	0	0	0	0	11	118,545
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	118,545	0	0	0	0	0	0	11	118,545
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	108,399	0	0	0	0	0	0	4	108,399
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	581	11,608,136		(a)	14	875,764			595	12,483,900
21. Issued during year		1,836							0	1,836
22. Other changes to in force (Net)	(42)	(863,268)			(1)	(55,165)			(43)	(918,433)
23. In force December 31 of current year	539	10,746,704	0	(a) 0	13	820,599	0	0	552	11,567,303

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	13,994	15,549		625	523
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)	7,874,005	7,763,016		5,763,191	5,860,237
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,874,005	7,763,016	0	5,763,191	5,860,237
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,887,999	7,778,565	0	5,763,816	5,860,760

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

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	298,044		2,590		300,634
2.	Annuity considerations	15,134				15,134
3.	Deposit-type contract funds	864	XXX		XXX	864
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	314,042	0	2,590	0	316,632
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,175				1,175
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)	1,175	0	0	0	1,175
	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)	1,175	0	0	0	1,175
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	99,326				99,326
10.	Matured endowments					0
11.	Annuity benefits	230,451				230,451
12.	Surrender values and withdrawals for life contracts	2,037,014				2,037,014
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,366,791	0	0	0	2,366,791
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	14,401							2	14,401
17. Incurred during current year	17	146,647							17	146,647
Settled during current year:										
18.1 By payment in full	15	99,326							15	99,326
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	15	99,326	0	0	0	0	0	0	15	99,326
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	99,326	0	0	0	0	0	0	15	99,326
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	61,722	0	0	0	0	0	0	4	61,722
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,451	21,826,380		(a)	16	706,810			1,467	22,533,189
21. Issued during year									0	0
22. Other changes to in force (Net)	(81)	(1,395,613)			(2)	(54,531)			(83)	(1,450,144)
23. In force December 31 of current year	1,370	20,430,767	0	(a) 0	14	652,279	0	0	1,384	21,083,045

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,854	7,153			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,070,099	5,025,379		3,564,321	3,624,341
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,070,099	5,025,379	0	3,564,321	3,624,341
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,078,953	5,032,532	0	3,564,321	3,624,341

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	58,571		67		58,638
2. Annuity considerations	5,000				5,000
3. Deposit-type contract funds	643	XXX		XXX	643
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	64,214	0	67	0	64,281
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	639				639
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	83				83
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	722	0	0	0	722
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)	722	0	0	0	722
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	67,360				67,360
10. Matured endowments					0
11. Annuity benefits	270,186				270,186
12. Surrender values and withdrawals for life contracts	134,399				134,399
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	471,945	0	0	0	471,945
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	16	80,948							16	80,948
Settled during current year:										
18.1 By payment in full	13	67,360							13	67,360
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	13	67,360	0	0	0	0	0	0	13	67,360
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	67,360	0	0	0	0	0	0	13	67,360
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	13,588	0	0	0	0	0	0	3	13,588
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	357	6,165,350		(a)					357	6,165,350
21. Issued during year									0	0
22. Other changes to in force (Net)	(25)	(420,259)							(25)	(420,259)
23. In force December 31 of current year	332	5,745,091	0	(a) 0	0	0	0	0	332	5,745,091

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,257	(6,611)		200	167
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	69	69			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,428,050	4,414,214		2,929,556	2,978,887
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,428,050	4,414,214	0	2,929,556	2,978,887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,434,376	4,407,672	0	2,929,756	2,979,054

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

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	50,433				50,433
2.	Annuity considerations					0
3.	Deposit-type contract funds	801	XXX		XXX	801
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	51,234	0	0	0	51,234
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,760				2,760
6.2	Applied to pay renewal premiums	75				75
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	48				48
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,883	0	0	0	2,883
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,883	0	0	0	2,883
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,005				2,005
10.	Matured endowments					0
11.	Annuity benefits	85,139				85,139
12.	Surrender values and withdrawals for life contracts	134,392				134,392
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	221,536	0	0	0	221,536
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	2,005							1	2,005
	Settled during current year:										
18.1	By payment in full	1	2,005							1	2,005
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	2,005	0	0	0	0	0	0	1	2,005
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	2,005	0	0	0	0	0	0	1	2,005
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	103	3,538,494		(a)					103	3,538,494
21.	Issued during year		2,227							0	2,227
22.	Other changes to in force (Net)	(1)	(20,377)							(1)	(20,377)
23.	In force December 31 of current year	102	3,520,344	0	(a) 0	0	0	0	0	102	3,520,344

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(569)			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,728,580	1,718,458		1,229,557	1,250,262
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,728,580	1,718,458	0	1,229,557	1,250,262
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,728,580	1,717,889	0	1,229,557	1,250,262

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

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	321,577		487		322,064
2.	Annuity considerations					0
3.	Deposit-type contract funds	348	XXX		XXX	348
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	321,925	0	487	0	322,412
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,916				6,916
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)	6,916	0	0	0	6,916
	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)	6,916	0	0	0	6,916
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	149,478				149,478
10.	Matured endowments					0
11.	Annuity benefits	(39)				(39)
12.	Surrender values and withdrawals for life contracts	577,149				577,149
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	726,588	0	0	0	726,588
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	25,116							5	25,116
17.	Incurred during current year	17	139,385							17	139,385
	Settled during current year:										
18.1	By payment in full	20	149,478							20	149,478
18.2	By payment on compromised claims									0	0
18.3	Totals paid	20	149,478	0	0	0	0	0	0	20	149,478
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	20	149,478	0	0	0	0	0	0	20	149,478
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	15,023	0	0	0	0	0	0	2	15,023
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,515	46,873,448		(a)	3	140,618			1,518	47,014,066
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(106)	(4,498,332)				6,832			(106)	(4,491,500)
23.	In force December 31 of current year	1,409	42,375,116	0	(a) 0	3	147,450	0	0	1,412	42,522,566

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	118,778	130,910		5,900	4,938
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	337			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,805,354	1,840,687		622,492	632,974
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,805,354	1,840,687	0	622,492	632,974
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,924,469	1,971,934	0	628,392	637,912

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	84,171		256		84,427
2.	Annuity considerations					0
3.	Deposit-type contract funds	420	XXX		XXX	420
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	84,591	0	256	0	84,847
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	582				582
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	65				65
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	647	0	0	0	647
	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)	647	0	0	0	647
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	86,869				86,869
10.	Matured endowments					0
11.	Annuity benefits	18,162				18,162
12.	Surrender values and withdrawals for life contracts	205,293				205,293
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	310,324	0	0	0	310,324
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	11,799							3	11,799
17. Incurred during current year	11	75,070							11	75,070
Settled during current year:										
18.1 By payment in full	14	86,869							14	86,869
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	14	86,869	0	0	0	0	0	0	14	86,869
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	86,869	0	0	0	0	0	0	14	86,869
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	499	6,265,780		(a)	1	82,300			500	6,348,080
21. Issued during year									0	0
22. Other changes to in force (Net)	(24)	(328,702)				(2,500)			(24)	(331,202)
23. In force December 31 of current year	475	5,937,078	0	(a) 0	1	79,800	0	0	476	6,016,878

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,795	1,794			
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)	32,700	32,531		17,830	18,130
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)	32,700	32,531	0	17,830	18,130
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,495	34,325	0	17,830	18,130

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

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	73,989		439		74,428
2.	Annuity considerations					0
3.	Deposit-type contract funds	1,749	XXX		XXX	1,749
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	75,738	0	439	0	76,177
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,954				2,954
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	68				68
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,022	0	0	0	3,022
	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)	3,022	0	0	0	3,022
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	121,916				121,916
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	39,298				39,298
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	161,214	0	0	0	161,214
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	80,229							2	80,229
17. Incurred during current year	10	41,687							10	41,687
Settled during current year:										
18.1 By payment in full	12	121,916							12	121,916
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	12	121,916	0	0	0	0	0	0	12	121,916
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	121,916	0	0	0	0	0	0	12	121,916
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	302	4,730,460		(a)	2	81,000			304	4,811,460
21. Issued during year									0	0
22. Other changes to in force (Net)	(22)	(456,735)			(1)	(75,000)			(23)	(531,735)
23. In force December 31 of current year	280	4,273,725	0	(a) 0	1	6,000	0	0	281	4,279,725

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,081	3,052		850	711
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)	183,084	183,688		109,871	111,721
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	183,084	183,688	0	109,871	111,721
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	186,165	186,740	0	110,721	112,432

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	86,108				86,108
2.	Annuity considerations					0
3.	Deposit-type contract funds	127	XXX		XXX	127
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	86,235	0	0	0	86,235
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	738				738
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	44				44
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	782	0	0	0	782
	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)	782	0	0	0	782
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	62,856				62,856
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	193,678				193,678
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	256,534	0	0	0	256,534
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	3,416							1	3,416
17. Incurred during current year	7	62,711							7	62,711
Settled during current year:										
18.1 By payment in full	7	62,856							7	62,856
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	7	62,856	0	0	0	0	0	0	7	62,856
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	62,856	0	0	0	0	0	0	7	62,856
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,271	0	0	0	0	0	0	1	3,271
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	428	6,212,729		(a)					428	6,212,729
21. Issued during year		2,356							0	2,356
22. Other changes to in force (Net)	(23)	(268,121)							(23)	(268,121)
23. In force December 31 of current year	405	5,946,964	0	(a) 0	0	0	0	0	405	5,946,964

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	218,243	220,050		63,270	64,335
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)	218,243	220,050	0	63,270	64,335
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	218,243	220,050	0	63,270	64,335

(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.

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

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	63,135				63,135
2.	Annuity considerations	68,976				68,976
3.	Deposit-type contract funds	389	XXX		XXX	389
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	132,500	0	0	0	132,500
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,330				1,330
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	120				120
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,450	0	0	0	1,450
	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)	1,450	0	0	0	1,450
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	71,226				71,226
10.	Matured endowments					0
11.	Annuity benefits	784,643				784,643
12.	Surrender values and withdrawals for life contracts	2,167,038				2,167,038
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	3,022,907	0	0	0	3,022,907
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	-	-							0	0
17. Incurred during current year	4	71,226							4	71,226
Settled during current year:										
18.1 By payment in full	4	71,226							4	71,226
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	4	71,226	0	0	0	0	0	0	4	71,226
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	71,226	0	0	0	0	0	0	4	71,226
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	114	6,939,341		(a)					114	6,939,341
21. Issued during year									0	0
22. Other changes to in force (Net)	(10)	(174,031)							(10)	(174,031)
23. In force December 31 of current year	104	6,765,310	0	(a) 0	0	0	0	0	104	6,765,310

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,942	11,700		1,300	1,088
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,411,559	4,211,593		2,362,855	2,402,643
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,411,559	4,211,593	0	2,362,855	2,402,643
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,420,501	4,223,293	0	2,364,155	2,403,731

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

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,881				35,881
2.	Annuity considerations					0
3.	Deposit-type contract funds	52,087	XXX		XXX	52,087
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	87,968	0	0	0	87,968
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	629				629
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	415				415
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,044	0	0	0	1,044
	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)	1,044	0	0	0	1,044
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	39,186				39,186
10.	Matured endowments					0
11.	Annuity benefits	712,313				712,313
12.	Surrender values and withdrawals for life contracts	1,137,295				1,137,295
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,888,794	0	0	0	1,888,794
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	19,048							5	19,048
17. Incurred during current year	8	25,055							8	25,055
Settled during current year:										
18.1 By payment in full	12	39,186							12	39,186
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	39,186	0	0	0	0	0	0	12	39,186
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	39,186	0	0	0	0	0	0	12	39,186
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,917	0	0	0	0	0	0	1	4,917
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	533	5,306,887		(a)					533	5,306,887
21. Issued during year		1,157							0	1,157
22. Other changes to in force (Net)	(23)	(163,992)							(23)	(163,992)
23. In force December 31 of current year	510	5,144,052	0	(a) 0	0	0	0	0	510	5,144,052

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	210,112	207,987		117,593	119,573
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)	210,112	207,987	0	117,593	119,573
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	210,112	207,987	0	117,593	119,573

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

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	157,070		466		157,536
2.	Annuity considerations					0
3.	Deposit-type contract funds	741	XXX		XXX	741
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	157,811	0	466	0	158,277
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,891				1,891
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	41				41
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,932	0	0	0	1,932
	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)	1,932	0	0	0	1,932
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	243,809				243,809
10.	Matured endowments					0
11.	Annuity benefits	75,866				75,866
12.	Surrender values and withdrawals for life contracts	1,136,701				1,136,701
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	145	0	0	0	145
14.	All other benefits, except accident and health					0
15.	Totals	1,456,521	0	0	0	1,456,521
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	145				145
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)	145	0	0	0	145

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	61,776							7	61,776
17.	Incurred during current year	23	192,395							23	192,395
	Settled during current year:										
18.1	By payment in full	27	243,809							27	243,809
18.2	By payment on compromised claims									0	0
18.3	Totals paid	27	243,809	0	0	0	0	0	0	27	243,809
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	27	243,809	0	0	0	0	0	0	27	243,809
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	10,362	0	0	0	0	0	0	3	10,362
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,185	15,855,071		(a)	1	75,000			1,186	15,930,071
21.	Issued during year		4,753							0	4,753
22.	Other changes to in force (Net)	(83)	(1,400,467)							(83)	(1,400,467)
23.	In force December 31 of current year	1,102	14,459,357	0	(a) 0	1	75,000	0	0	1,103	14,534,357

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,173	2,977		300	251
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,050,481	3,050,208		2,168,661	2,205,179
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,050,481	3,050,208	0	2,168,661	2,205,179
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,055,654	3,053,185	0	2,168,961	2,205,430

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	304,977		14,662		319,639
2.	Annuity considerations					0
3.	Deposit-type contract funds	256	XXX		XXX	256
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	305,233	0	14,662	0	319,895
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,641				4,641
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)	4,641	0	0	0	4,641
	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)	4,641	0	0	0	4,641
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	240,918		4,000		244,918
10.	Matured endowments	1,120				1,120
11.	Annuity benefits	18,483				18,483
12.	Surrender values and withdrawals for life contracts	304,595				304,595
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	39	0	0	0	39
14.	All other benefits, except accident and health					0
15.	Totals	565,155	0	4,000	0	569,155
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	39				39
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)	39	0	0	0	39

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	19,000		(0)	2	4,000			8	23,000
17.	Incurred during current year	65	314,366			1	24,752			66	339,118
	Settled during current year:										
18.1	By payment in full	59	240,918			2	4,000			61	244,918
18.2	By payment on compromised claims									0	0
18.3	Totals paid	59	240,918	0	0	2	4,000	0	0	61	244,918
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	59	240,918	0	0	2	4,000	0	0	61	244,918
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	92,448	0	(0)	1	24,752	0	0	13	117,200
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,888	26,143,770		(a)	1,492	1,703,155			3,380	27,846,925
21.	Issued during year					616	80,043			616	80,043
22.	Other changes to in force (Net)	(136)	(1,793,005)			(26)	(248,222)			(162)	(2,041,227)
23.	In force December 31 of current year	1,752	24,350,765	0	(a) 0	2,082	1,534,976	0	0	3,834	25,885,741

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,055	15,903		4,610	3,859
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,599,979	4,550,373		2,856,951	2,905,059
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,599,979	4,550,373	0	2,856,951	2,905,059
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,617,034	4,566,276	0	2,861,561	2,908,918

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

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,888				1,888
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,888	0	0	0	1,888
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	214				214
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)	214	0	0	0	214
	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)	214	0	0	0	214
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	56,912				56,912
12.	Surrender values and withdrawals for life contracts	92,731				92,731
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	149,643	0	0	0	149,643
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	7	42,209		(a)					7	42,209
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	7	42,209	0	(a) 0	0	0	0	0	7	42,209

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	224	284			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,578,657	1,578,794		1,112,275	1,131,005
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,578,657	1,578,794	0	1,112,275	1,131,005
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,578,881	1,579,078	0	1,112,275	1,131,005

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	742,089		74		742,163
2.	Annuity considerations	4,172				4,172
3.	Deposit-type contract funds	22,582	XXX		XXX	22,582
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	768,843	0	74	0	768,917
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	21,335				21,335
6.2	Applied to pay renewal premiums	30				30
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,438				6,438
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	27,803	0	0	0	27,803
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	27,803	0	0	0	27,803
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	981,453				981,453
10.	Matured endowments	4,653				4,653
11.	Annuity benefits	39,644				39,644
12.	Surrender values and withdrawals for life contracts	650,178				650,178
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	17	0	0	0	17
14.	All other benefits, except accident and health					0
15.	Totals	1,675,945	0	0	0	1,675,945
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	17				17
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)	17	0	0	0	17

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	16	95,715							16	95,715
17. Incurred during current year	122	1,169,865							122	1,169,865
Settled during current year:										
18.1 By payment in full	113	981,453							113	981,453
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	113	981,453	0	0	0	0	0	0	113	981,453
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	113	981,453	0	0	0	0	0	0	113	981,453
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	25	284,127	0	0	0	0	0	0	25	284,127
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,435	54,923,249		(a)					3,435	54,923,249
21. Issued during year		2,762							0	2,762
22. Other changes to in force (Net)	(248)	(4,267,487)							(248)	(4,267,487)
23. In force December 31 of current year	3,187	50,658,524	0	(a) 0	0	0	0	0	3,187	50,658,524

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	12,983	11,175		4,700	3,934
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	12,762	12,964		2,778	1,252
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	417	421			(49)
25.2	Guaranteed renewable (b)	7,575,785	7,611,663		5,341,541	5,431,487
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)	7,576,202	7,612,084	0	5,341,541	5,431,438
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,601,947	7,636,223	0	5,349,019	5,436,624

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	900		286		1,186
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	900	0	286	0	1,186
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	38				38
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)	38	0	0	0	38
	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)	38	0	0	0	38
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,016				5,016
10.	Matured endowments					0
11.	Annuity benefits	63,433				63,433
12.	Surrender values and withdrawals for life contracts	20,261				20,261
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	88,710	0	0	0	88,710
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	6,740							2	6,740
Settled during current year:										
18.1 By payment in full	1	5,016							1	5,016
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	5,016	0	0	0	0	0	0	1	5,016
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	5,016	0	0	0	0	0	0	1	5,016
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,724	0	0	0	0	0	0	1	1,724
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	32	204,056		(a)	1	125,000			33	329,056
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(8,608)							(2)	(8,608)
23. In force December 31 of current year	30	195,448	0	(a) 0	1	125,000	0	0	31	320,448

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,850	2,238		300	251
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)	53,089	54,266		23,549	23,946
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)	53,089	54,266	0	23,549	23,946
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	54,939	56,504	0	23,849	24,197

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

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	28,402		703		29,105
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	28,402	0	703	0	29,105
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	824				824
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	828	0	0	0	828
	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)	828	0	0	0	828
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	16,903				16,903
10.	Matured endowments					0
11.	Annuity benefits	10,595				10,595
12.	Surrender values and withdrawals for life contracts	79,351				79,351
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	731	0	0	0	731
14.	All other benefits, except accident and health					0
15.	Totals	107,580	0	0	0	107,580
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	731				731
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)	731	0	0	0	731

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	16,903							2	16,903
Settled during current year:										
18.1 By payment in full	2	16,903							2	16,903
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	16,903	0	0	0	0	0	0	2	16,903
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	16,903	0	0	0	0	0	0	2	16,903
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	74	935,199		(a)	3	150,208			77	1,085,406
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(37,503)			(1)	(22,489)			(5)	(59,992)
23. In force December 31 of current year	70	897,696	0	(a) 0	2	127,719	0	0	72	1,025,414

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,723	(22)		100	84
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,696,309	2,681,051		1,890,898	1,922,739
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,696,309	2,681,051	0	1,890,898	1,922,739
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,698,032	2,681,029	0	1,890,998	1,922,823

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

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DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,650		55		16,705
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,650	0	55	0	16,705
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	436				436
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)	436	0	0	0	436
	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)	436	0	0	0	436
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	6,098				6,098
10.	Matured endowments					0
11.	Annuity benefits	3,417				3,417
12.	Surrender values and withdrawals for life contracts	112,515				112,515
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	122,030	0	0	0	122,030
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	6,098							2	6,098
Settled during current year:										
18.1 By payment in full	2	6,098							2	6,098
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	6,098	0	0	0	0	0	0	2	6,098
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	6,098	0	0	0	0	0	0	2	6,098
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	73	1,698,914		(a)					73	1,698,914
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(29,132)							(2)	(29,132)
23. In force December 31 of current year	71	1,669,782	0	(a) 0	0	0	0	0	71	1,669,782

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,196	10,042		9,609	9,771
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	10,196	10,042	0	9,609	9,771
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,196	10,042	0	9,609	9,771

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	89,913		48		89,961
2. Annuity considerations	96,628				96,628
3. Deposit-type contract funds	(81)	XXX		XXX	(81)
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	186,460	0	48	0	186,508
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	796				796
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)	796	0	0	0	796
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)	796	0	0	0	796
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,574				50,574
10. Matured endowments					0
11. Annuity benefits	36,964				36,964
12. Surrender values and withdrawals for life contracts	169,537				169,537
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	257,075	0	0	0	257,075
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	5,000							1	5,000
17. Incurred during current year	13	55,574							13	55,574
Settled during current year:										
18.1 By payment in full	12	50,574							12	50,574
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	12	50,574	0	0	0	0	0	0	12	50,574
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	50,574	0	0	0	0	0	0	12	50,574
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000	0	0	0	0	0	0	2	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,733	14,501,353		(a)	1	500			2,734	14,501,853
21. Issued during year									0	0
22. Other changes to in force (Net)	(87)	(530,298)							(87)	(530,298)
23. In force December 31 of current year	2,646	13,971,055	0	(a) 0	1	500	0	0	2,647	13,971,555

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,374	1,369			
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	69	69			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,959	5,825		9,289	9,445
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,959	5,825	0	9,289	9,445
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,402	7,263	0	9,289	9,445

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,397				16,397
2.	Annuity considerations					0
3.	Deposit-type contract funds	26	XXX		XXX	26
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,423	0	0	0	16,423
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,355				1,355
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	144				144
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,499	0	0	0	1,499
	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)	1,499	0	0	0	1,499
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,140				8,140
10.	Matured endowments					0
11.	Annuity benefits	8,676				8,676
12.	Surrender values and withdrawals for life contracts	16,921				16,921
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	33,737	0	0	0	33,737
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	8,140							1	8,140
Settled during current year:										
18.1 By payment in full	1	8,140							1	8,140
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	8,140	0	0	0	0	0	0	1	8,140
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	8,140	0	0	0	0	0	0	1	8,140
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	54	1,515,010		(a)					54	1,515,010
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(126,993)							(5)	(126,993)
23. In force December 31 of current year	49	1,388,017	0	(a) 0	0	0	0	0	49	1,388,017

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	218	261			
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)	585,260	589,333		353,204	359,152
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)	585,260	589,333	0	353,204	359,152
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	585,478	589,594	0	353,204	359,152

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,036				19,036
2.	Annuity considerations					0
3.	Deposit-type contract funds	3,659	XXX		XXX	3,659
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,695	0	0	0	22,695
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,232				2,232
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)	2,232	0	0	0	2,232
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,232	0	0	0	2,232
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	173,800				173,800
12.	Surrender values and withdrawals for life contracts	264,314				264,314
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	438,114	0	0	0	438,114
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	47	2,980,411		(a)					47	2,980,411
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(6)	(434,930)							(6)	(434,930)
23.	In force December 31 of current year	41	2,545,481	0	(a) 0	0	0	0	0	41	2,545,481

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	298	298		2,100	1,758
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)	63,233	62,620		25,895	26,331
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)	63,233	62,620	0	25,895	26,331
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	63,531	62,918	0	27,995	28,089

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

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DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	27,958				27,958
2.	Annuity considerations					0
3.	Deposit-type contract funds	1,140	XXX		XXX	1,140
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	29,098	0	0	0	29,098
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,729				2,729
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	189				189
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,918	0	0	0	2,918
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,918	0	0	0	2,918
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	41,161				41,161
10.	Matured endowments					0
11.	Annuity benefits	47,296				47,296
12.	Surrender values and withdrawals for life contracts	586,035				586,035
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	160	0	0	0	160
14.	All other benefits, except accident and health					0
15.	Totals	674,652	0	0	0	674,652
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	160				160
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)	160	0	0	0	160

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	41,161							4	41,161
	Settled during current year:										
18.1	By payment in full	4	41,161							4	41,161
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	41,161	0	0	0	0	0	0	4	41,161
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	41,161	0	0	0	0	0	0	4	41,161
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	102	1,800,925		(a)					102	1,800,925
21.	Issued during year		7,044							0	7,044
22.	Other changes to in force (Net)	(10)	(95,844)							(10)	(95,844)
23.	In force December 31 of current year	92	1,712,125	0	(a) 0	0	0	0	0	92	1,712,125

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	75			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	17,393	17,275		21,844	22,212
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)	17,393	17,275	0	21,844	22,212
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,462	17,350	0	21,844	22,212

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

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	193,219		350		193,569
2. Annuity considerations					0
3. Deposit-type contract funds	107	XXX		XXX	107
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	193,326	0	350	0	193,676
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,426				2,426
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)	2,426	0	0	0	2,426
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	2,426	0	0	0	2,426
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,604				21,604
10. Matured endowments					0
11. Annuity benefits	412,165				412,165
12. Surrender values and withdrawals for life contracts	1,376,617				1,376,617
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	200	0	0	0	200
14. All other benefits, except accident and health					0
15. Totals	1,810,586	0	0	0	1,810,586
DETAILS OF WRITE-INS					
1301. Annual Endowments	200				200
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)	200	0	0	0	200

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	13,256							5	13,256
17. Incurred during current year	3	50,190							3	50,190
Settled during current year:										
18.1 By payment in full	6	21,604							6	21,604
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	6	21,604	0	0	0	0	0	0	6	21,604
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	21,604	0	0	0	0	0	0	6	21,604
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	41,842	0	0	0	0	0	0	2	41,842
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	530	22,872,112		(a)					530	22,872,112
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(66,809)							(27)	(66,809)
23. In force December 31 of current year	503	22,805,303	0	(a) 0	0	0	0	0	503	22,805,303

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,636	6,549		12,510	10,471
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,384,202	3,346,868		2,172,276	2,208,855
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,384,202	3,346,868	0	2,172,276	2,208,855
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,390,838	3,353,417	0	2,184,786	2,219,326

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

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	111,469		2,203		113,672
2.	Annuity considerations					0
3.	Deposit-type contract funds	448	XXX		XXX	448
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	111,917	0	2,203	0	114,120
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,296				2,296
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	188				188
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,484	0	0	0	2,484
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,484	0	0	0	2,484
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	65,142				65,142
10.	Matured endowments					0
11.	Annuity benefits	69,420				69,420
12.	Surrender values and withdrawals for life contracts	343,014				343,014
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	477,576	0	0	0	477,576
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	10,000							2	10,000
17. Incurred during current year	16	59,518							16	59,518
Settled during current year:										
18.1 By payment in full	17	65,142							17	65,142
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	17	65,142	0	0	0	0	0	0	17	65,142
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	65,142	0	0	0	0	0	0	17	65,142
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,376	0	0	0	0	0	0	1	4,376
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	444	8,096,497		(a)	29	190,000			473	8,286,497
21. Issued during year		3,405							0	3,405
22. Other changes to in force (Net)	(39)	(258,919)			(3)	(12,000)			(42)	(270,919)
23. In force December 31 of current year	405	7,840,983	0	(a) 0	26	178,000	0	0	431	8,018,983

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,233	4,082		200	167
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,184,169	3,178,468		2,234,067	2,271,687
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,184,169	3,178,468	0	2,234,067	2,271,687
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,188,402	3,182,550	0	2,234,267	2,271,854

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	24,612		57		24,669
2.	Annuity considerations	120,394				120,394
3.	Deposit-type contract funds	397	XXX		XXX	397
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	145,403	0	57	0	145,460
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	960				960
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	22				22
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	982	0	0	0	982
	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)	982	0	0	0	982
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,382				8,382
10.	Matured endowments					0
11.	Annuity benefits	264,491				264,491
12.	Surrender values and withdrawals for life contracts	24,235				24,235
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	297,108	0	0	0	297,108
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	8,382							1	8,382
	Settled during current year:										
18.1	By payment in full	1	8,382							1	8,382
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	8,382	0	0	0	0	0	0	1	8,382
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	8,382	0	0	0	0	0	0	1	8,382
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	48	4,393,881		(a)					48	4,393,881
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(7)	(1,770,659)							(7)	(1,770,659)
23.	In force December 31 of current year	41	2,623,222	0	(a) 0	0	0	0	0	41	2,623,222

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	467	467			
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,430,691	2,394,646		1,553,753	1,579,917
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,430,691	2,394,646	0	1,553,753	1,579,917
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,431,158	2,395,113	0	1,553,753	1,579,917

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	299,299				299,299
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	299,299	0	0	0	299,299
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,208				4,208
6.2	Applied to pay renewal premiums	245				245
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	626				626
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,079	0	0	0	5,079
	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)	5,079	0	0	0	5,079
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,164,893				1,164,893
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	266,639				266,639
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,431,532	0	0	0	1,431,532
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	525,000							2	525,000
17. Incurred during current year	7	639,893							7	639,893
Settled during current year:										
18.1 By payment in full	9	1,164,893							9	1,164,893
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,164,893	0	0	0	0	0	0	9	1,164,893
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,164,893	0	0	0	0	0	0	9	1,164,893
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	433	56,315,119		(a)					433	56,315,119
21. Issued during year									0	0
22. Other changes to in force (Net)	(37)	(5,886,058)							(37)	(5,886,058)
23. In force December 31 of current year	396	50,429,061	0	(a) 0	0	0	0	0	396	50,429,061

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	837	837			
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)	837	837	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	837	837	0	0	0

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	80,206		329		80,535
2.	Annuity considerations	109,615				109,615
3.	Deposit-type contract funds	456	XXX		XXX	456
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	190,277	0	329	0	190,606
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,906				2,906
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	217				217
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,123	0	0	0	3,123
	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)	3,123	0	0	0	3,123
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	45,831				45,831
10.	Matured endowments					0
11.	Annuity benefits	1,028,036				1,028,036
12.	Surrender values and withdrawals for life contracts	2,396,579				2,396,579
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	3,470,446	0	0	0	3,470,446
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	28,342							2	28,342
17. Incurred during current year	4	27,489							4	27,489
Settled during current year:										
18.1 By payment in full	5	45,831							5	45,831
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	45,831	0	0	0	0	0	0	5	45,831
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	45,831	0	0	0	0	0	0	5	45,831
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	275	5,693,877		(a)	2	100,359			277	5,794,236
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(433,001)				5,019			(12)	(427,982)
23. In force December 31 of current year	263	5,260,876	0	(a) 0	2	105,378	0	0	265	5,366,254

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,944	2,672		90	75
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)	880,765	886,618		575,321	585,009
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)	880,765	886,618	0	575,321	585,009
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	883,709	889,290	0	575,411	585,084

(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.

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,573				12,573
2.	Annuity considerations					0
3.	Deposit-type contract funds	30	XXX		XXX	30
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,603	0	0	0	12,603
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,029				1,029
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)	1,029	0	0	0	1,029
	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)	1,029	0	0	0	1,029
	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.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	30	1,663,163		(a)					30	1,663,163
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	30	1,663,163	0	(a) 0	0	0	0	0	30	1,663,163

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	50	49			
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)	50	49	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50	49	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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,106				35,106
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	35,106	0	0	0	35,106
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14				14
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)	14	0	0	0	14
	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)	14	0	0	0	14
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	33,224				33,224
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	110,642				110,642
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	143,866	0	0	0	143,866
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	11,981							6	11,981
17.	Incurred during current year	7	25,983							7	25,983
	Settled during current year:										
18.1	By payment in full	12	33,224							12	33,224
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	33,224	0	0	0	0	0	0	12	33,224
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	33,224	0	0	0	0	0	0	12	33,224
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,740	0	0	0	0	0	0	1	4,740
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	380	7,892,310		(a)					380	7,892,310
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(16)	(84,183)							(16)	(84,183)
23.	In force December 31 of current year	364	7,808,127	0	(a) 0	0	0	0	0	364	7,808,127

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	223	90			
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)	26,180	22,926		2,129	2,165
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	26,180	22,926	0	2,129	2,165
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,403	23,016	0	2,129	2,165

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

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DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	306,213		363		306,576
2.	Annuity considerations	7,174				7,174
3.	Deposit-type contract funds	1,532	XXX		XXX	1,532
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	314,919	0	363	0	315,282
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	15,890				15,890
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,031				1,031
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	16,921	0	0	0	16,921
	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)	16,921	0	0	0	16,921
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	923,935				923,935
10.	Matured endowments	619				619
11.	Annuity benefits	28,353				28,353
12.	Surrender values and withdrawals for life contracts	284,903				284,903
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	300	0	0	0	300
14.	All other benefits, except accident and health					0
15.	Totals	1,238,110	0	0	0	1,238,110
	DETAILS OF WRITE-INS					
1301.	Annual Endowments	300				300
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)	300	0	0	0	300

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	54,188							8	54,188
17.	Incurred during current year	65	1,036,875							65	1,036,875
	Settled during current year:										
18.1	By payment in full	58	923,935							58	923,935
18.2	By payment on compromised claims									0	0
18.3	Totals paid	58	923,935	0	0	0	0	0	0	58	923,935
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	58	923,935	0	0	0	0	0	0	58	923,935
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	167,128	0	0	0	0	0	0	15	167,128
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,330	37,394,097		(a)					2,330	37,394,097
21.	Issued during year		2,295							0	2,295
22.	Other changes to in force (Net)	(158)	(3,222,144)							(158)	(3,222,144)
23.	In force December 31 of current year	2,172	34,174,248	0	(a) 0	0	0	0	0	2,172	34,174,248

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	892	195		200	167
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	10,614	10,752		4,198	1,890
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,972,655	6,917,504		4,928,596	5,011,589
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,972,655	6,917,504	0	4,928,596	5,011,589
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,984,161	6,928,451	0	4,932,994	5,013,646

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	24,077				24,077
2. Annuity considerations					0
3. Deposit-type contract funds	444	XXX		XXX	444
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,521	0	0	0	24,521
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	141				141
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	194				194
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	335	0	0	0	335
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)	335	0	0	0	335
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	30,506				30,506
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	30,506	0	0	0	30,506
DETAILS OF WRITE-INS					
1301. Annual Endowments					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	72	662,561		(a)					72	662,561
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(30,383)							(3)	(30,383)
23. In force December 31 of current year	69	632,178	0	(a) 0	0	0	0	0	69	632,178

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,744	1,556		100	84
24.1 Federal Employee Health Benefits Program premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,753,673	1,763,733		1,199,159	1,219,352
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,753,673	1,763,733	0	1,199,159	1,219,352
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,755,417	1,765,289	0	1,199,259	1,219,436

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

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	456,711		30,967		487,678
2.	Annuity considerations	160				160
3.	Deposit-type contract funds	582	XXX		XXX	582
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	457,453	0	30,967	0	488,420
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,882				5,882
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	43				43
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,925	0	0	0	5,925
	Annuities:					
7.1	Paid in cash or left on deposit	84				84
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	84	0	0	0	84
8.	Grand Totals (Lines 6.5 + 7.4)	6,009	0	0	0	6,009
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	535,643		80,523		616,166
10.	Matured endowments	1,076				1,076
11.	Annuity benefits	82,794				82,794
12.	Surrender values and withdrawals for life contracts	959,534				959,534
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,579,047	0	80,523	0	1,659,570
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	19	56,885							19	56,885
17. Incurred during current year	155	597,487			6	82,923			161	680,410
Settled during current year:										
18.1 By payment in full	144	535,643			4	80,523			148	616,166
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	144	535,643	0	0	4	80,523	0	0	148	616,166
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	144	535,643	0	0	4	80,523	0	0	148	616,166
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	30	118,729	0	0	2	2,400	0	0	32	121,129
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,731	38,484,568		(a)	448	4,081,892			4,179	42,566,459
21. Issued during year									0	0
22. Other changes to in force (Net)	(264)	(2,235,279)			(113)	(1,045,248)			(377)	(3,280,527)
23. In force December 31 of current year	3,467	36,249,289	0	(a) 0	335	3,036,644	0	0	3,802	39,285,932

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	19,403	18,468		9,240	7,734
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	155	138			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,431,487	2,415,464		1,666,096	1,694,151
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,431,487	2,415,464	0	1,666,096	1,694,151
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,451,045	2,434,070	0	1,675,336	1,701,885

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

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	432,648		226		432,874
2.	Annuity considerations					0
3.	Deposit-type contract funds	15,495	XXX		XXX	15,495
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	448,143	0	226	0	448,369
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,000				13,000
6.2	Applied to pay renewal premiums	462				462
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	897				897
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14,359	0	0	0	14,359
	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)	14,359	0	0	0	14,359
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	179,171				179,171
10.	Matured endowments					0
11.	Annuity benefits	924,674				924,674
12.	Surrender values and withdrawals for life contracts	1,101,457				1,101,457
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,205,302	0	0	0	2,205,302
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	15,000							3	15,000
17. Incurred during current year	21	167,671							21	167,671
Settled during current year:										
18.1 By payment in full	22	179,171							22	179,171
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	22	179,171	0	0	0	0	0	0	22	179,171
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	179,171	0	0	0	0	0	0	22	179,171
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	3,500	0	0	0	0	0	0	2	3,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,060	12,947,229		(a)					1,060	12,947,229
21. Issued during year									0	0
22. Other changes to in force (Net)	(109)	(1,758,662)							(109)	(1,758,662)
23. In force December 31 of current year	951	11,188,567	0	(a) 0	0	0	0	0	951	11,188,567

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	514,263	598,136		70,781	59,246
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	164	156			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	28,867,911	28,840,088		19,367,551	19,693,678
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	28,867,911	28,840,088	0	19,367,551	19,693,678
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,382,338	29,438,380	0	19,438,332	19,752,924

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

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	21,318				21,318
2.	Annuity considerations	6,000				6,000
3.	Deposit-type contract funds	1,074	XXX		XXX	1,074
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	28,392	0	0	0	28,392
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	668				668
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)	668	0	0	0	668
	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)	668	0	0	0	668
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	250,297				250,297
12.	Surrender values and withdrawals for life contracts	1,265,716				1,265,716
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,516,013	0	0	0	1,516,013
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	15,815							1	15,815
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	15,815	0	0	0	0	0	0	1	15,815
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	28	1,129,480		(a)					28	1,129,480
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(45,030)							(2)	(45,030)
23. In force December 31 of current year	26	1,084,450	0	(a) 0	0	0	0	0	26	1,084,450

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	572,701	580,805		389,174	395,727
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)	572,701	580,805	0	389,174	395,727
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	572,701	580,805	0	389,174	395,727

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

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DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	177,139		561		177,700
2.	Annuity considerations	24,345				24,345
3.	Deposit-type contract funds	1,777	XXX		XXX	1,777
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	203,261	0	561	0	203,822
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	25,393				25,393
6.2	Applied to pay renewal premiums	555				555
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,401				1,401
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	27,349	0	0	0	27,349
	Annuities:					
7.1	Paid in cash or left on deposit	135				135
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	135	0	0	0	135
8.	Grand Totals (Lines 6.5 + 7.4)	27,484	0	0	0	27,484
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	128,561				128,561
10.	Matured endowments	12,136				12,136
11.	Annuity benefits	207,698				207,698
12.	Surrender values and withdrawals for life contracts	178,621				178,621
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	527,016	0	0	0	527,016
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	14,977							3	14,977
17.	Incurred during current year	35	135,008							35	135,008
	Settled during current year:										
18.1	By payment in full	33	128,561							33	128,561
18.2	By payment on compromised claims									0	0
18.3	Totals paid	33	128,561	0	0	0	0	0	0	33	128,561
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	33	128,561	0	0	0	0	0	0	33	128,561
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	21,424	0	0	0	0	0	0	5	21,424
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,712	23,589,064		(a)	2	78,000			1,714	23,667,064
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(114)	(2,139,414)							(114)	(2,139,414)
23.	In force December 31 of current year	1,598	21,449,650	0	(a) 0	2	78,000	0	0	1,600	21,527,650

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,057	2,363		410	343
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	248	248			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	496,174	498,201		363,793	369,919
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)	496,174	498,201	0	363,793	369,919
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	498,479	500,812	0	364,203	370,262

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

DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	13,693				13,693
2.	Annuity considerations	6,277				6,277
3.	Deposit-type contract funds	100	XXX		XXX	100
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	20,070	0	0	0	20,070
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	554				554
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	96				96
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	650	0	0	0	650
	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)	650	0	0	0	650
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	25,000				25,000
10.	Matured endowments	10,000				10,000
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	46,881				46,881
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	81,881	0	0	0	81,881
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	3	25,413							3	25,413
Settled during current year:										
18.1 By payment in full	2	25,000							2	25,000
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	2	25,000	0	0	0	0	0	0	2	25,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	25,000	0	0	0	0	0	0	2	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	413	0	0	0	0	0	0	1	413
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	104	1,238,132		(a)					104	1,238,132
21. Issued during year									0	0
22. Other changes to in force (Net)	(14)	(234,743)							(14)	(234,743)
23. In force December 31 of current year	90	1,003,389	0	(a) 0	0	0	0	0	90	1,003,389

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	104	104			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	521	521			
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)	521	521	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	625	625	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.

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	146,655		379		147,034
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	146,655	0	379	0	147,034
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	220				220
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)	220	0	0	0	220
	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)	220	0	0	0	220
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	104,185				104,185
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	81,015				81,015
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	185,200	0	0	0	185,200
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	4	104,185							4	104,185
Settled during current year:										
18.1 By payment in full	4	104,185							4	104,185
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	4	104,185	0	0	0	0	0	0	4	104,185
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	104,185	0	0	0	0	0	0	4	104,185
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	544	15,767,433		(a)	2	97,956			546	15,865,389
21. Issued during year									0	0
22. Other changes to in force (Net)	(33)	(1,175,509)				(4,080)			(33)	(1,179,589)
23. In force December 31 of current year	511	14,591,924	0	(a) 0	2	93,876	0	0	513	14,685,800

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	37,778	37,611		18,025	18,329
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	37,778	37,611	0	18,025	18,329
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,778	37,611	0	18,025	18,329

(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.

* 6 5 7 2 2 2 0 1 1 4 3 0 4 8 1 0 0 *

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	15,774				15,774
2.	Annuity considerations	17,286				17,286
3.	Deposit-type contract funds	281	XXX		XXX	281
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	33,341	0	0	0	33,341
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,756				2,756
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	206				206
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,962	0	0	0	2,962
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,962	0	0	0	2,962
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	37,750				37,750
10.	Matured endowments					0
11.	Annuity benefits	583,615				583,615
12.	Surrender values and withdrawals for life contracts	992,435				992,435
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,613,800	0	0	0	1,613,800
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	42,750							4	42,750
	Settled during current year:										
18.1	By payment in full	3	37,750							3	37,750
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	37,750	0	0	0	0	0	0	3	37,750
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	37,750	0	0	0	0	0	0	3	37,750
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	46	1,214,172		(a)					46	1,214,172
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(134,721)							(5)	(134,721)
23.	In force December 31 of current year	41	1,079,451	0	(a) 0	0	0	0	0	41	1,079,451

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	348	347			
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)	43,313	43,676		27,531	27,995
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)	43,313	43,676	0	27,531	27,995
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,661	44,023	0	27,531	27,995

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

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,774				16,774
2.	Annuity considerations	28,060				28,060
3.	Deposit-type contract funds	51,987	XXX		XXX	51,987
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	96,821	0	0	0	96,821
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	938				938
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	493				493
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,431	0	0	0	1,431
	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)	1,431	0	0	0	1,431
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	25,000				25,000
10.	Matured endowments					0
11.	Annuity benefits	427,347				427,347
12.	Surrender values and withdrawals for life contracts	356,513				356,513
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	808,860	0	0	0	808,860
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	15,000							1	15,000
17.	Incurred during current year	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full	2	25,000							2	25,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	25,000	0	0	0	0	0	0	2	25,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	25,000	0	0	0	0	0	0	2	25,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	64	1,753,786		(a)					64	1,753,786
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(13,556)							(1)	(13,556)
23.	In force December 31 of current year	63	1,740,230	0	(a) 0	0	0	0	0	63	1,740,230

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	794,212	819,169		561,814	571,274
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)	794,212	819,169	0	561,814	571,274
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	794,212	819,169	0	561,814	571,274

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	165,176		1,271		166,447
2.	Annuity considerations	276				276
3.	Deposit-type contract funds	243	XXX		XXX	243
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	165,695	0	1,271	0	166,966
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,142				3,142
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	70				70
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,212	0	0	0	3,212
	Annuities:					
7.1	Paid in cash or left on deposit	156				156
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	156	0	0	0	156
8.	Grand Totals (Lines 6.5 + 7.4)	3,368	0	0	0	3,368
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	253,205				253,205
10.	Matured endowments					0
11.	Annuity benefits	86,958				86,958
12.	Surrender values and withdrawals for life contracts	124,631				124,631
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	464,794	0	0	0	464,794
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	20,206							6	20,206
17. Incurred during current year	44	242,339							44	242,339
Settled during current year:										
18.1 By payment in full	47	253,205							47	253,205
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	47	253,205	0	0	0	0	0	0	47	253,205
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	47	253,205	0	0	0	0	0	0	47	253,205
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	9,340	0	0	0	0	0	0	3	9,340
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,330	15,797,023		(a)	9	123,004			1,339	15,920,027
21. Issued during year									0	0
22. Other changes to in force (Net)	(85)	(902,500)			(1)	(10,248)			(86)	(912,748)
23. In force December 31 of current year	1,245	14,894,523	0	(a) 0	8	112,756	0	0	1,253	15,007,279

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,524	5,386		1,050	879
24.1	Federal Employee Health Benefits Program premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	46	46			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	812,600	812,950		495,821	504,170
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)	812,600	812,950	0	495,821	504,170
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	818,170	818,382	0	496,871	505,049

(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.

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,390				2,390
2.	Annuity considerations					0
3.	Deposit-type contract funds	158	XXX		XXX	158
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,548	0	0	0	2,548
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	292				292
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)	292	0	0	0	292
	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)	292	0	0	0	292
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	22,236				22,236
12.	Surrender values and withdrawals for life contracts	5,086				5,086
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	27,322	0	0	0	27,322
	DETAILS OF WRITE-INS					
1301.	Annual Endowments					0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9	111,049		(a)					9	111,049
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(27,907)							(2)	(27,907)
23. In force December 31 of current year	7	83,142	0	(a) 0	0	0	0	0	7	83,142

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	926	926			
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)	288,208	287,461		195,026	198,310
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)	288,208	287,461	0	195,026	198,310
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	289,134	288,387	0	195,026	198,310

(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	(643,972)
2. Current year's realized pre-tax capital gains/(losses) of $.....779,942 transferred into the reserve net of taxes of $.....272,980	506,962
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)	(137,010)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	310,083
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(447,093)

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	211,448	98,635		310,083
2. 2012	130,451	132,317		262,768
3. 2013	59,764	78,926		138,691
4. 2014	2,286	63,281		65,567
5. 2015	(34,177)	47,315		13,138
6. 2016	(38,463)	30,307		(8,155)
7. 2017	(41,222)	19,648		(21,574)
8. 2018	(50,936)	15,659		(35,277)
9. 2019	(63,393)	11,351		(52,042)
10. 2020	(72,724)	7,044		(65,680)
11. 2021	(76,813)	2,417		(74,396)
12. 2022	(77,228)	22		(77,206)
13. 2023	(77,528)	17		(77,511)
14. 2024	(73,050)	13		(73,037)
15. 2025	(64,414)	8		(64,407)
16. 2026	(61,612)	3		(61,610)
17. 2027	(59,724)			(59,724)
18. 2028	(56,600)			(56,600)
19. 2029	(54,178)			(54,178)
20. 2030	(49,436)			(49,436)
21. 2031	(39,528)			(39,528)
22. 2032	(27,651)			(27,651)
23. 2033	(16,253)			(16,253)
24. 2034	(8,051)			(8,051)
25. 2035	(3,926)			(3,926)
26. 2036	(1,014)			(1,014)
27. 2037				0
28. 2038				0
29. 2039				0
30. 2040				0
31. 2041 and Later				0
32. Total (Lines 1 to 31)	(643,972)	506,962	0	(137,010)

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	529,365		529,365	740,996		740,996	1,270,362
2. Realized capital gains/(losses) net of taxes - General Account	(434,868)		(434,868)			0	(434,868)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	61,183		61,183	(531,356)		(531,356)	(470,173)
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	525,435		525,435			0	525,435
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	681,115	0	681,115	209,640	0	209,640	890,756
9. Maximum reserve	2,532,398		2,532,398	566,080		566,080	3,098,478
10. Reserve objective	1,764,710		1,764,710	566,080		566,080	2,330,790
11. 20% of (Line 10 minus Line 8)	216,719	0	216,719	71,288	0	71,288	288,007
12. Balance before transfers (Lines 8 + 11)	897,834	0	897,834	280,928	0	280,928	1,178,762
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	897,834	0	897,834	280,928	0	280,928	1,178,762

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	9,604,982	XXX	XXX	9,604,982	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	263,106,396	XXX	XXX	263,106,396	0.0004	105,243	0.0023	605,145	0.0030	789,319
3	2	High quality	93,674,084	XXX	XXX	93,674,084	0.0019	177,981	0.0058	543,310	0.0090	843,067
4	3	Medium quality	17,966,522	XXX	XXX	17,966,522	0.0093	167,089	0.0230	413,230	0.0340	610,862
5	4	Low quality	2,403,358	XXX	XXX	2,403,358	0.0213	51,192	0.0530	127,378	0.0750	180,252
6	5	Lower quality	552,941	XXX	XXX	552,941	0.0432	23,887	0.1100	60,824	0.1700	94,000
7	6	In or near default	72,891	XXX	XXX	72,891	0.0000	0	0.2000	14,578	0.2000	14,578
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)	387,381,174	XXX	XXX	387,381,174	XXX	525,391	XXX	1,764,464	XXX	2,532,078
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16) (Page 3, Line 2.1, Column 3 plus Schedule DL, Part 1, Column 6, Line 7099999)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	2,997,144	XXX	XXX	2,997,144	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	106,660	XXX	XXX	106,660	0.0004	43	0.0023	245	0.0030	320
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)	3,103,804	XXX	XXX	3,103,804	XXX	43	XXX	245	XXX	320

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		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)	390,484,978	XXX	XXX	390,484,978	XXX	525,433	XXX	1,764,709	XXX	2,532,398
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages			XXX	0	(a)	0	(a)	0	(a)	0
36		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other			XXX	0	(a)	0	(a)	0	(a)	0
40		In good standing with restructured terms			XXX	0	(b)	0	(b)	0	(b)	0
		Overdue, not in process:										
41		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Column 3 plus Schedule DL, Part 1, Column 6, Line 8799999)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages			XXX	0	(c)	0	(c)	0	(c)	0
53		Total mortgage loans on real estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public	2,982,510	XXX	XXX	2,982,510	0.0000	0	(d) 0.1898	566,080	(d) 0.1898	566,080
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	13,766,185	XXX	XXX	13,766,185	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(d)	0	(d)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans				0	(c)	0	(c)	0	(c)	0
15		Real estate				0	(e)	0	(e)	0	(e)	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17) (Page 2, Line 2.2, Column 3 plus Schedule DL, Column 6, Line 7599999)	16,748,695	0	0	16,748,695	XXX	0	XXX	566,080	XXX	566,080
		REAL ESTATE										
19		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-74)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	101,010,801	XXX	127,178	XXX		XXX	38,635	XXX	498	XXX	100,844,490	XXX		XXX		XXX		XXX
2.	Premiums earned	100,645,952	XXX	127,298	XXX		XXX	39,232	XXX	509	XXX	100,478,913	XXX		XXX		XXX		XXX
3.	Incurred claims	71,574,154	71.1	35,128	27.6		0.0	6,337	16.2	(59)	(11.6)	71,532,748	71.2		0.0		0.0		0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	71,574,154	71.1	35,128	27.6	0	0.0	6,337	16.2	(59)	(11.6)	71,532,748	71.2	0	0.0	0	0.0	0	0.0
6	Increase in contract reserves	(809,115)	(0.8)	(16,308)	(12.8)		0.0	(17,719)	(45.2)	(415)	(81.5)	(774,673)	(0.8)		0.0		0.0		0.0
7	Commissions (a)	17,195,590	17.1	(12,459)	(9.8)		0.0	3,980	10.1	13	2.6	17,204,056	17.1		0.0		0.0		0.0
8	Other general insurance expenses	9,242,434	9.2	35,971	28.3		0.0	37,620	95.9	253	49.7	9,168,590	9.1		0.0		0.0		0.0
9	Taxes, licenses and fees	2,722,218	2.7	18,238	14.3		0.0	2,225	5.7	20	3.9	2,701,735	2.7		0.0		0.0		0.0
10	Total other expenses incurred	29,160,242	29.0	41,750	32.8	0	0.0	43,825	111.7	286	56.2	29,074,381	28.9	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	2,282	0.0	9	0.0	0	0.0	1	0.0	0	0.0	2,272	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	718,389	0.7	66,719	52.4	0	0.0	6,788	17.3	697	136.9	644,185	0.6	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	718,389	0.7	66,719	52.4	0	0.0	6,788	17.3	697	136.9	644,185	0.6	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Penalties	2,282	0.0	9	0.0		0.0	1	0.0		0.0	2,272	0.0		0.0		0.0		0.0
1102.			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.			0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	2,282	0.0	9	0.0	0	0.0	1	0.0	0	0.0	2,272	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	4,601,121	5,699		5,894	42	4,589,486			
2. Advance premiums	1,201,509	2,425		796		1,198,288			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	5,802,630	8,124	0	6,690	42	5,787,774	0	0	0
5. Total premium reserves, prior year	5,350,285	8,432		7,291	53	5,334,509			
6. Increase in total premium reserves	452,345	(308)	0	(601)	(11)	453,265	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	12,665,460	159,862		248,936	45	12,256,617			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	12,665,460	159,862	0	248,936	45	12,256,617	0	0	0
4. Total contract reserves, prior year	13,474,575	176,170		266,655	460	13,031,290			
5. Increase in contract reserves	(809,115)	(16,308)	0	(17,719)	(415)	(774,673)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	10,746,041	40,997		12,558	93	10,692,393			
2. Total prior year	9,553,823	48,189		20,293	151	9,485,190			
3. Increase	1,192,218	(7,192)	0	(7,735)	(58)	1,207,203	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year	7,347,411	4,418		1,469		7,341,524			
1.2 On claims incurred during current year	63,034,527	37,902		12,603		62,984,022			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	525,038	2,003		614	5	522,416			
2.2 On claims incurred during current year	10,221,005	38,994		11,945	89	10,169,977			
3. Test:									
3.1 Lines 1.1 and 2.1	7,872,449	6,421	0	2,083	5	7,863,940	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	9,553,823	48,189		20,293	151	9,485,190			
3.3 Line 3.1 minus Line 3.2	(1,681,374)	(41,768)	0	(18,210)	(146)	(1,621,250)	0	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	12,062					12,062			
2. Premiums earned	11,883					11,883			
3. Incurred claims	(826)					(826)			
4. Commissions	115					115			
B. Reinsurance Ceded:									
1. Premiums written	12,674,966	752,119				11,922,847			
2. Premiums earned	12,660,926	748,682				11,912,244			
3. Incurred claims	6,744,225	72,763				6,671,462			
4. Commissions	4,467,748	271,343				4,196,405			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	256,430		78,062,777	78,319,207
2.	Beginning claim reserves and liabilities	50		12,341,622	12,341,672
3.	Ending claim reserves and liabilities	76		13,607,880	13,607,956
4.	Claims paid	256,404	0	76,796,519	77,052,923
B.	Assumed Reinsurance:				
5.	Incurred claims			(827)	(827)
6.	Beginning claim reserves and liabilities			4,971	4,971
7.	Ending claim reserves and liabilities			3,589	3,589
8.	Claims paid	0	0	555	555
C.	Ceded Reinsurance:				
9.	Incurred claims	256,432		6,487,792	6,744,224
10.	Beginning claim reserves and liabilities			2,792,819	2,792,819
11.	Ending claim reserves and liabilities	28		2,865,475	2,865,503
12.	Claims paid	256,404	0	6,415,136	6,671,540
D.	Net:				
13.	Incurred claims	(2)	0	71,574,158	71,574,156
14.	Beginning claim reserves and liabilities	50	0	9,553,774	9,553,824
15.	Ending claim reserves and liabilities	48	0	10,745,994	10,746,042
16.	Claims paid	0	0	70,381,938	70,381,938
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	(2)		71,574,158	71,574,156
18.	Beginning reserves and liabilities	50		9,553,774	9,553,824
19.	Ending reserves and liabilities	48		10,745,994	10,746,042
20.	Paid claims and cost containment expenses	0	0	70,381,938	70,381,938

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Life Investor Insurance Co	IA	CO/I	2,714,909	910,485	47,322			
0499999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					2,714,909	910,485	47,322	0	0	0
0699999.	Total - General Account - Non-Affiliates					2,714,909	910,485	47,322	0	0	0
0799999.	Total - General Account					2,714,909	910,485	47,322	0	0	0
1599999.	Total U.S.					2,714,909	910,485	47,322	0	0	0
1799999.	Total					2,714,909	910,485	47,322	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	12,062	597	27,923	1,381		
0499999.	Total - Non-Affiliates - U.S. Non-Affiliates					12,062	597	27,923	1,381	0	0
0699999.	Total - Non-Affiliates					12,062	597	27,923	1,381	0	0
0799999.	Total - U.S.					12,062	597	27,923	1,381	0	0
0999999.	Total					12,062	597	27,923	1,381	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Affiliates - U.S. Affiliates						
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		16,124
0199999.	Total - Life and Annuity Affiliates - U.S. Affiliates				0	16,124
0399999.	Total - Life and Annuity Affiliates				0	16,124
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	80,757	10,000
86231	39-0989781	04/24/1975	Transamerica Life Insurance Co	IA	15,000	
91472	63-0782739	05/17/1972	Swiss Re Life & Health America Inc	CT	10,000	
91472	63-0782739	05/17/1972	Globe Life & Accident Company	OK	36,635	12,500
	AA-1780044	12/31/2001	Hannover Life Reassur Co of Amer	FL	129,140	
90670	43-1178580	10/01/1981	Scottish Re Life Corporation	CO	25,000	
86258	13-2572994	11/01/1982	General Re Life Corp	CT		50,030
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				296,532	72,530
Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates						
	AA-1780044	12/31/2001	Hannover Life Reassurance (Ireland) Ltd	IE	1,574,406	
0599999.	Total - Life and Annuity Non-Affiliates - Non-U.S. Non-Affiliates				1,574,406	0
0699999.	Total - Life and Annuity Non-Affiliates				1,870,938	72,530
0799999.	Total - Life and Annuity				1,870,938	88,654
Accident and Health - Affiliates - U.S. Affiliates						
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX		2,948
0899999.	Total - Accident and Health Affiliates - U.S. Affiliates				0	2,948
1099999.	Total - Accident and Health Affiliates				0	2,948
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
61492	44-0188050	10/01/1994	Business Men's Assurance Company of America	MO		1,842
64211	36-1174500	01/01/2004	Guarantee Trust Life	IL		28
99724	73-1155182	06/01/2008	Homeshield Insurance Company	OK		2,820,152
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				0	2,822,022
1399999.	Total - Accident and Health Non-Affiliates				0	2,822,022
1499999.	Total - Accident and Health				0	2,824,970
1599999.	Total U.S.				296,532	2,913,624
1699999.	Total Non-U.S.				1,574,406	0
1799999.	Total				1,870,938	2,913,624

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. Affiliates													
63312	13-1935920	01/01/2007	Great American Life Insurance	OH	CO/I		55,678,778	60,030,849	324,621				
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					0	55,678,778	60,030,849	324,621	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					0	55,678,778	60,030,849	324,621	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86231	39-0989781	04/24/1975	Transamerica LIfe Ins Co	IA	YRT/I	2,785,307	49,235	47,824	119,322				
93572	43-1235868	06/01/1989	RGA Reinsurance Co	MO	YRT/I	149,434	32	30	731				
93572	43-1235868	12/15/1989	RGA Reinsurance Co	MO	YRT/I	77,000	536	492	1,375				
93572	43-1235868	09/01/1986	RGA Reinsurance Co	MO	YRT/I	250,000	205	187	5,508				
60895	35-0145825	05/01/1980	American United Life Ins Co	IN	CO/I	410,000	6,089	5,580	8,575				
60895	35-0145825	10/04/1963	American United Life Ins Co	IN	YRT/I	200,000	40,494	42,151					
60895	35-0145825	03/01/1965	American United Life Ins Co	IN	YRT/I	33,072			23,571				
60895	35-0145825	02/14/1962	American United Life Ins Co	IN	YRT/I	15,716			619				
61492	44-0188050	01/01/1975	Business Mens Assur Co of Amer	MO	YRT/I	15,576	146	138	711				
86258	13-2572994	02/01/1990	General Re Life Corp	CT	YRT/I	27,987	8	2	132				
86258	13-2572994	12/15/1989	General Re Life Corp	CT	YRT/I	77,000	536	492	1,374				
86258	13-2572994	11/22/1966	General Re Life Corp	CT	YRT/I	258,271	4,371	3,996	3,234				
86258	13-2572994	02/12/1965	General Re Life Corp	CT	YRT/I	86,900	114,288	120,898	(19,434)				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	248,139	342	331	3,624				
68276	48-1024691	01/01/1984	Employers Reassur Corp	KS	ADB/I	3,678,291	6,755	8,038	17,737				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	266,300			4,416				
68276	48-1024691	02/17/1965	Employers Reassur Corp	KS	DIS/I		46,203	60,255					
68276	48-1024691	10/01/1976	Employers Reassur Corp	KS	YRT/I	2,252,983	70,000	64,724	154,578				
68276	48-1024691	10/01/1986	Employers Reassur Corp	KS	CO/I	49,999	205	188	883				
68276	48-1024691	01/01/1976	Employers Reassur Corp	KS	ADB/I	1,571,619	5,531	5,655	1,737				
91472	63-0782739	05/17/1972	Globe Life & Accident Ins Co	OK	CO/I	3,487,406	2,200,530	2,188,044	68,177				
86258	13-2572994	03/01/1982	General Re Life Corp	CT	CO/I	220,000	6,959	6,475					
86258	13-2572994	11/01/1982	General Re Life Corp	CT	CO/I	1,283,976	858,446	816,342	178,569				
86258	13-2572994	05/01/1984	General Re Life Corp	CT	CO/I	1,451,708	21,760	93,898	80,828				
86258	13-2572994	03/01/1982	General Re Life Corp	CT	YRT/I	240,860	4,072	3,761					
82627	06-0839705	04/01/1984	Swiss Re Life & Health Amer Inc	CT	CO/I	300,000	61,380	54,659	15,629				
82627	06-0839705	10/01/1980	Swiss Re Life & Health Amer Inc	CT	MCO/I	100,000	34,231	31,424	15,414				
82627	06-0839705	04/01/1982	Swiss Re Life & Health Amer Inc	CT	YRT/I	1,149,539	59,235	62,469	3,392				
66346	58-0828824	09/01/1980	Munich American Reassur Co	GA	MCO/I	450,000			30,929				
88099	75-1608507	12/31/1985	Optimum Re Ins Co	TX	CO/I	817,700	28,245	29,149	28,294				
88099	75-1608507	12/31/1966	Optimum Re Ins Co	TX	YRT/I	62,230	3,279	3,080	7,856				
88099	75-1608507	10/15/1980	Optimum Re Ins Co	TX	YRT/I	688,073	2,806	3,593	4,804				
67814	06-0493340	03/01/1980	Phoenix Life Ins Co	CT	CO/I	2,135,000	39,189	35,845	59,793				

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
67814	06-0493340	10/01/1981	Phoenix Life Ins Co	CT	YRT/I	1,225,482	1,940	1,924	49,834				
67814	06-0493340	01/01/1969	Phoenix Life Ins Co	CT	YRT/I	1,130,934	25,846	23,782	27,571				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	YRT/I	7,190,081	2,873	3,094	72,468				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	ADB/I	450,000	864	960	556				
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	6,107,127	365,456	367,055	82,089				
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	744,953			8,310				
88340	59-2859797	03/01/1981	Hannover Life Reassur Co Of Amer	FL	YRT/I	1,000,000	16,700	15,260	38,415				
88340	59-2859797	04/01/1996	Hannover Life Reassur Co Of Amer	FL	CO/I	359,386	616	655	1,377				
86231	39-0989781	06/01/1989	Transamerica LIfe Ins Co	IA	YRT/I	121,447	24	28	696				
86231	39-0989781	09/01/1986	Transamerica LIfe Ins Co	IA	YRT/I	50,000	205	188	799				
86231	39-0989781	08/01/1987	Transamerica LIfe Ins Co	IA	YRT/I	348,515	1,112	1,256	267				
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	YRT/I	60,837	245	2,441	601				
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	DIS/I		1	2	3				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	CO/I	139,050	4,548	5,182	2,654				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	DIS/I		161	166	35				
82627	06-0839705	07/01/1981	Swiss Re Life & Health Amer Inc	NY	YRT/I	256,547	540	587	186				
97071	13-3126819	03/01/2002	Generali USA Reassurance Co	MO	CO/I	22,336,748	461,581	476,881	28,919				
88340	59-2859797	03/01/2002	Hannover Life Reassur Co Of Amer	FL	CO/I	29,782,332	615,441	635,841	38,559				
68713	84-0499703	03/01/2002	Security Life of Denver Ins Co	CO	CO/I	7,445,584	153,860	158,960	9,640				
93572	43-1235868	03/01/2002	RGA Reins Co	MO	CO/I	14,891,164	307,720	317,920	19,280				
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					118,480,273	5,624,841	5,701,902	1,204,637	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
	AA-1340017	06/01/1991	Zurich Versicherung Ag	DE	YRT/I	3,757,001	1,571	1,896	42,757				
	AA-1340017	11/01/1989	Zurich Versicherung Ag	DE	YRT/I	423,179	213	191	5,478				
0599999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates					4,180,180	1,784	2,087	48,235	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					122,660,453	5,626,625	5,703,989	1,252,872	0	0	0	0
0799999.	Total - General Account - Authorized					122,660,453	61,305,403	65,734,838	1,577,493	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
	AA-1780044	12/31/2001	Hannover Life Reassurance (Ireland) LTD	IE	COMB/I	381,973,188	120,842,629	123,414,798	4,417,984				120,842,629
1299999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates					381,973,188	120,842,629	123,414,798	4,417,984	0	0	0	120,842,629
1399999.	Total - General Account - Unauthorized - Non-Affiliates					381,973,188	120,842,629	123,414,798	4,417,984	0	0	0	120,842,629
1499999.	Total - General Account - Unauthorized					381,973,188	120,842,629	123,414,798	4,417,984	0	0	0	120,842,629
1599999.	Total - General Account - Authorized and Unauthorized					504,633,641	182,148,032	189,149,636	5,995,477	0	0	0	120,842,629
3199999.	Total U.S.					118,480,273	61,303,619	65,732,751	1,529,258	0	0	0	0
3299999.	Total Non-U.S.					386,153,368	120,844,413	123,416,885	4,466,219	0	0	0	120,842,629
3399999.	Total					504,633,641	182,148,032	189,149,636	5,995,477	0	0	0	120,842,629

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Affiliates - U.S. Affiliates												
63479	58-0869673	01/01/2009	Untied Teacher Associates Insurance Company	TX	CO/I	86,968	21,448	486,648				
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					86,968	21,448	486,648	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					86,968	21,448	486,648	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
99724	73-1155182	06/01/2008	Homeshield Insurance Company	OK	CO/I	12,586,082	230,116	5,724,433				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Co of America	FL	CO/I	936						
62308	06-0303370	01/01/1984	Connecticut General Life Ins Co	CT	CO/I	522	24	5,330				
61492	44-0188050	10/01/1994	Business Mens Assurance Co of America	MO	CO/I	687						
70211	23-6200031	03/01/1965	Reassurance America Life Ins Co	IN	CO/I	(228)						
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					12,587,999	230,140	5,729,763	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					12,587,999	230,140	5,729,763	0	0	0	0
0799999.	Total - General Account - Authorized					12,674,967	251,588	6,216,411	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					12,674,967	251,588	6,216,411	0	0	0	0
3199999.	Total - U.S.					12,674,967	251,588	6,216,411	0	0	0	0
3399999.	Total					12,674,967	251,588	6,216,411	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates																
	AA-1780044	12/31/2001	Hannover Life Reassurance (Ireland) Ltd	120,842,629	1,703,447	1,111,599	123,657,675				XXX		120,842,629		3,446,218	123,657,675
0599999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
0699999.	Total - General Account - Life and Annuity - Non-Affiliates			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
0799999.	Total - General Account - Life and Annuity			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
1599999.	Total - General Account			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
2499999.	Total - Non-U.S.			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
2599999.	Total			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675

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	18,670	25,029	35,528	24,236	47,639
2.	Commissions and reinsurance expense allowances	6,262	12,702	7,535	6,807	5,121
3.	Contract claims	15,697	14,659	16,487	10,782	5,954
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	1,683	1,781	1,699	2,447	1,689
9.	Aggregate reserves for life and accident and health contracts	188,616	198,945	211,408	190,506	176,301
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	2,914	3,303	5,827	3,950	1,353
12.	Amounts recoverable on reinsurance	1,756	1,428	2,529	1,624	2,426
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)	120,843	122,010	118,263	118,578	117,544
18.	Letters of credit (L)		10,000	15,000	15,000	34,250
19.	Trust agreements (T)					104,401
20.	Other (O)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	422,487,204		422,487,204
2.	Reinsurance (Line 16)	2,934,165	(2,934,165)	0
3.	Premiums and considerations (Line 15)	462,347	1,682,973	2,145,320
4.	Net credit for ceded reinsurance	XXX	70,288,042	70,288,042
5.	All other admitted assets (balance)	13,043,929		13,043,929
6.	Total assets excluding Separate Accounts (Line 26)	438,927,645	69,036,850	507,964,495
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	438,927,645	69,036,850	507,964,495
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	241,358,499	188,616,031	429,974,530
10.	Liability for deposit-type contracts (Line 3)	13,418,246		13,418,246
11.	Claim reserves (Line 4)	12,369,055	2,913,621	15,282,676
12.	Policyholder dividends/reserves (Lines 5 through 7)	40,000		40,000
13.	Premium & annuity considerations received in advance (Line 8)	1,229,805	118,756	1,348,561
14.	Other contract liabilities (Line 9)	1,768,929	(1,768,929)	0
15.	Reinsurance in unauthorized companies (Line 24.2)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	120,842,629	(120,842,629)	0
17.	All other liabilities (balance)	7,093,149		7,093,149
18.	Total liabilities excluding Separate Accounts (Line 26)	398,120,312	69,036,850	467,157,162
19.	Separate Account liabilities (Line 27)			0
20.	Total liabilities (Line 28)	398,120,312	69,036,850	467,157,162
21.	Capital & surplus (Line 38)	40,807,333	XXX	40,807,333
22.	Total liabilities, capital & surplus (Line 39)	438,927,645	69,036,850	507,964,495

	NET CREDIT FOR CEDED REINSURANCE	
23.	Contract reserves	188,616,031
24.	Claim reserves	2,913,621
25.	Policyholder dividends/reserves	0
26.	Premium & annuity considerations received in advance	118,756
27.	Liability for deposit-type contracts	0
28.	Other contract liabilities	(1,768,929)
29.	Reinsurance ceded assets	2,934,165
30.	Other ceded reinsurance recoverables	0
31.	Total ceded reinsurance recoverables	192,813,644
32.	Premiums and considerations	1,682,973
33.	Reinsurance in unauthorized companies	0
34.	Funds held under reinsurance treaties with unauthorized reinsurers	120,842,629
35.	Other ceded reinsurance payables/offsets	0
36.	Total ceded reinsurance payables/offsets	122,525,602
37.	Total net credit for ceded reinsurance	70,288,042

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	745,299		5,202		1,201	751,702
2.	Alaska AK	2,938					2,938
3.	Arizona AZ	44,888		520		3,998	49,406
4.	Arkansas AR	228,302	16,172			116	244,590
5.	California CA	146,895	100,485	46,337	915	4,159	298,791
6.	Colorado CO	24,292			9,452	811	34,555
7.	Connecticut CT	4,320				65	4,385
8.	Delaware DE	20,473					20,473
9.	District of Columbia DC	9,694				371	10,065
10.	Florida FL	780,844	77,421	16,878	3,757	4,081	882,981
11.	Georgia GA	357,179	1,069	3,607	18,027	4,191	384,073
12.	Hawaii HI	15,189	27,230			1,266	43,685
13.	Idaho ID	3,854	5,000				8,854
14.	Illinois IL	154,281		1,870		186	156,337
15.	Indiana IN	300,633	15,134	261		864	316,892
16.	Iowa IA	16,442				257	16,699
17.	Kansas KS	58,638	5,000	265		643	64,546
18.	Kentucky KY	50,433				801	51,234
19.	Louisiana LA	322,064		1,622		348	324,034
20.	Maine ME	86,108				127	86,235
21.	Maryland MD	74,428		110		1,749	76,287
22.	Massachusetts MA	84,427				420	84,847
23.	Michigan MI	63,135	68,976			389	132,500
24.	Minnesota MN	35,881				52,087	87,968
25.	Mississippi MS	319,640				256	319,896
26.	Missouri MO	157,536		(48)	5,568	741	163,797
27.	Montana MT	1,888					1,888
28.	Nebraska NE	29,105			1,582		30,687
29.	Nevada NV	19,036		224		3,659	22,919
30.	New Hampshire NH	16,705					16,705
31.	New Jersey NJ	89,961	96,628			(81)	186,508
32.	New Mexico NM	16,397				26	16,423
33.	New York NY	27,958				1,140	29,098
34.	North Carolina NC	742,163	4,172	970	21,170	22,582	791,057
35.	North Dakota ND	1,186					1,186
36.	Ohio OH	193,569		5,389		107	199,065
37.	Oklahoma OK	113,672				448	114,120
38.	Oregon OR	24,669	120,394			397	145,460
39.	Pennsylvania PA	80,534	109,615	550		456	191,155
40.	Rhode Island RI	35,106					35,106
41.	South Carolina SC	306,576	7,174	2,303	6,966	1,532	324,551
42.	South Dakota SD	24,077				444	24,521
43.	Tennessee TN	487,678	160	1,457	2,311	582	492,188
44.	Texas TX	432,874		5,540	1,548	15,495	455,457
45.	Utah UT	21,318	6,000	571		1,074	28,963
46.	Vermont VT	147,033					147,033
47.	Virginia VA	177,700	24,345	805		1,777	204,627
48.	Washington WA	15,774	17,286		1,308	281	34,649
49.	West Virginia WV	166,447	276			243	166,966
50.	Wisconsin WI	16,774	28,060		12,486	51,987	109,307
51.	Wyoming WY	2,390				158	2,548
52.	American Samoa AS						0
53.	Guam GU	2,146				86	2,232
54.	Puerto Rico PR	12,573				30	12,603
55.	US Virgin Islands VI	13,693	6,277			100	20,070
56.	Northern Mariana Islands MP						0
57.	Canada CN	154					154
58.	Aggregate Other Alien OT	299,299					299,299
59.	Totals	7,626,268	736,874	94,433	85,090	181,650	8,724,315

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

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

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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	3,635,619

Pooling Information

35351	American Empire Surplus Lines Insurance Company	90.00%
37990	American Empire Insurance Company	10.00%
23418	Mid-Continent Casualty Company	94.00%
15380	Mid-Continent Assurance Company	3.00%
23426	Oklahoma Surety Company	3.00%
13794	Mid-Continent Excess and Surplus Insurance Company	
22179	Republic Indemnity Company of America	97.00%
43753	Republic Indemnity Company of California	3.00%
32620	National Interstate Insurance Company	70.00%
21172	Vanliner Insurance Company	26.00%
11051	National Interstate Insurance Company of Hawaii, Inc	2.00%
41106	Triumphe Casualty Company	2.00%
16691	Great American Insurance Company	100.00%
22136	Great American Insurance Company of New York	
26832	Great American Alliance Insurance Company	
26344	Great American Assurance Company	
39896	Great American Casualty Insurance Company	
10646	Great American Contemporary Insurance Company	
37532	Great American E&S Insurance Company	
41858	Great American Fidelity Insurance Company	
38580	Great American Protection Insurance Company	
31135	Great American Security Insurance Company	
33723	Great American Spirit Insurance Company	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

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

1.
2.
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4.
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26.
27.
28.
29.
30.
31.
32.
33. Not applicable
34.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

36.

37. Not applicable

38. Not applicable

39. Not applicable

40.

41.

42.

43.

44.

45.

46.

47.

48.

Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Hannover Experience Refund	320,479	
08.397	Summary of remaining write-ins for Line 8.3	320,479	0

Additional Write-Ins for Schedule T:

States, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4	5	6	7
		2 Life Insurance Premiums	3 Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
5804. Guatemala	XXX	26,617				26,617	
5805. Mexico	XXX	17,609				17,609	
5806. Niue	XXX	17,248				17,248	
5807. Ecuador	XXX	15,771				15,771	
5808. Costa Rica	XXX	12,326				12,326	
5809. Venezuela	XXX	5,212				5,212	
5810. Greece	XXX	4,429				4,429	
5811. Bolivia	XXX	2,169				2,169	
5812. Switzerland	XXX	2,010				2,010	
5813. Bahamas	XXX	1,816				1,816	
5814. United Arab Emirates	XXX			657		657	
5815. Timor-Leste	XXX	448				448	
5816. Bahamas	XXX			60		60	
5817. Belize	XXX			60		60	
5818. Japan	XXX			60		60	
5897. Summary of remaining write-ins for line 58	XXX	105,656	0	837	0	106,493	0

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5	Credit Life	7	8	9	10	11	Aggregate of
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	(Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	All Other Lines of Business
08.304. Hannover Experience Refund	320,479		320,479									
08.397. Summary of remaining write-ins for Line 8.3	320,479	0	320,479	0	0	0	0	0	0	0	0	0

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-AL	H	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		39,961	58,697	146.9	17
YES	L-6201-AL	I	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		35,138	54,664	155.6	10
YES	L-6202-AL	J	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,550	995	17.9	2	160,338	94,530	59.0	63
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		169,788	111,824	65.9	137
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		146,992	96,213	65.5	114
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		48,167	22,624	47.0	47
0199999.	Total Policy Experience on Individual Policies									5,550	995	17.9	2	600,384	438,552	73.0	388

360.AL

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.AR

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-AR	D	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,838	6,883	374.5	1			0.0	
YES	L-5234-AR	F	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,164	46,176	104.6	22	136,741	139,172	101.8	69
YES	L-5235-AR	G	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,586	435	12.1	2	1,776	330	18.6	1
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		31,267	23,284	74.5	22
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		11,799	10,388	88.0	8
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,355	326	7.5	3
0199999.	Total Policy Experience on Individual Policies									49,588	53,494	107.9	25	185,938	173,500	93.3	103

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.AZ

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-AZ	A	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,867	5	0.1	2	1,529		0.0	1
YES	L-5233-AZ	D	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		2,193	2,650	120.8	1
YES	L-5234-AZ	F	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,351	50,879	97.2	20	50,666	24,457	48.3	18
YES	L-5235-AZ	G	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,980	2,285	57.4	2	1,982	112	5.7	1
YES	LOYAL-MS-IA-A-AZ	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		311		0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		77,540	39,407	50.8	40
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		6,851	6,579	96.0	3
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,701	1,316	23.1	2
0199999.	Total Policy Experience on Individual Policies									60,198	53,169	88.3	24	146,773	74,521	50.8	66

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	269,401	133,596	.....49.6	249
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	23,092	16,451	.....71.2	21
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	14,554	28,039	.....192.7	9
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	307,047	178,086	.....58.0	279

360.CO

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-6200-GA.....	H.....	.....NO.....	....34000.....	.09/22/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	12,487	13,570	.....108.7	5
.....YES.....	L-6201-GA.....	I.....	.....NO.....	....34000.....	.09/22/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	34,707	23,563	.....67.9	12
.....YES.....	L-6202-GA.....	J.....	.....NO.....	....34000.....	.09/22/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,250	4,295	.....46.4	3	335,508	181,592	.....54.1	135
.....YES.....	LOYAL-MS-IA-F-GA.	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	120,721	88,049	.....72.9	66
.....YES.....	LOYAL-MS-IA-G-GA.	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	36,642	12,404	.....33.9	25
.....YES.....	LOYAL-MS-IA-N-GA.	N.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	47,613	31,034	.....65.2	29
0199999.	Total Policy Experience on Individual Policies.....									9,250	4,295	.....46.4	3	587,678	350,212	.....59.6	272

360.GA

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.IA

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-IA	D	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		4,899	3,206	65.4	3
YES	L-5234-IA	F	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	339,293	314,300	92.6	174	422,413	429,063	101.6	213
YES	L-5235-IA	G	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,803	3,998	58.8	3	7,061	7,046	99.8	3
YES	L-6200-IA	H	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,230	2,238	69.3	2
YES	L-6201-IA	I	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		13,547	5,545	40.9	8
YES	L-6202-IA	J	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	116,315	103,091	88.6	55	2,461,199	1,842,155	74.8	1,142
YES	LOYAL-MS-AA-C-IA	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,676	2,446	66.5	1
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,099,590	869,926	79.1	812
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		15,766	9,333	59.2	14
YES	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		23,259	17,479	75.1	19
0199999.	Total Policy Experience on Individual Policies									462,411	421,389	91.1	232	4,054,640	3,188,437	78.6	2,217

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.ID

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5234-ID	F	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,424	4,006	54.0	4	73,148	72,219	98.7	36
YES	L-5235-ID	G	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,166	945	29.8	2	57,363	67,042	116.9	33
YES	L-6201-ID	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		5,794	2,811	48.5	2
YES	L-6202-ID	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,464	6,841	197.5	2	439,400	326,554	74.3	209
YES	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan			0.0		8,212	2,203	26.8	4
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		334,405	192,193	57.5	172
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		53,098	29,159	54.9	30
YES	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		18,677	7,216	38.6	14
0199999.	Total Policy Experience on Individual Policies									14,054	11,792	83.9	8	990,097	699,397	70.6	500

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.IL

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-IL	A	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,642	60	3.7	1
YES	L-5233-IL	D	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,560	2,120	135.9	1			0.0	
YES	L-5234-IL	F	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	452,727	378,816	83.7	207	385,927	278,572	72.2	185
YES	L-5235-IL	G	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,968	13,847	66.0	12	10,652	18,036	169.3	5
YES	L-6200-IL	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		12,002	8,830	73.6	5
YES	L-6201-IL	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		62,310	102,318	164.2	29
YES	L-6202-IL	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,423,624	2,597,858	75.9	1,595
YES	LOYAL-MS-AA-C-IL	C	NO	34060	06/28/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,703	917	53.8	1
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,410	8,783	199.2	6
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,785,466	2,334,306	83.8	1,877
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		182,668	98,326	53.8	149
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		201,487	131,226	65.1	174
0199999.	Total Policy Experience on Individual Policies									475,255	394,783	83.1	220	7,071,891	5,579,232	78.9	4,027

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.IN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-IN	A	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,130	268	23.7	1			0.0	
YES	L-5231-IN	B	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,155	17,569	815.3	1	3,542	11,076	312.7	2
YES	L-5232-IN	C	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,752	311	5.4	2	3,748	1,716	45.8	2
YES	L-5233-IN	D	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,543	583	10.5	2	13,154	17,271	131.3	7
YES	L-5234-IN	F	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	338,169	288,389	85.3	140	410,166	348,936	85.1	194
YES	L-5235-IN	G	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	217,686	189,087	86.9	109	226,371	170,042	75.1	99
YES	L-6200-IN	H	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		57,093	39,907	69.9	25
YES	L-6201-IN	I	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,661	242	14.6	1	72,313	31,275	43.2	31
YES	L-6202-IN	J	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,914	716	18.3	2	1,993,492	1,391,112	69.8	890
YES	LOYAL-MS-AA-A-IN	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,144	2,665	84.8	3
YES	LOYAL-MS-AA-C-IN	C	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan			0.0		9,731	1,229	12.6	7
YES	LOYAL-MS-AA-D-IN	D	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan			0.0		17,358	16,319	94.0	23
YES	LOYAL-MS-AA-F-IN	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		833,697	512,360	61.5	734
YES	LOYAL-MS-AA-G-IN	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		154,219	64,452	41.8	148
YES	LOYAL-MS-AA-N-IN	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		124,499	90,352	72.6	140
0199999	Total Policy Experience on Individual Policies									576,010	497,165	86.3	258	3,922,527	2,698,712	68.8	2,305

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

360.IN.1

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.KS

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-KS	H	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		7,401	17,732	239.6	4
YES	L-6201-KS	I	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		78,649	84,832	107.9	41
YES	L-6202-KS	J	NO	34060	11/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,319	390	16.8	1	1,430,860	984,845	68.8	603
YES	LOYAL-MS-AA-F-KS	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		466,991	431,499	92.4	440
YES	LOYAL-MS-AA-G-KS	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		77,317	45,111	58.3	57
YES	LOYAL-MS-AA-N-KS	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		18,188	7,689	42.3	13
0199999.	Total Policy Experience on Individual Policies									2,319	390	16.8	1	2,079,406	1,571,708	75.6	1,158

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 1 3 6 0 1 8 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.KY

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-KY	A	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,603	2,574	71.4	2			0.0	
YES	L-5231-KY	B	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,486	4,551	130.6	1	73,280	42,343	57.8	30
YES	L-5232-KY	C	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,444	209	8.6	1	14,428	19,158	132.8	5
YES	L-5233-KY	D	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,991	1,378	23.0	3	26,897	12,183	45.3	8
YES	L-5234-KY	F	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	206,174	198,520	96.3	88	455,041	258,474	56.8	194
YES	L-5235-KY	G	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,687	22,292	77.7	13	70,091	26,484	37.8	27
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,804	774	27.6	3
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		17,325	12,124	70.0	9
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,161	3,423	82.3	3
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		507,751	439,000	86.5	390
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		90,535	97,611	107.8	73
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		35,869	18,915	52.7	35
0199999.	Total Policy Experience on Individual Policies									250,385	229,524	91.7	108	1,298,182	930,489	71.7	777

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.LA

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-LA	B	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,444	10,082	88.1	5			0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,072	533	17.4	1			0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,237	545	24.4	1	2,236	588	26.3	1
YES	L-5234-LA	F	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	65,337	36,512	55.9	23	159,404	86,634	54.3	57
YES	L-5235-LA	G	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,307	29,506	145.3	7	44,710	20,262	45.3	17
YES	L-5333-LA	F	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,218	5,523	76.5	3			0.0	
YES	L-5334-LA	G	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,837	2,967	77.3	2			0.0	
YES	LOYAL-MS-AA-C-LA	C	NO	34060	06/25/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,129	158	14.0	
YES	LOYAL-MS-AA-D-LA	D	NO	34060	06/25/2010				Modernized Medicare Supplement Insurance Plan			0.0		250		0.0	2
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		46,055	21,267	46.2	30
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		54,669	35,744	65.4	36
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,396	4,939	91.5	3
0199999.	Total Policy Experience on Individual Policies									113,452	85,668	75.5	42	313,849	169,592	54.0	146

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.MI

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-MI	B	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		5		0.0	
YES	L-5234-MI	F	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	76,206	51,777	67.9	22	48,156	33,058	68.6	19
YES	L-5235-MI	G	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,198	1,552	70.6	1			0.0	
YES	L-6200-MI	H	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		19,596	11,949	61.0	7
YES	L-6201-MI	I	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	201		0.0		94,431	54,550	57.8	39
YES	L-6202-MI	J	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	67,341	38,719	57.5	18	1,397,910	929,143	66.5	556
YES	LOYAL-MS-AA-B-MI	B	NO	34000	06/07/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,840	1,598	27.4	4
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		48,383	38,735	80.1	30
YES	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010				Modernized Medicare Supplement Insurance Plan			0.0		59,997	17,764	29.6	56
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,464,204	895,233	61.1	1,437
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		501,214	279,361	55.7	521
YES	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		363,847	171,517	47.1	449
0199999.	Total Policy Experience on Individual Policies									145,946	92,048	63.1	41	4,003,583	2,432,908	60.8	3,118

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	532	53	.....10.0	1
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	7,498	4,320	.....57.6	5
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	147,424	82,881	.....56.2	100
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	155,454	87,254	.....56.1	106

360.MN

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.MO

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-MO	H	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		39,731	22,426	56.4	19
YES	L-6201-MO	I	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		22,699	6,830	30.1	10
YES	L-6202-MO	J	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	90,009	68,599	76.2	40	1,556,947	1,044,981	67.1	715
YES	LOYAL-MS-IA-F-MO	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		472,229	387,696	82.1	246
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		95,172	95,736	100.6	59
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		19,269	6,275	32.6	15
0199999.	Total Policy Experience on Individual Policies									90,009	68,599	76.2	40	2,206,047	1,563,944	70.9	1,064

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.MS

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-MS	C	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,553	2,596	39.6	3			0.0	
YES	L-5234-MS	F	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	83,788	76,947	91.8	42	100,069	59,586	59.5	46
YES	L-5235-MS	G	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,459	6,442	144.5	2	7,622	8,711	114.3	4
YES	L-5332-MS	D	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,296	7,803	123.9	2			0.0	
YES	L-5333-MS	F	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	397,723	186,659	46.9	148			0.0	
YES	L-5334-MS	G	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,590	5,099	48.1	5			0.0	
YES	L-6200-MS	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		4,335	4,438	102.4	2
YES	L-6201-MS	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		19,730	15,321	77.7	6
YES	L-6202-MS	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	125		0.0		1,517,492	1,135,618	74.8	588
YES	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,916	335	8.6	7
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		6,827	4,685	68.6	14
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,229	414	7.9	6
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,117,121	760,407	68.1	1,008
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		88,672	57,143	64.4	82
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		43,357	31,834	73.4	55
0199999.	Total Policy Experience on Individual Policies									509,534	285,546	56.0	202	2,914,370	2,078,492	71.3	1,818

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

360.MS.1

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.MT

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-MT	B	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	298	1,138	381.9				0.0	
YES	L-5233-MT	D	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,418	5,412	381.7	1
YES	L-5234-MT	F	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,956	26,463	49.0	23	2,209	363	16.4	1
YES	L-5235-MT	G	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,074	16,268	784.4	1			0.0	
YES	L-6201-MT	I	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,640		0.0	1
YES	L-6202-MT	J	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,441,668	1,051,424	72.9	740
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		61,470	36,552	59.5	35
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		15,150	3,697	24.4	10
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,690	64	1.7	5
0199999.	Total Policy Experience on Individual Policies									56,328	43,869	77.9	24	1,527,245	1,097,512	71.9	793

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.NC

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-NC	C	NO	34060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,027	1,194	23.8	2	11,777	11,045	93.8	4
YES	L-5233-NC	D	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,510	4,600	83.5	2	9,988	29,348	293.8	4
YES	L-5234-NC	F	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	349,670	292,709	83.7	132	282,566	235,961	83.5	118
YES	L-5235-NC	G	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	74,836	66,140	88.4	29	51,503	35,972	69.8	22
YES	L-6200-NC	H	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		29,107	16,182	55.6	14
YES	L-6201-NC	I	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,436	1,147	25.9	1	78,510	45,627	58.1	39
YES	L-6202-NC	J	NO	34060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,676	25,725	48.8	21	3,071,622	2,247,676	73.2	1,342
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,258	2,975	56.6	4
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010				Modernized Medicare Supplement Insurance Plan			0.0		42,289	59,929	141.7	23
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010				Modernized Medicare Supplement Insurance Plan			0.0		20,937	6,433	30.7	14
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,310,282	1,754,574	75.9	1,466
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		220,849	139,985	63.4	167
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		163,136	95,738	58.7	146
0199999.	Total Policy Experience on Individual Policies									492,155	391,515	79.6	187	6,297,824	4,681,445	74.3	3,363

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-6202-ND.....	J.....	.....NO.....	....34000.....	.10/21/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	14,917	17,767	.....119.1	8
.....YES.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	2,641	590	.....22.3	6
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	17,558	18,357	.....104.6	14

360.ND

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 1 3 6 0 2 8 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.NE

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-NE	C	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,933	4,970	169.5	1	7		0.0	
YES	L-5233-NE	D	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,852	424	22.9	1
YES	L-5234-NE	F	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,100	56,205	107.9	25	125,456	104,224	83.1	57
YES	L-5235-NE	G	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,940	1,138	58.7		8,492	4,798	56.5	4
YES	L-6200-NE	H	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		4,300	502	11.7	2
YES	L-6201-NE	I	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		5,157	388	7.5	2
YES	L-6202-NE	J	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,652	15,536	93.3	9	1,398,069	984,492	70.4	691
YES	LOYAL-MS-AA-C-NE	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,745	185	10.6	1
YES	LOYAL-MS-AA-F-NE	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		693,894	518,922	74.8	488
YES	LOYAL-MS-AA-G-NE	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		23,077	18,742	81.2	17
YES	LOYAL-MS-AA-N-NE	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		9,838	2,699	27.4	9
0199999.	Total Policy Experience on Individual Policies									73,625	77,849	105.7	35	2,271,887	1,635,376	72.0	1,272

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

GENERAL INTERROGATORIES

2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	.....(92)	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	.....(92)	0	.....0.0	0

360.NH

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.NM

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-NM	H	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		2,274	656	28.8	1
YES	L-6201-NM	I	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		18,917	22,663	119.8	13
YES	L-6202-NM	J	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,308	6,529	103.5	3	516,904	303,940	58.8	255
YES	LOYAL-MS-AA-F-NM	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		37,335	22,663	60.7	30
YES	LOYAL-MS-AA-G-NM	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		13,057	2,027	15.5	11
YES	LOYAL-MS-AA-N-NM	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,855	1,239	32.1	3
0199999.	Total Policy Experience on Individual Policies									6,308	6,529	103.5	3	592,342	353,188	59.6	313

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OH	A	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,466	1,328	38.3	2
YES	L-5231-OH	B	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,695	5,633	64.8	4	1,718	2,208	128.5	1
YES	L-5232-OH	C	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	36,450	27,741	76.1	15	72,356	86,624	119.7	30
YES	L-5233-OH	D	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	33,868	20,922	61.8	15	35,878	21,054	58.7	13
YES	L-5234-OH	F	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,975	28,173	47.0	23	276,130	228,070	82.6	119
YES	L-5235-OH	G	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,422	16,934	55.7	13	48,534	30,565	63.0	22
YES	L-6200-OH	H	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,957	347	17.7	1	47,344	22,770	48.1	17
YES	L-6201-OH	I	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		51,940	37,308	71.8	19
YES	L-6202-OH	J	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	73,211	62,222	85.0	24	1,411,748	885,232	62.7	541
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		156,831	130,994	83.5	95
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010				Modernized Medicare Supplement Insurance Plan			0.0		27,003	10,557	39.1	25
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		601,408	350,534	58.3	365
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		101,177	38,235	37.8	79
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		65,595	40,776	62.2	53
0199999.	Total Policy Experience on Individual Policies									244,578	161,972	66.2	95	2,901,128	1,886,255	65.0	1,381

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.OK

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-OK	C	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,476	1,281	19.8	3			0.0	
YES	L-5233-OK	D	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,678	226	13.5	1	7,882	424	5.4	2
YES	L-5234-OK	F	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	127,183	93,736	73.7	50	391,335	264,352	67.6	156
YES	L-5235-OK	G	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,157	7,277	59.9	5	69,796	44,293	63.5	32
YES	L-6200-OK	H	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		45,058	37,971	84.3	20
YES	L-6201-OK	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		54,833	27,702	50.5	25
YES	L-6202-OK	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	145,622	94,943	65.2	60	1,536,081	1,144,628	74.5	621
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,887	5,167	105.7	3
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,457	83	5.7	2
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		392,621	314,050	80.0	239
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		39,496	19,044	48.2	25
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		65,119	48,017	73.7	58
0199999.	Total Policy Experience on Individual Policies									293,116	197,463	67.4	119	2,608,565	1,905,731	73.1	1,183

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6 5 7 2 2 2 0 1 1 3 6 0 3 8 1 0 0 *

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.OR

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OR	A	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,334	649	48.7	1
YES	L-5232-OR	C	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		4,951	1,650	33.3	2
YES	L-5234-OR	F	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	38,724	21,443	55.4	15	98,054	70,446	71.8	48
YES	L-5235-OR	G	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,078	1,683	81.0	1	28,763	43,630	151.7	14
YES	L-6200-OR	H	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,443	3,633	105.5	2
YES	L-6201-OR	I	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		20,170	10,278	51.0	8
YES	L-6202-OR	J	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,438	2,890	34.2	4	1,107,165	707,461	63.9	520
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		31,034	16,486	53.1	24
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,676	53	3.2	1
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		954,134	646,592	67.8	748
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		27,547	20,874	75.8	30
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		76,279	58,160	76.2	81
0199999.	Total Policy Experience on Individual Policies									49,240	26,016	52.8	20	2,354,550	1,579,912	67.1	1,479

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.PA

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-PA	A	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,425	2,937	85.8	2
YES	L-5232-PA	C	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,642	11,176	51.6	8	7,941	2,436	30.7	3
YES	L-5233-PA	D	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,381	27,987	66.0	18	19,370	12,397	64.0	7
YES	L-5234-PA	F	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	128,188	61,059	47.6	52	161,749	104,893	64.8	72
YES	L-5235-PA	G	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,602	14,446	40.6	15	138,073	80,963	58.6	57
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,765	1,745	36.6	5
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		12,441	9,626	77.4	7
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		187,427	147,670	78.8	122
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		45,526	23,393	51.4	33
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		15,069	6,531	43.3	12
0199999.	Total Policy Experience on Individual Policies									227,813	114,668	50.3	93	595,786	392,591	65.9	320

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.SC

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-SC	B	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		2,845	334	11.7	1
YES	L-5233-SC	D	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,085	7,537	361.5	1	6,121	3,655	59.7	1
YES	L-5234-SC	F	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	164,868	107,809	65.4	72	196,628	166,821	84.8	88
YES	L-5235-SC	G	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,860	9,628	38.7	9	49,188	30,821	62.7	24
YES	L-6200-SC	H	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		107,377	83,904	78.1	44
YES	L-6201-SC	I	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,541	86	5.6	1	133,634	115,913	86.7	67
YES	L-6202-SC	J	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	84,514	61,750	73.1	37	3,617,468	2,745,386	75.9	1,676
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010				Modernized Medicare Supplement Insurance Plan			0.0		5,586	4,774	85.5	3
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010				Modernized Medicare Supplement Insurance Plan			0.0		20,714	5,967	28.8	16
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,520,554	1,306,842	85.9	1,133
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		370,395	278,494	75.2	266
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		115,833	72,272	62.4	123
0199999.	Total Policy Experience on Individual Policies									277,868	186,810	67.2	120	6,146,343	4,815,183	78.3	3,442

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-6202-SD.....	J.....	.....NO.....	....34060.....	.08/01/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	34,952	17,564	.....50.3	17	1,414,115	1,020,176	.....72.1	700
.....YES.....	LOYAL-MS-AA-F-SD	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	221,260	188,666	.....85.3	172
.....YES.....	LOYAL-MS-AA-G-SD	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	229	.....	.....0.0	2
0199999.	Total Policy Experience on Individual Policies.....									34,952	17,564	.....50.3	17	1,635,604	1,208,842	.....73.9	874

360.SD

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.TN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-TN	C	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		4,928	1,597	32.4	2
YES	L-5233-TN	D	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,567	545	9.8	2	7,439	3,687	49.6	3
YES	L-5234-TN	F	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	49,620	25,650	51.7	23	127,575	114,652	89.9	59
YES	L-5235-TN	G	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,417	1,565	35.4	2	35,637	22,269	62.5	15
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,411	6,857	155.5	1
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,092	1,511	72.2	1
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan			0.0		90,483	145,963	161.3	21
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		564,364	536,659	95.1	416
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		75,627	87,846	116.2	57
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		47,935	48,041	100.2	42
0199999.	Total Policy Experience on Individual Policies									59,604	27,760	46.6	27	960,491	969,082	100.9	617

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.TX

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-TX	A	NO	34060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,013	64	2.1	1	36,825	38,534	104.6	10
YES	L-5231-TX	B	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,427	449	13.1	1
YES	L-5232-TX	C	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,305	486	21.1	1	13,573	13,011	95.9	5
YES	L-5233-TX	D	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,996	966	48.4	1	24,174	15,017	62.1	7
YES	L-5234-TX	F	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	953,959	770,505	80.8	399	2,350,728	1,577,384	67.1	974
YES	L-5235-TX	G	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	169,444	135,640	80.1	70	282,250	184,111	65.2	109
YES	L-5330-TX	B	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,897	1,031	26.5	2			0.0	
YES	L-5331-TX	C	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,779	1,666	19.0	3			0.0	
YES	L-5332-TX	D	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,541	1,508	23.1	2			0.0	
YES	L-5333-TX	F	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,723	12,545	55.2	9			0.0	
YES	L-5334-TX	G	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	111,978	54,875	49.0	46			0.0	
YES	L-6200-TX	H	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,666	6,531	41.7	7	1,725,549	1,346,031	78.0	784
YES	L-6201-TX	I	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,989	15,850	79.3	10	2,472,322	1,595,776	64.5	1,167
YES	L-6202-TX	J	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	199,511	115,367	57.8	80	12,877,662	9,127,984	70.9	5,130
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		99,308	260,230	262.0	75
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,468	2,033	138.5	1

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.TX.1

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan			0.0		21,506	19,537	90.8	13
YES	LOYAL-MS-AA-D-TX	D	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan			0.0		66,032	36,707	55.6	45
YES	LOYAL-MS-AA-F-TX	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,997,873	2,937,973	73.5	2,562
YES	LOYAL-MS-AA-G-TX	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		739,749	424,040	57.3	560
YES	LOYAL-MS-AA-N-TX	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		344,353	217,791	63.2	305
0199999.	Total Policy Experience on Individual Policies									1,519,801	1,117,034	73.5	631	25,056,799	17,796,608	71.0	11,748

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.UT

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-UT	H	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		1,533	56	3.7	1
YES	L-6201-UT	I	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		3,029	2,058	67.9	2
YES	L-6202-UT	J	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		359,376	266,363	74.1	177
YES	LOYAL-MS-AA-F-UT	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		171,242	126,001	73.6	109
YES	LOYAL-MS-AA-G-UT	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		19,361	5,997	31.0	12
YES	LOYAL-MS-AA-N-UT	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		13,465	3,383	25.1	12
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	568,006	403,858	71.1	313

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	167,823	103,606	.....61.7	105
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	122,123	64,614	.....52.9	73
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	9,099	9,493	.....104.3	5
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	299,045	177,713	.....59.4	183

360.VA

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-5220-WI.....	O.....	.....NO.....	....34060.....	.04/23/2004	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	194,126	138,977	.....71.6	45	81,817	43,009	.....52.6	20
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	477,195	345,829	.....72.5	268
0199999.	Total Policy Experience on Individual Policies.....									194,126	138,977	.....71.6	45	559,012	388,838	.....69.6	288

360.WI

GENERAL INTERROGATORIES

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

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.WV

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-WV	C	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		2,091	2,427	116.1	1
YES	L-5233-WV	D	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,621	20,634	367.1	2	4,615	27,441	594.6	1
YES	L-5234-WV	F	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,707	19,542	132.9	5	11,358	13,221	116.4	5
YES	L-5235-WV	G	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,370	7,952	182.0	2			0.0	
YES	L-6200-WV	H	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		2,565	740	28.8	
YES	L-6201-WV	I	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan			0.0		5,358	2,407	44.9	2
YES	L-6202-WV	J	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,048	526	17.3	1	200,679	120,941	60.3	81
YES	LOYAL-MS-AA-C-WV	C	NO	34000	06/23/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,693	1,310	77.4	1
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,340	850	63.4	1
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		51,929	21,581	41.6	33
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,213	283	23.3	1
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,267	3,354	78.6	4
0199999.	Total Policy Experience on Individual Policies									27,746	48,654	175.4	10	287,108	194,555	67.8	130

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

Supplement for the year 2011 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010 & 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-6201-WY.....	I.....	.....NO.....	....34060.....	.08/27/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	3,301	1,387	.....42.0	1
.....YES.....	L-6202-WY.....	J.....	.....NO.....	....34060.....	.08/27/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,579	9,240	.....140.4	3	175,468	113,690	.....64.8	83
.....YES.....	LOYAL-MS-AA-F-WY	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	53,926	41,121	.....76.3	31
.....YES.....	LOYAL-MS-AA-N-WY	N.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	10,233	13,466	.....131.6	12
0199999.	Total Policy Experience on Individual Policies.....									6,579	9,240	.....140.4	3	242,928	169,664	.....69.8	127

360.WY

GENERAL INTERROGATORIES

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

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

SCHEDULE O SUPPLEMENT

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

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cincinnati, OH 45202
NAIC Group Code.....0084 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2007	2 2008	3 2009	4 2010	5 2011 (a)
1. Prior	54	6			
2. 2007	94	34	1		
3. 2008	XXX	94	8		
4. 2009	XXX	XXX	52	5	
5. 2010	XXX	XXX	XXX	48	4
6. 2011	XXX	XXX	XXX	XXX	38

Section B - Other Accident and Health

1. Prior	5,089	674	151	143	
2. 2007	8,792	4,265	286	77	37
3. 2008	XXX	11,121	3,542	242	83
4. 2009	XXX	XXX	22,734	5,350	290
5. 2010	XXX	XXX	XXX	50,133	6,934
6. 2011	XXX	XXX	XXX	XXX	62,997

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

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

NONE

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2007	2008	2009	2010	2011
1. 2007	226	137	130	XXX	XXX
2. 2008	XXX	159	104	103	XXX
3. 2009	XXX	XXX	97	59	57
4. 2010	XXX	XXX	XXX	93	54
5. 2011	XXX	XXX	XXX	XXX	77

Section B - Other Accident and Health

1. 2007	15,882	13,805	13,466	XXX	XXX
2. 2008	XXX	16,979	15,056	15,053	XXX
3. 2009	XXX	XXX	30,014	28,525	28,476
4. 2010	XXX	XXX	XXX	58,977	57,449
5. 2011	XXX	XXX	XXX	XXX	73,179

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2007	2008	2009	2010	2011
1. 2007	226	137	130		
2. 2008	XXX	159	104	103	
3. 2009	XXX	XXX	97	59	57
4. 2010	XXX	XXX	XXX	93	54
5. 2011	XXX	XXX	XXX	XXX	77

Section B - Other Accident and Health

1. 2007	15,882	13,805	13,466		
2. 2008	XXX	16,979	15,056	15,053	
3. 2009	XXX	XXX	30,014	28,525	28,476
4. 2010	XXX	XXX	XXX	58,977	57,449
5. 2011	XXX	XXX	XXX	XXX	73,179

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Standard Factor	2,290
3. Individual annuity	Standard Factor	1,137
4. Supplementary contracts		
5. Credit life		
6. Group life	Standard Factor	50
7. Group annuities		
8. Group accident and health	Development	41
9. Credit accident and health		
10. Other accident and health	Development	10,705
11. Total		14,223

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2011 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	Letter of Credit Issuing or Confirming Bank (a)			13	14	15	16	17
									10	11	12					
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	American Bankers Association (ABA) Routing Number	Letter of Credit Code	Bank Name	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates																
	AA-1780044	12/31/2001	Hannover Life Reassurance (Ireland) Ltd	120,842,629	1,703,447	1,111,599	123,657,675				XXX		120,842,629		3,446,218	123,657,675
0599999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
0699999.	Total - General Account - Life and Annuity - Non-Affiliates			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
0799999.	Total - General Account - Life and Annuity			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
1599999.	Total - General Account			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
2499999.	Total - Non-U.S.			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675
2599999.	Total			120,842,629	1,703,447	1,111,599	123,657,675	0	XXX	XXX	XXX	0	120,842,629	0	3,446,218	123,657,675

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0996797				American Financial Enterprises, Inc	CT	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.00	American Financial Group, Inc	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	51.00	American Financial Group, Inc	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000765				American Premier Underwriters, Inc	PA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			37-1094159				Cal Coal, Inc	IL	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1548213				Magnolia Alabama Holdings, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc	Ownership	100.00	American Financial Group, Inc	
			13-6021353				The Owasco River Railway, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1236926				PCC Real Estate, Inc	NY	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			76-0080537				PCC Technical Industries, Inc	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			31-1388401				PCC Maryland Realty Corp	MD	NIA	PCC Technical Industries, Inc	Ownership	100.00	American Financial Group, Inc	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1537928				Penn Towers, Inc	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc	Ownership	66.67	American Financial Group, Inc	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	83.00	American Financial Group, Inc	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc	Ownership	100.00	American Financial Group, Inc	
							GAI Insurance Company, Ltd	BM	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			31-1446308				Hangar Acquisition Corp	OH	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508643				PLLS, Ltd	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			91-1508644				Premier Lease & Loan Services of Canada, Inc	WA	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
0084	American Financial Group, Inc	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.00	American Financial Group, Inc	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.00	American Financial Group, Inc	
			27-4521779				Atlas Building Company, LLC	OH	NIA	American Financial Group, Inc	Ownership	100.00	American Financial Group, Inc	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
.....	.....	.....	31-0823725..	.....	.....	.....	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	UIP	Great American Financial Resources, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	58-646032....	.....	.....	.....	Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	63312....	13-1935920..	.....	.....	.....	Great American Life Insurance Company	OH	IA	AAG Holding Company, Inc.	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	.....62.50	American Financial Group, Inc.	2....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.	CA	NIA	Aerielle, LLC	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	93661....	31-1021738..	.....	.....	.....	Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	27-4078277..	.....	.....	.....	Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	27-0513333..	.....	.....	.....	Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....85.00	American Financial Group, Inc.	.....
.....	.....	.....	20-1246122..	.....	.....	.....	Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....99.00	American Financial Group, Inc.	.....
.....	.....	.....	36-3383108..	.....	.....	.....	Consolidated Financial Corporation	MI	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3988240..	.....	.....	.....	FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	20-4604276..	.....	.....	.....	GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	45-3829557..	.....	.....	.....	GALIC - Stoneleigh, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
.....	.....	.....	31-1391777..	.....	.....	.....	GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	.....80.00	American Financial Group, Inc.	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....65.00	American Financial Group, Inc.	2....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC	FL	NIA	Great American Life Insurance Company	Ownership	.....48.00	American Financial Group, Inc.	2....
.....	.....	.....	26-3260520..	.....	.....	.....	Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	.....100.00	American Financial Group, Inc.	.....
0084..	American Financial Group, Inc...	67083....	45-0252531..	.....	.....	.....	Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	.....100.00	American Financial Group, Inc.	.....

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

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

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

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.....	.....	.....	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.