84530201120100100

ANNUAL STATEMENT

For the Year Ended December 31, 2011

of the Condition and Affairs of the

U.S. FINANCIAL LIFE INSURANCE COMPANY

NAIC Group Code.... 0968 (Current Period) 0968 (Prior Period) NAIC Company Code..... 84530 Employer's ID Number..... 38-2046096

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

Incorporated/Organized..... September 30, 1974 Commenced Business..... September 30, 1974

Statutory Home Office	4000 Smith Road, Suite 300….. Cincinnati ..... OH ..... 45209 *(Street and Number) (City or Town, State and Zip Code)*	
Main Administrative Office	1290 Avenue of the Americas….. New York ..... NY ..... 10104 *(Street and Number) (City or Town, State and Zip Code)*	212-554-1234 *(Area Code) (Telephone Number)*
Mail Address	525 Washington Boulevard - 35th Floor….. Jersey City ..... NJ ..... 07310 *(Street and Number or P. O. Box) (City or Town, State and Zip Code)*	
Primary Location of Books and Records	525 Washington Boulevard - 35th Floor….. Jersey City ..... NJ ..... 07310 *(Street and Number) (City or Town, State and Zip Code)*	201-743-5132 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.usfli.com	
Statutory Statement Contact	Neil Guerriero *(Name)*	201-743-5132 *(Area Code) (Telephone Number) (Extension)*
	controllers@axa-equitable.com *(E-Mail Address)*	201-743-5006 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. Richard Steven Dziadzio	Chairman of the Board	2. Charles Angelo Marino	President, Chief Executive Officer and Chief Financial Officer
3. Bertrand Poupart-Lafarge #	Executive Vice President, Chief Investment Officer and Treasurer	4. William Casill	Senior Vice President and Actuary

OTHER

Alvin Henry Fenichel	Senior Vice President and Chief Accounting Officer	Keith Elliott Floman	Senior Vice President and Appointed Actuary
Anne Marie Katcher	Senior Vice President and Actuary	Allen Joel Zabusky	Senior Vice President and Controller
Eugene Anthony Capobianco	Vice President	Denise Tedeschi	Assistant Vice President and Secretary

DIRECTORS OR TRUSTEES

Richard Steven Driadzio	Nicholas Burritt Lane #	Charles Angelo Marino	Andrew John McMahon
Bertrand Poupart-Lafarge #			

State of........ New York
County of..... New York

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)
Charles Angelo Marino	Allen Joel Zabusky	Keith Elliott Floman
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President, Chief Executive Officer and Chief Financial Officer	Senior Vice President and Controller	Senior Vice President and Appointed Actuary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 22nd 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

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

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	89,454	0	0	0	89,454
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	89,454	0	0	0	89,454
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	236,255	0	0	0	236,255
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	236,255	0	0	0	236,255
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	43	0	0	0	43
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	0	0	0	0
15. Totals	43	0	0	0	43
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	160	49,016,460	0	(a) 0	0	0	0	0	160	49,016,460
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(9)	(2,530,411)	0	0	0	0	0	0	(9)	(2,530,411)
23. In force December 31 of current year	151	46,486,049	0	(a) 0	0	0	0	0	151	46,486,049

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

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,452,174	0	0	0	4,452,174
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,452,174	0	0	0	4,452,174
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,813,313	0	0	0	5,813,313
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	4,112	0	0	0	4,112
12. Surrender values and withdrawals for life contracts	560,044	0	0	0	560,044
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	0	0	0	0
15. Totals	6,377,468	0	0	0	6,377,468
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	40,000	0	0	0	0	0	0	1	40,000
17. Incurred during current year	43	6,240,000	0	0	0	0	0	0	43	6,240,000
Settled during current year:										
18.1 By payment in full	42	5,780,000	0	0	0	0	0	0	42	5,780,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	42	5,780,000	0	0	0	0	0	0	42	5,780,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	42	5,780,000	0	0	0	0	0	0	42	5,780,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	500,000	0	0	0	0	0	0	2	500,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,322	995,527,440	0	(a) 0	0	0	0	0	3,322	995,527,440
21. Issued during year	0	10,000	0	0	0	0	0	0	0	10,000
22. Other changes to in force (Net)	(235)	(76,929,916)	0	0	0	0	0	0	(235)	(76,929,916)
23. In force December 31 of current year	3,087	918,607,524	0	(a) 0	0	0	0	0	3,087	918,607,524

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

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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,828,910	0	0	0	1,828,910
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,828,910	0	0	0	1,828,910
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	668,656	0	0	0	668,656
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	18,316	0	0	0	18,316
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	4,086	0	0	0	4,086
15. Totals	691,057	0	0	0	691,057
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	13	1,045,000	0	0	0	0	0	0	13	1,045,000
Settled during current year:										
18.1 By payment in full	11	770,000	0	0	0	0	0	0	11	770,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	11	770,000	0	0	0	0	0	0	11	770,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	11	770,000	0	0	0	0	0	0	11	770,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	275,000	0	0	0	0	0	0	2	275,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,235	376,758,719	0	(a) 0	0	0	0	0	1,235	376,758,719
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(72)	(26,637,827)	0	0	0	0	0	0	(72)	(26,637,827)
23. In force December 31 of current year	1,163	350,120,892	0	(a) 0	0	0	0	0	1,163	350,120,892

(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

NONE

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

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

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

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

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	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	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	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,540,465	0	0	0	2,540,465
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,540,465	0	0	0	2,540,465
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,851,226	0	0	0	6,851,226
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	3,464	0	0	0	3,464
12. Surrender values and withdrawals for life contracts	873	0	0	0	873
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	0	0	0	0
15. Totals	6,855,563	0	0	0	6,855,563
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	1,045,000	0	0	0	0	0	0	3	1,045,000
17. Incurred during current year	24	6,030,000	0	0	0	0	0	0	24	6,030,000
Settled during current year:										
18.1 By payment in full	26	7,025,000	0	0	0	0	0	0	26	7,025,000
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	26	7,025,000	0	0	0	0	0	0	26	7,025,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	26	7,025,000	0	0	0	0	0	0	26	7,025,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,357	466,814,231	0	(a) 0	0	0	0	0	1,357	466,814,231
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(122)	(42,215,185)	0	0	0	0	0	0	(122)	(42,215,185)
23. In force December 31 of current year	1,235	424,599,046	0	(a) 0	0	0	0	0	1,235	424,599,046

(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

NONE

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

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

84530201143005100

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	16,674,887	0	0	0	16,674,887
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	16,674,887	0	0	0	16,674,887
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,920,598	0	0	0	12,920,598
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	1,394	0	0	0	1,394
12. Surrender values and withdrawals for life contracts	715,011	0	0	0	715,011
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	3,115	0	0	0	3,115
15. Totals	13,640,118	0	0	0	13,640,118
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	1,650,000	0	0	0	0	0	0	5	1,650,000
17. Incurred during current year	77	13,476,574	0	0	0	0	0	0	77	13,476,574
Settled during current year:										
18.1 By payment in full	79	12,326,574	0	0	0	0	0	0	79	12,326,574
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	79	12,326,574	0	0	0	0	0	0	79	12,326,574
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	79	12,326,574	0	0	0	0	0	0	79	12,326,574
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	2,800,000	0	0	0	0	0	0	3	2,800,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9,199	3,797,970,211	0	(a) 0	0	0	0	0	9,199	3,797,970,211
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(735)	(311,981,317)	0	0	0	0	0	0	(735)	(311,981,317)
23. In force December 31 of current year	8,464	3,485,988,894	0	(a) 0	0	0	0	0	8,464	3,485,988,894

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	151,554	0	0	0	151,554
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	151,554	0	0	0	151,554
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,843,477	0	0	0	3,843,477
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,843,477	0	0	0	3,843,477
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,943,711	0	0	0	4,943,711
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	144,696	0	0	0	144,696
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	5,743	0	0	0	5,743
15. Totals	5,094,149	0	0	0	5,094,149
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4	3,100,000	0	0	0	0	0	0	4	3,100,000
17. Incurred during current year	23	1,813,650	0	0	0	0	0	0	23	1,813,650
Settled during current year:										
18.1 By payment in full	26	4,903,650	0	0	0	0	0	0	26	4,903,650
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	26	4,903,650	0	0	0	0	0	0	26	4,903,650
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	26	4,903,650	0	0	0	0	0	0	26	4,903,650
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	2,933	985,520,117	0	(a) 0	0	0	0	0	2,933	985,520,117
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(215)	(90,863,023)	0	0	0	0	0	0	(215)	(90,863,023)
23. In force December 31 of current year	2,718	894,657,094	0	(a) 0	0	0	0	0	2,718	894,657,094

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,891,490	0	0	0	3,891,490
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,891,490	0	0	0	3,891,490
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,511,373	0	0	0	6,511,373
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	585,126	0	0	0	585,126
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	0	0	0	0
15. Totals	7,096,499	0	0	0	7,096,499
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4	1,185,079	0	0	0	0	0	0	4	1,185,079
17. Incurred during current year	23	5,549,464	0	0	0	0	0	0	23	5,549,464
Settled during current year:										
18.1 By payment in full	25	6,349,464	0	0	0	0	0	0	25	6,349,464
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	25	6,349,464	0	0	0	0	0	0	25	6,349,464
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	25	6,349,464	0	0	0	0	0	0	25	6,349,464
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	385,079	0	0	0	0	0	0	2	385,079
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,794	1,068,456,843	0	(a) 0	0	0	0	0	2,794	1,068,456,843
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(190)	(85,140,093)	0	0	0	0	0	0	(190)	(85,140,093)
23. In force December 31 of current year	2,604	983,316,750	0	(a) 0	0	0	0	0	2,604	983,316,750

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

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

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	160,145	0	0	0	160,145
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	160,145	0	0	0	160,145
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	28	29,463,981	0	(a) 0	0	0	0	0	28	29,463,981
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(1)	(150,054)	0	0	0	0	0	0	(1)	(150,054)
23. In force December 31 of current year	27	29,313,927	0	(a) 0	0	0	0	0	27	29,313,927

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

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

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	909,211	0	0	0	909,211
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	909,211	0	0	0	909,211
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	149,699	0	0	0	149,699
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	18,981	0	0	0	18,981
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	0	0	0	0
15. Totals	168,681	0	0	0	168,681

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	2	150,000	0	0	0	0	0	0	2	150,000
Settled during current year:										
18.1 By payment in full	2	150,000	0	0	0	0	0	0	2	150,000
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	150,000	0	0	0	0	0	0	2	150,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	150,000	0	0	0	0	0	0	2	150,000
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	340	116,886,764	0	(a) 0	0	0	0	0	340	116,886,764
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(24)	(15,085,188)	0	0	0	0	0	0	(24)	(15,085,188)
23. In force December 31 of current year	316	101,801,576	0	(a) 0	0	0	0	0	316	101,801,576

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

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,360,847	0	0	0	13,360,847
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	13,360,847	0	0	0	13,360,847
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,361,688	0	0	0	12,361,688
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	21,190	0	0	0	21,190
12. Surrender values and withdrawals for life contracts	1,203,219	0	0	0	1,203,219
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	0	0	0	0
15. Totals	13,586,097	0	0	0	13,586,097
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	10	2,226,000	0	0	0	0	0	0	10	2,226,000
17. Incurred during current year	101	10,996,356	0	0	0	0	0	0	101	10,996,356
Settled during current year:										
18.1 By payment in full	105	12,034,869	0	0	0	0	0	0	105	12,034,869
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	105	12,034,869	0	0	0	0	0	0	105	12,034,869
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	105	12,034,869	0	0	0	0	0	0	105	12,034,869
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	1,187,487	0	0	0	0	0	0	6	1,187,487
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	7,647	2,501,563,358	0	(a) 0	0	0	0	0	7,647	2,501,563,358
21. Issued during year	1	500,000	0	0	0	0	0	0	1	500,000
22. Other changes to in force (Net)	(595)	(219,676,463)	0	0	0	0	0	0	(595)	(219,676,463)
23. In force December 31 of current year	7,053	2,282,386,895	0	(a) 0	0	0	0	0	7,053	2,282,386,895

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,781,625	0	0	0	6,781,625
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	6,781,625	0	0	0	6,781,625
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	13,478,269	0	0	0	13,478,269
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	9,832	0	0	0	9,832
12. Surrender values and withdrawals for life contracts	380,451	0	0	0	380,451
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	0	0	0	0
15. Totals	13,868,552	0	0	0	13,868,552
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	325,000	0	0	0	0	0	0	3	325,000
17. Incurred during current year	60	13,750,366	0	0	0	0	0	0	60	13,750,366
Settled during current year:										
18.1 By payment in full	61	13,350,366	0	0	0	0	0	0	61	13,350,366
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	61	13,350,366	0	0	0	0	0	0	61	13,350,366
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	61	13,350,366	0	0	0	0	0	0	61	13,350,366
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	725,000	0	0	0	0	0	0	2	725,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,720	1,601,826,649	0	(a) 0	0	0	0	0	4,720	1,601,826,649
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(337)	(135,065,871)	0	0	0	0	0	0	(337)	(135,065,871)
23. In force December 31 of current year	4,383	1,466,760,778	0	(a) 0	0	0	0	0	4,383	1,466,760,778

(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

NONE

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

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

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	211,757,213	0	0	0	211,757,213
2. Annuity considerations	21,251	0	0	0	21,251
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	211,778,464	0	0	0	211,778,464
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	231,536,817	0	0	0	231,536,817
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	577,441	0	0	0	577,441
12. Surrender values and withdrawals for life contracts	13,805,017	0	0	0	13,805,017
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	32,527	0	0	0	32,527
15. Totals	245,951,802	0	0	0	245,951,802
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	105	22,364,097	0	0	0	0	0	0	105	22,364,097
17. Incurred during current year	1,606	244,016,823	0	0	0	0	0	0	1,606	244,016,823
Settled during current year:										
18.1 By payment in full	1,629	231,536,817	0	0	0	0	0	0	1,629	231,536,817
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1,629	231,536,817	0	0	0	0	0	0	1,629	231,536,817
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	1,629	231,536,817	0	0	0	0	0	0	1,629	231,536,817
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	82	34,844,103	0	0	0	0	0	0	82	34,844,103
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	143,835	47,257,981,365	0	(a) 0	0	0	0	0	143,835	47,257,981,365
21. Issued during year	1	510,000	0	0	0	0	0	0	1	510,000
22. Other changes to in force (Net)	(9,763)	(3,537,215,445)	0	0	0	0	0	0	(9,763)	(3,537,215,445)
23. In force December 31 of current year	134,073	43,721,275,920	0	(a) 0	0	0	0	0	134,073	43,721,275,920

(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

NONE

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

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,158	0	0	0	2,158
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,158	0	0	0	2,158
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	542,189	0	0	0	542,189
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	542,189	0	0	0	542,189
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	369,258	0	0	0	369,258
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	29,330	0	0	0	29,330
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	0	0	0	0
15. Totals	398,587	0	0	0	398,587
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	3	370,000	0	0	0	0	0	0	3	370,000
Settled during current year:										
18.1 By payment in full	3	370,000	0	0	0	0	0	0	3	370,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	370,000	0	0	0	0	0	0	3	370,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	370,000	0	0	0	0	0	0	3	370,000
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	345	89,106,155	0	(a) 0	0	0	0	0	345	89,106,155
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(16)	(6,118,943)	0	0	0	0	0	0	(16)	(6,118,943)
23. In force December 31 of current year	329	82,987,212	0	(a) 0	0	0	0	0	329	82,987,212

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

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

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,245,365	0	0	0	2,245,365
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,245,365	0	0	0	2,245,365
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,722,825	0	0	0	2,722,825
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	168,123	0	0	0	168,123
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	0	0	0	0
15. Totals	2,890,948	0	0	0	2,890,948
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	103,254	0	0	0	0	0	0	1	103,254
17. Incurred during current year	18	2,725,045	0	0	0	0	0	0	18	2,725,045
Settled during current year:										
18.1 By payment in full	18	2,728,299	0	0	0	0	0	0	18	2,728,299
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	18	2,728,299	0	0	0	0	0	0	18	2,728,299
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	18	2,728,299	0	0	0	0	0	0	18	2,728,299
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,185	584,482,268	0	(a) 0	0	0	0	0	2,185	584,482,268
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(120)	(34,562,244)	0	0	0	0	0	0	(120)	(34,562,244)
23. In force December 31 of current year	2,065	549,920,024	0	(a) 0	0	0	0	0	2,065	549,920,024

(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

NONE

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

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

84530201143013100

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	610,101	0	0	0	610,101
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	610,101	0	0	0	610,101
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	848,295	0	0	0	848,295
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	15,553	0	0	0	15,553
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	0	0	0	0
15. Totals	863,848	0	0	0	863,848
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	175,038	0	0	0	0	0	0	1	175,038
17. Incurred during current year	5	1,424,962	0	0	0	0	0	0	5	1,424,962
Settled during current year:										
18.1 By payment in full	5	1,350,000	0	0	0	0	0	0	5	1,350,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	1,350,000	0	0	0	0	0	0	5	1,350,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	1,350,000	0	0	0	0	0	0	5	1,350,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	250,000	0	0	0	0	0	0	1	250,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	410	139,457,879	0	(a) 0	0	0	0	0	410	139,457,879
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(23)	(6,661,753)	0	0	0	0	0	0	(23)	(6,661,753)
23. In force December 31 of current year	387	132,796,126	0	(a) 0	0	0	0	0	387	132,796,126

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,182,417	0	0	0	9,182,417
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	9,182,417	0	0	0	9,182,417
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,081,068	0	0	0	6,081,068
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	891	0	0	0	891
12. Surrender values and withdrawals for life contracts	380,456	0	0	0	380,456
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,590	0	0	0	1,590
15. Totals	6,464,004	0	0	0	6,464,004
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year	61	6,871,852	0	0	0	0	0	0	61	6,871,852
Settled during current year:										
18.1 By payment in full	58	5,816,852	0	0	0	0	0	0	58	5,816,852
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	58	5,816,852	0	0	0	0	0	0	58	5,816,852
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	58	5,816,852	0	0	0	0	0	0	58	5,816,852
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	1,105,000	0	0	0	0	0	0	4	1,105,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	6,228	2,364,275,774	0	(a) 0	0	0	0	0	6,228	2,364,275,774
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(428)	(170,157,060)	0	0	0	0	0	0	(428)	(170,157,060)
23. In force December 31 of current year	5,800	2,194,118,714	0	(a) 0	0	0	0	0	5,800	2,194,118,714

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

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,233,568	0	0	0	4,233,568
2. Annuity considerations	2,175	0	0	0	2,175
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,235,743	0	0	0	4,235,743
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,605,513	0	0	0	5,605,513
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	5,849	0	0	0	5,849
12. Surrender values and withdrawals for life contracts	217,537	0	0	0	217,537
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	0	0	0	0
15. Totals	5,828,899	0	0	0	5,828,899
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	9,046	0	0	0	0	0	0	1	9,046
17. Incurred during current year	43	5,815,722	0	0	0	0	0	0	43	5,815,722
Settled during current year:										
18.1 By payment in full	41	5,666,782	0	0	0	0	0	0	41	5,666,782
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	41	5,666,782	0	0	0	0	0	0	41	5,666,782
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	41	5,666,782	0	0	0	0	0	0	41	5,666,782
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	157,986	0	0	0	0	0	0	3	157,986
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,210	940,889,230	0	(a) 0	0	0	0	0	3,210	940,889,230
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(246)	(73,109,061)	0	0	0	0	0	0	(246)	(73,109,061)
23. In force December 31 of current year	2,964	867,780,169	0	(a) 0	0	0	0	0	2,964	867,780,169

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,656,091	0	0	0	2,656,091
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,656,091	0	0	0	2,656,091
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,169,906	0	0	0	2,169,906
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	101,263	0	0	0	101,263
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	0	0	0	0
15. Totals	2,271,169	0	0	0	2,271,169
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year	29	2,280,351	0	0	0	0	0	0	29	2,280,351
Settled during current year:										
18.1 By payment in full	28	2,274,268	0	0	0	0	0	0	28	2,274,268
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	28	2,274,268	0	0	0	0	0	0	28	2,274,268
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	28	2,274,268	0	0	0	0	0	0	28	2,274,268
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	56,083	0	0	0	0	0	0	2	56,083
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,977	604,355,739	0	(a) 0	0	0	0	0	1,977	604,355,739
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(124)	(41,063,930)	0	0	0	0	0	0	(124)	(41,063,930)
23. In force December 31 of current year	1,853	563,291,809	0	(a) 0	0	0	0	0	1,853	563,291,809

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

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

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,568,598	0	0	0	3,568,598
2. Annuity considerations	7,000	0	0	0	7,000
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,575,598	0	0	0	3,575,598
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,285,185	0	0	0	4,285,185
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	5,810	0	0	0	5,810
12. Surrender values and withdrawals for life contracts	252,662	0	0	0	252,662
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	0	0	0	0
15. Totals	4,543,656	0	0	0	4,543,656
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	135,000	0	0	0	0	0	0	3	135,000
17. Incurred during current year	33	4,228,800	0	0	0	0	0	0	33	4,228,800
Settled during current year:										
18.1 By payment in full	34	4,243,800	0	0	0	0	0	0	34	4,243,800
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	34	4,243,800	0	0	0	0	0	0	34	4,243,800
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	34	4,243,800	0	0	0	0	0	0	34	4,243,800
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	120,000	0	0	0	0	0	0	2	120,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,961	849,513,679	0	(a) 0	0	0	0	0	2,961	849,513,679
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(198)	(60,854,214)	0	0	0	0	0	0	(198)	(60,854,214)
23. In force December 31 of current year	2,763	788,659,465	0	(a) 0	0	0	0	0	2,763	788,659,465

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,341,254	0	0	0	2,341,254
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,341,254	0	0	0	2,341,254
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,050,363	0	0	0	1,050,363
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	107,405	0	0	0	107,405
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	0	0	0	0
15. Totals	1,157,768	0	0	0	1,157,768
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	78,000	0	0	0	0	0	0	1	78,000
17. Incurred during current year	17	1,009,475	0	0	0	0	0	0	17	1,009,475
Settled during current year:										
18.1 By payment in full	17	1,052,475	0	0	0	0	0	0	17	1,052,475
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	17	1,052,475	0	0	0	0	0	0	17	1,052,475
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	17	1,052,475	0	0	0	0	0	0	17	1,052,475
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	35,000	0	0	0	0	0	0	1	35,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,477	456,178,896	0	(a) 0	0	0	0	0	1,477	456,178,896
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(113)	(38,567,758)	0	0	0	0	0	0	(113)	(38,567,758)
23. In force December 31 of current year	1,364	417,611,138	0	(a) 0	0	0	0	0	1,364	417,611,138

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,627,655	0	0	0	5,627,655
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	5,627,655	0	0	0	5,627,655
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,845,241	0	0	0	5,845,241
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	250,981	0	0	0	250,981
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	3,037	0	0	0	3,037
15. Totals	6,099,260	0	0	0	6,099,260
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4	214,833	0	0	0	0	0	0	4	214,833
17. Incurred during current year	46	6,010,493	0	0	0	0	0	0	46	6,010,493
Settled during current year:										
18.1 By payment in full	48	6,191,993	0	0	0	0	0	0	48	6,191,993
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	48	6,191,993	0	0	0	0	0	0	48	6,191,993
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	48	6,191,993	0	0	0	0	0	0	48	6,191,993
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	33,333	0	0	0	0	0	0	2	33,333
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,137	1,403,750,526	0	(a) 0	0	0	0	0	4,137	1,403,750,526
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(266)	(107,603,819)	0	0	0	0	0	0	(266)	(107,603,819)
23. In force December 31 of current year	3,871	1,296,146,707	0	(a) 0	0	0	0	0	3,871	1,296,146,707

(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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,071,568	0	0	0	4,071,568
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,071,568	0	0	0	4,071,568
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	7,967,529	0	0	0	7,967,529
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	306,544	0	0	0	306,544
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	0	0	0	0
15. Totals	8,274,073	0	0	0	8,274,073

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	260,000	0	0	0	0	0	0	2	260,000
17. Incurred during current year	18	7,948,355	0	0	0	0	0	0	18	7,948,355
Settled during current year:										
18.1 By payment in full	18	7,868,355	0	0	0	0	0	0	18	7,868,355
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	18	7,868,355	0	0	0	0	0	0	18	7,868,355
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	18	7,868,355	0	0	0	0	0	0	18	7,868,355
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	340,000	0	0	0	0	0	0	2	340,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,489	875,272,902	0	(a)0	0	0	0	0	2,489	875,272,902
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(169)	(64,636,288)	0	0	0	0	0	0	(169)	(64,636,288)
23. In force December 31 of current year	2,320	810,636,614	0	(a)0	0	0	0	0	2,320	810,636,614

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	905,999	0	0	0	905,999
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	905,999	0	0	0	905,999
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	324,348	0	0	0	324,348
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	5,363	0	0	0	5,363
12. Surrender values and withdrawals for life contracts	29,795	0	0	0	29,795
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	0	0	0	0
15. Totals	359,506	0	0	0	359,506
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	6	325,000	0	0	0	0	0	0	6	325,000
Settled during current year:										
18.1 By payment in full	6	325,000	0	0	0	0	0	0	6	325,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	325,000	0	0	0	0	0	0	6	325,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	6	325,000	0	0	0	0	0	0	6	325,000
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	800	241,733,452	0	(a) 0	0	0	0	0	800	241,733,452
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(59)	(13,412,100)	0	0	0	0	0	0	(59)	(13,412,100)
23. In force December 31 of current year	741	228,321,352	0	(a) 0	0	0	0	0	741	228,321,352

(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

NONE

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

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

* 8 4 5 3 0 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.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,170,059	0	0	0	10,170,059
2. Annuity considerations	4,856	0	0	0	4,856
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	10,174,915	0	0	0	10,174,915
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,073,844	0	0	0	11,073,844
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	205,941	0	0	0	205,941
12. Surrender values and withdrawals for life contracts	1,224,716	0	0	0	1,224,716
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	7,455	0	0	0	7,455
15. Totals	12,511,956	0	0	0	12,511,956
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4	450,000	0	0	0	0	0	0	4	450,000
17. Incurred during current year	85	17,438,510	0	0	0	0	0	0	85	17,438,510
Settled during current year:										
18.1 By payment in full	84	11,166,107	0	0	0	0	0	0	84	11,166,107
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	84	11,166,107	0	0	0	0	0	0	84	11,166,107
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	84	11,166,107	0	0	0	0	0	0	84	11,166,107
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	6,722,403	0	0	0	0	0	0	5	6,722,403
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	8,747	2,587,213,168	0	(a) 0	0	0	0	0	8,747	2,587,213,168
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(568)	(183,590,424)	0	0	0	0	0	0	(568)	(183,590,424)
23. In force December 31 of current year	8,179	2,403,622,744	0	(a) 0	0	0	0	0	8,179	2,403,622,744

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

ACCIDENT AND HEALTH INSURANCE

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

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

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,746,162	0	0	0	4,746,162
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,746,162	0	0	0	4,746,162
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,637,697	0	0	0	2,637,697
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	9,314	0	0	0	9,314
12. Surrender values and withdrawals for life contracts	725,454	0	0	0	725,454
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	0	0	0	0
15. Totals	3,372,466	0	0	0	3,372,466
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	18	2,903,000	0	0	0	0	0	0	18	2,903,000
Settled during current year:										
18.1 By payment in full	16	2,392,313	0	0	0	0	0	0	16	2,392,313
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	16	2,392,313	0	0	0	0	0	0	16	2,392,313
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	16	2,392,313	0	0	0	0	0	0	16	2,392,313
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	510,687	0	0	0	0	0	0	2	510,687
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,185	915,090,268	0	(a) 0	0	0	0	0	2,185	915,090,268
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(97)	(65,326,975)	0	0	0	0	0	0	(97)	(65,326,975)
23. In force December 31 of current year	2,088	849,763,293	0	(a) 0	0	0	0	0	2,088	849,763,293

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

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,680,909	0	0	0	4,680,909
2. Annuity considerations	6,000	0	0	0	6,000
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,686,909	0	0	0	4,686,909
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,681,660	0	0	0	4,681,660
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	4,004	0	0	0	4,004
12. Surrender values and withdrawals for life contracts	477,270	0	0	0	477,270
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,372	0	0	0	1,372
15. Totals	5,164,306	0	0	0	5,164,306
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	675,000	0	0	0	0	0	0	3	675,000
17. Incurred during current year	39	4,299,043	0	0	0	0	0	0	39	4,299,043
Settled during current year:										
18.1 By payment in full	41	4,899,043	0	0	0	0	0	0	41	4,899,043
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	41	4,899,043	0	0	0	0	0	0	41	4,899,043
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	41	4,899,043	0	0	0	0	0	0	41	4,899,043
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	75,000	0	0	0	0	0	0	1	75,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,601	1,073,931,622	0	(a) 0	0	0	0	0	3,601	1,073,931,622
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(241)	(87,291,930)	0	0	0	0	0	0	(241)	(87,291,930)
23. In force December 31 of current year	3,360	986,639,692	0	(a) 0	0	0	0	0	3,360	986,639,692

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

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	0	0	0	0
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	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	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,210,011	0	0	0	3,210,011
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,210,011	0	0	0	3,210,011
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,639,693	0	0	0	2,639,693
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	10,011	0	0	0	10,011
12. Surrender values and withdrawals for life contracts	715,416	0	0	0	715,416
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	0	0	0	0
15. Totals	3,365,120	0	0	0	3,365,120
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year	28	2,645,000	0	0	0	0	0	0	28	2,645,000
Settled during current year:										
18.1 By payment in full	29	2,655,000	0	0	0	0	0	0	29	2,655,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	29	2,655,000	0	0	0	0	0	0	29	2,655,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	29	2,655,000	0	0	0	0	0	0	29	2,655,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,197	649,352,405	0	(a) 0	0	0	0	0	2,197	649,352,405
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(136)	(40,487,634)	0	0	0	0	0	0	(136)	(40,487,634)
23. In force December 31 of current year	2,061	608,864,771	0	(a) 0	0	0	0	0	2,061	608,864,771

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

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

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	646,025	0	0	0	646,025
2.	Annuity considerations	0	0	0	0	0
3.	Deposit-type contract funds	0	XXX	0	XXX	0
4.	Other considerations	0	0	0	0	0
5.	Totals (Sum of Lines 1 to 4)	646,025	0	0	0	646,025
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	0	0	0	0	0
6.2	Applied to pay renewal premiums	0	0	0	0	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4	Other	0	0	0	0	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	0	0	0	0
7.2	Applied to provide paid-up annuities	0	0	0	0	0
7.3	Other	0	0	0	0	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	848,295	0	0	0	848,295
10.	Matured endowments	0	0	0	0	0
11.	Annuity benefits	15,152	0	0	0	15,152
12.	Surrender values and withdrawals for life contracts	21,601	0	0	0	21,601
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	0	0	0	0
15.	Totals	885,048	0	0	0	885,048
	DETAILS OF WRITE-INS					
1301.		0	0	0	0	0
1302.		0	0	0	0	0
1303.		0	0	0	0	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	250,000	0	0	0	0	0	0	1	250,000
17. Incurred during current year	2	600,000	0	0	0	0	0	0	2	600,000
Settled during current year:										
18.1 By payment in full	3	850,000	0	0	0	0	0	0	3	850,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	850,000	0	0	0	0	0	0	3	850,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	850,000	0	0	0	0	0	0	3	850,000
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	595	145,506,621	0	(a) 0	0	0	0	0	595	145,506,621
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(41)	(15,336,217)	0	0	0	0	0	0	(41)	(15,336,217)
23. In force December 31 of current year	554	130,170,404	0	(a) 0	0	0	0	0	554	130,170,404

(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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	8,808,360	0	0	0	8,808,360
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	8,808,360	0	0	0	8,808,360
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	8,570,040	0	0	0	8,570,040
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	6,972	0	0	0	6,972
12. Surrender values and withdrawals for life contracts	453,952	0	0	0	453,952
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	501	0	0	0	501
15. Totals	9,031,464	0	0	0	9,031,464
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	8	1,263,000	0	0	0	0	0	0	8	1,263,000
17. Incurred during current year	109	8,731,719	0	0	0	0	0	0	109	8,731,719
Settled during current year:										
18.1 By payment in full	113	9,050,269	0	0	0	0	0	0	113	9,050,269
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	113	9,050,269	0	0	0	0	0	0	113	9,050,269
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	113	9,050,269	0	0	0	0	0	0	113	9,050,269
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	944,450	0	0	0	0	0	0	4	944,450
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	6,280	1,598,456,428	0	(a) 0	0	0	0	0	6,280	1,598,456,428
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(429)	(114,984,912)	0	0	0	0	0	0	(429)	(114,984,912)
23. In force December 31 of current year	5,851	1,483,471,516	0	(a) 0	0	0	0	0	5,851	1,483,471,516

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,094,382	0	0	0	1,094,382
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,094,382	0	0	0	1,094,382
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	845,025	0	0	0	845,025
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	32,858	0	0	0	32,858
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	0	0	0	0
15. Totals	877,883	0	0	0	877,883
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	14	946,724	0	0	0	0	0	0	14	946,724
Settled during current year:										
18.1 By payment in full	12	846,724	0	0	0	0	0	0	12	846,724
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	12	846,724	0	0	0	0	0	0	12	846,724
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	12	846,724	0	0	0	0	0	0	12	846,724
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	100,000	0	0	0	0	0	0	2	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	997	292,129,150	0	(a) 0	0	0	0	0	997	292,129,150
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(54)	(15,635,779)	0	0	0	0	0	0	(54)	(15,635,779)
23. In force December 31 of current year	943	276,493,371	0	(a) 0	0	0	0	0	943	276,493,371

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

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

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,600,445	0	0	0	1,600,445
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,600,445	0	0	0	1,600,445
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	848,295	0	0	0	848,295
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	133,979	0	0	0	133,979
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	0	0	0	0
15. Totals	982,274	0	0	0	982,274
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	6	900,000	0	0	0	0	0	0	6	900,000
Settled during current year:										
18.1 By payment in full	5	850,000	0	0	0	0	0	0	5	850,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	850,000	0	0	0	0	0	0	5	850,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	850,000	0	0	0	0	0	0	5	850,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,353	393,005,772	0	(a) 0	0	0	0	0	1,353	393,005,772
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(92)	(29,081,806)	0	0	0	0	0	0	(92)	(29,081,806)
23. In force December 31 of current year	1,261	363,923,966	0	(a) 0	0	0	0	0	1,261	363,923,966

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

84530201143030100

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	879,103	0	0	0	879,103
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	879,103	0	0	0	879,103
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	698,596	0	0	0	698,596
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	39,362	0	0	0	39,362
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	0	0	0	0
15. Totals	737,958	0	0	0	737,958
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	4	700,000	0	0	0	0	0	0	4	700,000
Settled during current year:										
18.1 By payment in full	4	700,000	0	0	0	0	0	0	4	700,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	700,000	0	0	0	0	0	0	4	700,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	700,000	0	0	0	0	0	0	4	700,000
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	710	233,982,975	0	(a) 0	0	0	0	0	710	233,982,975
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(39)	(20,797,815)	0	0	0	0	0	0	(39)	(20,797,815)
23. In force December 31 of current year	671	213,185,160	0	(a) 0	0	0	0	0	671	213,185,160

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,058,525	0	0	0	6,058,525
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	6,058,525	0	0	0	6,058,525
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,143,607	0	0	0	10,143,607
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	294,682	0	0	0	294,682
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	0	0	0	0
15. Totals	10,438,289	0	0	0	10,438,289
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4,400,000	0	0	0	0	0	0	5	4,400,000
17. Incurred during current year	23	9,294,000	0	0	0	0	0	0	23	9,294,000
Settled during current year:										
18.1 By payment in full	26	9,894,000	0	0	0	0	0	0	26	9,894,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	26	9,894,000	0	0	0	0	0	0	26	9,894,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	26	9,894,000	0	0	0	0	0	0	26	9,894,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	3,800,000	0	0	0	0	0	0	2	3,800,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,102	1,443,385,999	0	(a) 0	0	0	0	0	3,102	1,443,385,999
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(207)	(109,987,785)	0	0	0	0	0	0	(207)	(109,987,785)
23. In force December 31 of current year	2,895	1,333,398,214	0	(a) 0	0	0	0	0	2,895	1,333,398,214

(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

NONE

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

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

84530201143032100

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	790,789	0	0	0	790,789
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	790,789	0	0	0	790,789
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	498,997	0	0	0	498,997
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	100,137	0	0	0	100,137
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	0	0	0	0
15. Totals	599,133	0	0	0	599,133
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year	3	400,000	0	0	0	0	0	0	3	400,000
Settled during current year:										
18.1 By payment in full	4	500,000	0	0	0	0	0	0	4	500,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	500,000	0	0	0	0	0	0	4	500,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	500,000	0	0	0	0	0	0	4	500,000
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	583	157,230,038	0	(a) 0	0	0	0	0	583	157,230,038
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(45)	(11,728,782)	0	0	0	0	0	0	(45)	(11,728,782)
23. In force December 31 of current year	538	145,501,256	0	(a) 0	0	0	0	0	538	145,501,256

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

NONE

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	760,814	0	0	0	760,814
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	760,814	0	0	0	760,814
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	299,398	0	0	0	299,398
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	299,398	0	0	0	299,398
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	4	650,000	0	0	0	0	0	0	4	650,000
Settled during current year:										
18.1 By payment in full	4	650,000	0	0	0	0	0	0	4	650,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	4	650,000	0	0	0	0	0	0	4	650,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	4	650,000	0	0	0	0	0	0	4	650,000
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	304	122,041,929	0	(a) 0	0	0	0	0	304	122,041,929
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(15)	(11,065,204)	0	0	0	0	0	0	(15)	(11,065,204)
23. In force December 31 of current year	289	110,976,725	0	(a) 0	0	0	0	0	289	110,976,725

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

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,946,315	0	0	0	1,946,315
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,946,315	0	0	0	1,946,315
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	16,626	0	0	0	16,626
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	16,626	0	0	0	16,626
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	6	292,579	0	0	0	0	0	0	6	292,579
Settled during current year:										
18.1 By payment in full	6	292,579	0	0	0	0	0	0	6	292,579
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	292,579	0	0	0	0	0	0	6	292,579
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	6	292,579	0	0	0	0	0	0	6	292,579
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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	12,519,944	0	0	0	12,519,944
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	12,519,944	0	0	0	12,519,944
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,397,635	0	0	0	11,397,635
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	65,250	0	0	0	65,250
12. Surrender values and withdrawals for life contracts	622,990	0	0	0	622,990
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	175	0	0	0	175
15. Totals	12,086,050	0	0	0	12,086,050
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	12	1,575,184	0	0	0	0	0	0	12	1,575,184
17. Incurred during current year	100	10,017,549	0	0	0	0	0	0	100	10,017,549
Settled during current year:										
18.1 By payment in full	109	11,185,733	0	0	0	0	0	0	109	11,185,733
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	109	11,185,733	0	0	0	0	0	0	109	11,185,733
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	109	11,185,733	0	0	0	0	0	0	109	11,185,733
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	407,000	0	0	0	0	0	0	3	407,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	10,211	3,038,938,336	0	(a) 0	0	0	0	0	10,211	3,038,938,336
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(640)	(209,286,833)	0	0	0	0	0	0	(640)	(209,286,833)
23. In force December 31 of current year	9,571	2,829,651,503	0	(a) 0	0	0	0	0	9,571	2,829,651,503

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

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,249,243	0	0	0	2,249,243
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,249,243	0	0	0	2,249,243
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,005,946	0	0	0	4,005,946
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	15,948	0	0	0	15,948
12. Surrender values and withdrawals for life contracts	82,000	0	0	0	82,000
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	0	0	0	0
15. Totals	4,103,894	0	0	0	4,103,894
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	639,000	0	0	0	0	0	0	2	639,000
17. Incurred during current year	21	4,735,000	0	0	0	0	0	0	21	4,735,000
Settled during current year:										
18.1 By payment in full	21	4,364,000	0	0	0	0	0	0	21	4,364,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	21	4,364,000	0	0	0	0	0	0	21	4,364,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	21	4,364,000	0	0	0	0	0	0	21	4,364,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	1,010,000	0	0	0	0	0	0	2	1,010,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,634	464,594,376	0	(a) 0	0	0	0	0	1,634	464,594,376
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(113)	(31,320,016)	0	0	0	0	0	0	(113)	(31,320,016)
23. In force December 31 of current year	1,521	433,274,360	0	(a) 0	0	0	0	0	1,521	433,274,360

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,926,417	0	0	0	1,926,417
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,926,417	0	0	0	1,926,417
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	627,742	0	0	0	627,742
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	10,815	0	0	0	10,815
12. Surrender values and withdrawals for life contracts	99,734	0	0	0	99,734
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	0	0	0	0
15. Totals	738,291	0	0	0	738,291
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	50,000	0	0	0	0	0	0	1	50,000
17. Incurred during current year	8	1,004,004	0	0	0	0	0	0	8	1,004,004
Settled during current year:										
18.1 By payment in full	7	679,004	0	0	0	0	0	0	7	679,004
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	7	679,004	0	0	0	0	0	0	7	679,004
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	679,004	0	0	0	0	0	0	7	679,004
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	375,000	0	0	0	0	0	0	2	375,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,546	526,022,981	0	(a) 0	0	0	0	0	1,546	526,022,981
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(148)	(55,731,579)	0	0	0	0	0	0	(148)	(55,731,579)
23. In force December 31 of current year	1,398	470,291,402	0	(a) 0	0	0	0	0	1,398	470,291,402

(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

NONE

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

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

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	89,454	0	0	0	89,454
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	89,454	0	0	0	89,454
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,723,844	0	0	0	10,723,844
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	10,723,844	0	0	0	10,723,844
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	8,875,694	0	0	0	8,875,694
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	16,983	0	0	0	16,983
12. Surrender values and withdrawals for life contracts	555,147	0	0	0	555,147
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,480	0	0	0	1,480
15. Totals	9,449,304	0	0	0	9,449,304
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	4	328,000	0	0	0	0	0	0	4	328,000
17. Incurred during current year	98	11,873,513	0	0	0	0	0	0	98	11,873,513
Settled during current year:										
18.1 By payment in full	96	8,566,656	0	0	0	0	0	0	96	8,566,656
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	96	8,566,656	0	0	0	0	0	0	96	8,566,656
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	96	8,566,656	0	0	0	0	0	0	96	8,566,656
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	3,634,857	0	0	0	0	0	0	6	3,634,857
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	8,464	2,554,822,635	0	(a) 0	0	0	0	0	8,464	2,554,822,635
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(575)	(173,420,085)	0	0	0	0	0	0	(575)	(173,420,085)
23. In force December 31 of current year	7,889	2,381,402,550	0	(a) 0	0	0	0	0	7,889	2,381,402,550

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,724	0	0	0	4,724
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,724	0	0	0	4,724
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	490	0	0	0	490
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	490	0	0	0	490
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	979,937	0	0	0	979,937
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	979,937	0	0	0	979,937
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	997,994	0	0	0	997,994
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	139,431	0	0	0	139,431
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	0	0	0	0
15. Totals	1,137,424	0	0	0	1,137,424
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	7	1,000,000	0	0	0	0	0	0	7	1,000,000
Settled during current year:										
18.1 By payment in full	7	1,000,000	0	0	0	0	0	0	7	1,000,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	7	1,000,000	0	0	0	0	0	0	7	1,000,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	7	1,000,000	0	0	0	0	0	0	7	1,000,000
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	905	277,894,107	0	(a) 0	0	0	0	0	905	277,894,107
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(78)	(21,808,283)	0	0	0	0	0	0	(78)	(21,808,283)
23. In force December 31 of current year	827	256,085,824	0	(a) 0	0	0	0	0	827	256,085,824

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

ACCIDENT AND HEALTH INSURANCE

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,220,755	0	0	0	4,220,755
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,220,755	0	0	0	4,220,755
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,181,438	0	0	0	5,181,438
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	56,034	0	0	0	56,034
12. Surrender values and withdrawals for life contracts	123,442	0	0	0	123,442
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	416	0	0	0	416
15. Totals	5,361,329	0	0	0	5,361,329
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	325,000	0	0	0	0	0	0	3	325,000
17. Incurred during current year	69	5,616,854	0	0	0	0	0	0	69	5,616,854
Settled during current year:										
18.1 By payment in full	70	5,291,854	0	0	0	0	0	0	70	5,291,854
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	70	5,291,854	0	0	0	0	0	0	70	5,291,854
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	70	5,291,854	0	0	0	0	0	0	70	5,291,854
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	650,000	0	0	0	0	0	0	2	650,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,781	798,010,753	0	(a) 0	0	0	0	0	2,781	798,010,753
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(201)	(73,011,759)	0	0	0	0	0	0	(201)	(73,011,759)
23. In force December 31 of current year	2,580	724,998,994	0	(a) 0	0	0	0	0	2,580	724,998,994

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,364,735	0	0	0	1,364,735
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	1,364,735	0	0	0	1,364,735
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,212,321	0	0	0	4,212,321
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	102,134	0	0	0	102,134
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	0	0	0	0
15. Totals	4,314,455	0	0	0	4,314,455
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	23	4,210,790	0	0	0	0	0	0	23	4,210,790
Settled during current year:										
18.1 By payment in full	23	4,210,790	0	0	0	0	0	0	23	4,210,790
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	23	4,210,790	0	0	0	0	0	0	23	4,210,790
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	23	4,210,790	0	0	0	0	0	0	23	4,210,790
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,331	357,568,577	0	(a) 0	0	0	0	0	1,331	357,568,577
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(84)	(27,216,512)	0	0	0	0	0	0	(84)	(27,216,512)
23. In force December 31 of current year	1,247	330,352,065	0	(a) 0	0	0	0	0	1,247	330,352,065

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

ACCIDENT AND HEALTH INSURANCE

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,817,835	0	0	0	7,817,835
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	7,817,835	0	0	0	7,817,835
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,511,292	0	0	0	6,511,292
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	3,754	0	0	0	3,754
12. Surrender values and withdrawals for life contracts	218,977	0	0	0	218,977
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,780	0	0	0	1,780
15. Totals	6,735,802	0	0	0	6,735,802

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	36,000	0	0	0	0	0	0	2	36,000
17. Incurred during current year	80	7,046,607	0	0	0	0	0	0	80	7,046,607
Settled during current year:										
18.1 By payment in full	80	6,524,382	0	0	0	0	0	0	80	6,524,382
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	80	6,524,382	0	0	0	0	0	0	80	6,524,382
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	80	6,524,382	0	0	0	0	0	0	80	6,524,382
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	558,225	0	0	0	0	0	0	2	558,225
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,592	1,917,692,881	0	(a) 0	0	0	0	0	5,592	1,917,692,881
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(394)	(139,593,009)	0	0	0	0	0	0	(394)	(139,593,009)
23. In force December 31 of current year	5,198	1,778,099,872	0	(a) 0	0	0	0	0	5,198	1,778,099,872

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

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	18,517,476	0	0	0	18,517,476
2. Annuity considerations	1,220	0	0	0	1,220
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	18,518,696	0	0	0	18,518,696
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	32,800,607	0	0	0	32,800,607
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	12,747	0	0	0	12,747
12. Surrender values and withdrawals for life contracts	1,609,840	0	0	0	1,609,840
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	487	0	0	0	487
15. Totals	34,423,681	0	0	0	34,423,681
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	333,330	0	0	0	0	0	0	5	333,330
17. Incurred during current year	126	39,641,577	0	0	0	0	0	0	126	39,641,577
Settled during current year:										
18.1 By payment in full	124	32,614,869	0	0	0	0	0	0	124	32,614,869
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	124	32,614,869	0	0	0	0	0	0	124	32,614,869
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	124	32,614,869	0	0	0	0	0	0	124	32,614,869
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	7,360,038	0	0	0	0	0	0	7	7,360,038
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	10,860	3,959,143,277	0	(a) 0	0	0	0	0	10,860	3,959,143,277
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(693)	(269,374,382)	0	0	0	0	0	0	(693)	(269,374,382)
23. In force December 31 of current year	10,167	3,689,768,895	0	(a) 0	0	0	0	0	10,167	3,689,768,895

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,392,796	0	0	0	2,392,796
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	2,392,796	0	0	0	2,392,796
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,876,413	0	0	0	1,876,413
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	114,477	0	0	0	114,477
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	0	0	0	0
15. Totals	1,990,890	0	0	0	1,990,890
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	200,000	0	0	0	0	0	0	1	200,000
17. Incurred during current year	8	1,830,185	0	0	0	0	0	0	8	1,830,185
Settled during current year:										
18.1 By payment in full	8	1,880,185	0	0	0	0	0	0	8	1,880,185
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	8	1,880,185	0	0	0	0	0	0	8	1,880,185
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	8	1,880,185	0	0	0	0	0	0	8	1,880,185
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	150,000	0	0	0	0	0	0	1	150,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	952	296,763,332	0	(a) 0	0	0	0	0	952	296,763,332
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(54)	(16,992,412)	0	0	0	0	0	0	(54)	(16,992,412)
23. In force December 31 of current year	898	279,770,920	0	(a) 0	0	0	0	0	898	279,770,920

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,256,949	0	0	0	3,256,949
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,256,949	0	0	0	3,256,949
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,717,825	0	0	0	3,717,825
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	6,033	0	0	0	6,033
12. Surrender values and withdrawals for life contracts	8,534	0	0	0	8,534
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	0	0	0	0
15. Totals	3,732,392	0	0	0	3,732,392

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	100,000	0	0	0	0	0	0	1	100,000
17. Incurred during current year	19	2,875,299	0	0	0	0	0	0	19	2,875,299
Settled during current year:										
18.1 By payment in full	20	2,975,299	0	0	0	0	0	0	20	2,975,299
18.2 By payment on compromised claims.	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	20	2,975,299	0	0	0	0	0	0	20	2,975,299
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	20	2,975,299	0	0	0	0	0	0	20	2,975,299
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,925	669,452,517	0	(a) 0	0	0	0	0	1,925	669,452,517
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(80)	(33,138,122)	0	0	0	0	0	0	(80)	(33,138,122)
23. In force December 31 of current year	1,845	636,314,395	0	(a) 0	0	0	0	0	1,845	636,314,395

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

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,080	0	0	0	20,080
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	20,080	0	0	0	20,080
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	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	0	0	(a) 0	0	0	0	0	0	0
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	0	0	0	0	0	0	0	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)	0	0	0	0	0
24.1 Federal Employee Health Benefits Program premium (b)	0	0	0	0	0
24.2 Credit (group and individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
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.

* 8 4 5 3 0 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.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	430,137	0	0	0	430,137
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	430,137	0	0	0	430,137
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	324,348	0	0	0	324,348
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	5,891	0	0	0	5,891
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	0	0	0	0
15. Totals	330,239	0	0	0	330,239
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	250,000	0	0	0	0	0	0	1	250,000
17. Incurred during current year	1	75,000	0	0	0	0	0	0	1	75,000
Settled during current year:										
18.1 By payment in full	2	325,000	0	0	0	0	0	0	2	325,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	2	325,000	0	0	0	0	0	0	2	325,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	2	325,000	0	0	0	0	0	0	2	325,000
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	152	61,654,148	0	(a) 0	0	0	0	0	152	61,654,148
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(9)	(7,675,100)	0	0	0	0	0	0	(9)	(7,675,100)
23. In force December 31 of current year	143	53,979,048	0	(a) 0	0	0	0	0	143	53,979,048

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,850,730	0	0	0	3,850,730
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	3,850,730	0	0	0	3,850,730
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,330,315	0	0	0	2,330,315
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	162,200	0	0	0	162,200
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	0	0	0	0
15. Totals	2,492,515	0	0	0	2,492,515
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	150,000	0	0	0	0	0	0	1	150,000
17. Incurred during current year	26	2,576,561	0	0	0	0	0	0	26	2,576,561
Settled during current year:										
18.1 By payment in full	26	2,626,561	0	0	0	0	0	0	26	2,626,561
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	26	2,626,561	0	0	0	0	0	0	26	2,626,561
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	26	2,626,561	0	0	0	0	0	0	26	2,626,561
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,866	997,338,100	0	(a) 0	0	0	0	0	2,866	997,338,100
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(193)	(78,137,534)	0	0	0	0	0	0	(193)	(78,137,534)
23. In force December 31 of current year	2,673	919,200,566	0	(a) 0	0	0	0	0	2,673	919,200,566

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

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,050,155	0	0	0	4,050,155
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	4,050,155	0	0	0	4,050,155
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,878,153	0	0	0	1,878,153
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	63,462	0	0	0	63,462
12. Surrender values and withdrawals for life contracts	253,428	0	0	0	253,428
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	0	0	0	0
15. Totals	2,195,043	0	0	0	2,195,043
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	283,333	0	0	0	0	0	0	3	283,333
17. Incurred during current year	27	1,901,844	0	0	0	0	0	0	27	1,901,844
Settled during current year:										
18.1 By payment in full	28	1,918,702	0	0	0	0	0	0	28	1,918,702
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	28	1,918,702	0	0	0	0	0	0	28	1,918,702
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	28	1,918,702	0	0	0	0	0	0	28	1,918,702
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	266,475	0	0	0	0	0	0	2	266,475
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,276	958,553,113	0	(a) 0	0	0	0	0	3,276	958,553,113
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(201)	(59,104,182)	0	0	0	0	0	0	(201)	(59,104,182)
23. In force December 31 of current year	3,075	899,448,931	0	(a) 0	0	0	0	0	3,075	899,448,931

(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

NONE

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

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

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

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	666,839	0	0	0	666,839
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	666,839	0	0	0	666,839
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	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	698,596	0	0	0	698,596
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	955	0	0	0	955
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,291	0	0	0	1,291
15. Totals	700,842	0	0	0	700,842
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	300,000	0	0	0	0	0	0	1	300,000
17. Incurred during current year	4	400,000	0	0	0	0	0	0	4	400,000
Settled during current year:										
18.1 By payment in full	5	700,000	0	0	0	0	0	0	5	700,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	5	700,000	0	0	0	0	0	0	5	700,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	5	700,000	0	0	0	0	0	0	5	700,000
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	463	129,411,793	0	(a) 0	0	0	0	0	463	129,411,793
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(25)	(6,925,224)	0	0	0	0	0	0	(25)	(6,925,224)
23. In force December 31 of current year	438	122,486,569	0	(a) 0	0	0	0	0	438	122,486,569

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

* 8 4 5 3 0 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.....0968 NAIC Company Code.....84530

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	465,259	0	0	0	465,259
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	465,259	0	0	0	465,259
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,347,291	0	0	0	1,347,291
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	0	0	0	0	0
12. Surrender values and withdrawals for life contracts	0	0	0	0	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	0	0	0	0
15. Totals	1,347,291	0	0	0	1,347,291
DETAILS OF WRITE-INS					
1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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	0	0	0	0	0	0	0	0
17. Incurred during current year	3	1,350,000	0	0	0	0	0	0	3	1,350,000
Settled during current year:										
18.1 By payment in full	3	1,350,000	0	0	0	0	0	0	3	1,350,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	3	1,350,000	0	0	0	0	0	0	3	1,350,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	3	1,350,000	0	0	0	0	0	0	3	1,350,000
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	269	99,972,791	0	(a) 0	0	0	0	0	269	99,972,791
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(14)	(6,142,632)	0	0	0	0	0	0	(14)	(6,142,632)
23. In force December 31 of current year	255	93,830,159	0	(a) 0	0	0	0	0	255	93,830,159

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	517,781
2. Current year's realized pre-tax capital gains/(losses) of $.....(168,562) transferred into the reserve net of taxes of $.....(58,997)	(109,565)
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	408,216
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	105,574
6. Reserve as of December 31, current year (Line 4 minus Line 5)	302,641

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	99,153	6,421	0	105,574
2. 2012	99,955	(7,788)	0	92,167
3. 2013	118,822	(9,295)	0	109,527
4. 2014	98,394	(12,284)	0	86,110
5. 2015	45,576	(15,484)	0	30,092
6. 2016	18,323	(18,474)	0	(151)
7. 2017	11,172	(18,454)	0	(7,282)
8. 2018	5,132	(14,703)	0	(9,571)
9. 2019	674	(10,652)	0	(9,978)
10. 2020	(959)	(6,601)	0	(7,560)
11. 2021	(181)	(2,251)	0	(2,432)
12. 2022	614	0	0	614
13. 2023	1,129	0	0	1,129
14. 2024	1,423	0	0	1,423
15. 2025	1,457	0	0	1,457
16. 2026	1,357	0	0	1,357
17. 2027	1,400	0	0	1,400
18. 2028	1,990	0	0	1,990
19. 2029	2,606	0	0	2,606
20. 2030	2,843	0	0	2,843
21. 2031	2,718	0	0	2,718
22. 2032	2,294	0	0	2,294
23. 2033	1,417	0	0	1,417
24. 2034	472	0	0	472
25. 2035	0	0	0	0
26. 2036	0	0	0	0
27. 2037	0	0	0	0
28. 2038	0	0	0	0
29. 2039	0	0	0	0
30. 2040	0	0	0	0
31. 2041 and Later	0	0	0	0
32. Total (Lines 1 to 31)	517,781	(109,565)	0	408,216

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	810,915	0	810,915	0	0	0	810,915
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	701,555	0	701,555	0	0	0	701,555
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,512,470	0	1,512,470	0	0	0	1,512,470
9. Maximum reserve	3,472,556	0	3,472,556	0	0	0	3,472,556
10. Reserve objective	2,398,942	0	2,398,942	0	0	0	2,398,942
11. 20% of (Line 10 minus Line 8)	177,294	0	177,294	0	0	0	177,294
12. Balance before transfers (Lines 8 + 11)	1,689,764	0	1,689,764	0	0	0	1,689,764
13. Transfers	0	0	0	0	0	0	XXX
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,689,764	0	1,689,764	0	0	0	1,689,764

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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	42,147,356	XXX	XXX	42,147,356	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	295,322,562	XXX	XXX	295,322,562	0.0004	118,129	0.0023	679,242	0.0030	885,968
3	2	High quality	148,283,504	XXX	XXX	148,283,504	0.0019	281,739	0.0058	860,044	0.0090	1,334,552
4	3	Medium quality	12,425,247	XXX	XXX	12,425,247	0.0093	115,555	0.0230	285,781	0.0340	422,458
5	4	Low quality	982,300	XXX	XXX	982,300	0.0213	20,923	0.0530	52,062	0.0750	73,673
6	5	Lower quality	3,495,140	XXX	XXX	3,495,140	0.0432	150,990	0.1100	384,465	0.1700	594,174
7	6	In or near default	380,200	XXX	XXX	380,200	0.0000	0	0.2000	76,040	0.2000	76,040
8		Total unrated multi-class securities acquired by conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999)	503,036,309	XXX	XXX	503,036,309	XXX	687,336	XXX	2,337,634	XXX	3,386,864
		PREFERRED STOCKS										
10	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality	3,990,630	XXX	XXX	3,990,630	0.0019	7,582	0.0058	23,146	0.0090	35,916
12	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR	0	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)	3,990,630	XXX	XXX	3,990,630	XXX	7,582	XXX	23,146	XXX	35,916
		SHORT-TERM BONDS										
18		Exempt obligations	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	16,592,114	XXX	XXX	16,592,114	0.0004	6,637	0.0023	38,162	0.0030	49,776
20	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24)	16,592,114	XXX	XXX	16,592,114	XXX	6,637	XXX	38,162	XXX	49,776

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default	0	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)	523,619,052	XXX	XXX	523,619,052	XXX	701,555	XXX	2,398,942	XXX	3,472,556
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages	0	0	XXX	0	(a) 0.0063	0	(a) 0.0120	0	(a) 0.0190	0
36		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other	0	0	XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other	0	0	XXX	0	(a) 0.0630	0	(a) 0.0120	0	(a) 0.0190	0
40		In good standing with restructured terms	0	0	XXX	0	(b) 0.0179	0	(b) 0.0397	0	(b) 0.0640	0
		Overdue, not in process:										
41		Farm mortgages	0	0	XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other	0	0	XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other	0	0	XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages	0	0	XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other	0	0	XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other	0	0	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	0	0	XXX	0	(c) 0.0000	0	(c) 0.0000	0	(c) 0.0742	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 Designation	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	0	XXX	XXX	0	0.0000	0	(d) 0.2000	0	(d) 0.2000	0
2		Unaffiliated private	0	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank	0	XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed income highest quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed income high quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed income medium quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed income low quality	0	0	0	0	XXX	0	XXX	0	XXX	0
10		Fixed income lower quality	0	0	0	0	XXX	0	XXX	0	XXX	0
11		Fixed income in or near default	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated common stock public	0	0	0	0	0.0000	0	(d) 0.1300	0	(d) 0.1300	0
13		Unaffiliated common stock private	0	0	0	0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans	0	0	0	0	(c) 0.0000	0	(c) 0.0000	0	(c) 0.0000	0
15		Real estate	0	0	0	0	(e) 0.0000	0	(e) 0.0000	0	(e) 0.0000	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual)	0	XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other	0	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)	0	0	0	0	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
19		Home office property (General Account only)	0	0	0	0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties	0	0	0	0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt	0	0	0	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	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC 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	6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with preferred stock characteristics (sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm mortgages	0	0	XXX	0	(a) 0.0063	0	(a) 0.0120	0	(a) 0.0190	0
40		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other	0	XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other	0	0	XXX	0	(a) 0.0063	0	(a) 0.0120	0	(a) 0.0190	0
44		In good standing with restructured terms	0	0	XXX	0	(b) 28.0000	0	(b) 0.6200	0	(b) 1.0000	0
		Overdue, Not in Process:										
45		Farm mortgages	0	0	XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0005	0	0.0012	0	0.0020	0
47		Residential mortgages-all other	0	0	XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial mortgages-all other	0	0	XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure:										
50		Farm mortgages	0	0	XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Residential mortgages-insured or guaranteed	0	0	XXX	0	0.0000	0	0.0040	0	0.0040	0
52		Residential mortgages-all other	0	0	XXX	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial mortgages-insured or guaranteed	0	0	XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial mortgages-all other	0	0	XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with mortgage loan characteristics (sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56		Unaffiliated public	0	XXX	XXX	0	0.0000	0	(d) 0.2000	0	(d) 0.2000	0
57		Unaffiliated private	0	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated certain other (see SVO Purposes and Procedures manual)	0	XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated other - all other	0	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with common stock characteristics (sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home office property (general account only)	0	0	0	0	0.0000	0	0.0750	0	0.0750	0
63		Investment properties	0	0	0	0	0.0000	0	0.0750	0	0.0750	0
64		Properties acquired in satisfaction of debt	0	0	0	0	0.0000	0	0.1100	0	0.1100	0
65		Total with real estate characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed federal low income housing tax credit	0	0	0	0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed federal low income housing tax credit	0	0	0	0	0.0063	0	0.0120	0	0.0190	0
68		State low income housing tax credit	0	0	0	0	0.0273	0	0.0600	0	0.0975	0
69		All other low income housing tax credit	0	0	0	0	0.0273	0	0.0600	0	0.0975	0
70		Total low income housing tax credit (Lines 66 through 69)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
71		Other invested assets - Schedule BA	0	XXX	0	0	0.0000	0	0.1300	0	0.1300	0
72		Other short-term invested assets - Schedule DA	0	XXX	0	0	0.0000	0	0.1300	0	0.1300	0
73		Total all other (sum of Lines 71 + 72)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
74		Total other invested assets - Schedule BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)	0	0	0	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.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

Sch. H-Pt. 1
NONE

Sch. H-Pt. 2
NONE

Sch. H-Pt. 3
NONE

Sch. H-Pt. 4
NONE

Sch. H-Pt. 5
NONE

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

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

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						
62944	13-5570651	03/01/2005	AXA EQUITABLE LIFE INS CO	NY	0	3,248,286
0199999.	Total - Life and Annuity Affiliates - U.S. Affiliates				0	3,248,286
Life and Annuity - Affiliates - Non-U.S. Affiliates						
00000	AA-3191156	12/31/2004	AXA FINANCIAL (Bermuda) LTD	BM	36,234,407	24,360,991
0299999.	Total - Life and Annuity Affiliates - Non-U.S. Affiliates				36,234,407	24,360,991
0399999.	Total - Life and Annuity Affiliates				36,234,407	27,609,277
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
80659	38-0397420	01/01/1996	CANADA LIFE ASSURANCE COMPANY	MI	490,328	3,562,941
88340	59-2859797	10/01/1996	HANNOVER LIFE REASSURANCE CO OF AMER	FL	762,751	3,968,226
65676	35-0472300	01/01/1996	LINCOLN NATIONAL LIFE INS CO	IN	263,700	0
88099	75-1608507	04/01/2003	OPTIMUM RE INSURANCE COMPANY	TX	592,500	2,107,182
93572	43-1235868	09/01/1995	RGA REINSURANCE CO	MO	68,835	0
64688	75-6020048	01/01/1997	SCOR GLOBAL LIFE AMERICAS REINSURANCE CO	TX	137,751	121,138
87572	23-2038295	03/01/1991	SCOTTISH RE (US) INC	DE	0	36,358
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				2,315,865	9,795,845
0699999.	Total - Life and Annuity Non-Affiliates				2,315,865	9,795,845
0799999.	Total - Life and Annuity				38,550,272	37,405,122
1599999.	Total U.S.				2,315,865	13,044,131
1699999.	Total Non-U.S.				36,234,407	24,360,991
1799999.	Total				38,550,272	37,405,122

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													
62944	13-5570651	03/01/2005	AXA EQUITABLE LIFE INS CO	NY	YRT/I	1,130,133,370	5,992,575	6,239,660	4,883,596	0	0	0	0
0199999.	Total - General Account - Authorized - Affiliates - U.S. Affiliates					1,130,133,370	5,992,575	6,239,660	4,883,596	0	0	0	0
0399999.	Total - General Account - Authorized - Affiliates					1,130,133,370	5,992,575	6,239,660	4,883,596	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
80659	38-0397420	01/01/1996	CANADA LIFE ASSURANCE COMPANY	MI	CO/I	4,875,000	58,354	52,868	23,606	0	0	0	0
80659	38-0397420	01/01/2001	CANADA LIFE ASSURANCE COMPANY	MI	YRT/I	1,733,643,587	9,406,162	10,435,538	8,399,449	0	0	0	0
86258	13-2572994	11/01/1996	GENERAL RE LIFE CORP	CT	YRT/I	80,420,605	236,558	250,293	364,280	0	0	0	0
88340	59-2859797	10/01/1996	HANNOVER LIFE REASSURANCE CO OF AMER	FL	CO/I	1,819,578,961	36,478,981	39,346,430	4,583,468	0	0	0	0
88340	59-2859797	01/22/1997	HANNOVER LIFE REASSURANCE CO OF AMER	FL	YRT/I	146,401,109	1,490,822	1,515,652	820,752	0	0	0	0
65676	35-0472300	01/01/1986	LINCOLN NATIONAL LIFE INS CO	IN	CO/I	47,559,834	5,780,013	6,142,075	708,439	0	0	0	0
88099	75-1608507	04/01/2003	OPTIMUM RE INSURANCE COMPANY	TX	YRT/I	1,260,757,833	5,331,153	5,532,959	5,093,779	0	0	0	0
93572	43-1235868	05/01/1991	RGA REINSURANCE CO	MO	YRT/I	3,774,848	37,355	37,722	65,050	0	0	0	0
93572	43-1235868	10/01/1990	RGA REINSURANCE CO	MO	CO/I	3,955,000	20,897	94,097	33,272	0	0	0	0
64688	75-6020048	04/01/2008	SCOR GLOBAL LIFE AMERICAS REINSURANCE CO	DE	YRT/I	125,516,194	1,339,700	1,451,264	1,226,771	0	0	0	0
64688	75-6020048	04/01/2008	SCOR GLOBAL LIFE AMERICAS REINSURANCE CO	DE	CO/I	538,246,031	3,294,037	3,763,996	1,326,196	0	0	0	0
90670	43-1178580	06/15/1991	SCOTTISH RE LIFE CORP	DE	YRT/I	7,507,557	95,470	106,961	600,757	0	0	0	0
90670	43-1178580	10/01/1990	SCOTTISH RE LIFE CORP	DE	CO/I	7,487,500	57,539	71,067	55,829	0	0	0	0
66133	41-1760577	07/01/2006	WILTON REASSURANCE COMPANY	MN	YRT/I	241,262,312	709,698	750,902	917,747	0	0	0	0
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					6,020,986,371	64,336,739	69,551,824	24,219,395	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates					6,020,986,371	64,336,739	69,551,824	24,219,395	0	0	0	0
0799999.	Total - General Account - Authorized					7,151,119,741	70,329,314	75,791,484	29,102,990	0	0	0	0
General Account - Unauthorized - Affiliates - Non-U.S. Affiliates													
00000	AA-3191156	12/31/2004	AXA FINANCIAL (Bermuda) LTD	BM	CO/I	32,953,049,907	1,024,353,886	976,841,204	126,045,867	0	0	0	0
0999999.	Total - General Account - Unauthorized - Affiliates - Non-U.S. Affiliates					32,953,049,907	1,024,353,886	976,841,204	126,045,867	0	0	0	0
1099999.	Total - General Account - Unauthorized - Affiliates					32,953,049,907	1,024,353,886	976,841,204	126,045,867	0	0	0	0
1499999.	Total - General Account - Unauthorized					32,953,049,907	1,024,353,886	976,841,204	126,045,867	0	0	0	0
1599999.	Total - General Account - Authorized and Unauthorized					40,104,169,648	1,094,683,200	1,052,632,688	155,148,857	0	0	0	0
3199999.	Total U.S.					7,151,119,741	70,329,314	75,791,484	29,102,990	0	0	0	0
3299999.	Total Non-U.S.					32,953,049,907	1,024,353,886	976,841,204	126,045,867	0	0	0	0
3399999.	Total					40,104,169,648	1,094,683,200	1,052,632,688	155,148,857	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
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	10 Current Year	11 Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance

NONE

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 - Affiliates - Non-U.S. Affiliates																
00000......	AA-3191156	12/31/2004	AXA FINANCIAL (Bermuda) LTD..	1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	071002011.........	3	ROYAL BANK OF SCOTLAND N.V. CHICAGO, IL	..551,189,454	0	0	..113,659,408	...1,091,387,644
0299999.	Total - General Account - Life and Annuity - Affiliates - Non-U.S. Affiliates......................			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644
0399999.	Total - General Account - Life and Annuity - Affiliates..			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644
0799999.	Total - General Account - Life and Annuity..			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644
1599999.	Total - General Account..			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644
2499999.	Total - Non-U.S...			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644
2599999.	Total...			1,024,353,886	60,595,398	6,438,360	...1,091,387,644	..440,000,000	........XXX...........	.XXX.	......................XXX.................................	..551,189,454	0	0	..113,659,408	...1,091,387,644

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
....	....	0..

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	155,149	168,042	186,978	201,567	219,666
2.	Commissions and reinsurance expense allowances	32,125	35,118	37,354	38,930	40,559
3.	Contract claims	184,694	193,997	152,146	156,073	143,282
4.	Surrender benefits and withdrawals for life contracts	255	504	624	0	250
5.	Dividends to policyholders	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserves for life and accident and health contracts	42,051	(1,481)	29,457	119,279	178,242
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	82,202	90,458	100,225	105,825	115,723
9.	Aggregate reserves for life and accident and health contracts	1,094,683	1,052,633	1,151,260	1,121,803	1,102,524
10.	Liability for deposit-type contracts	0	0	0	0	0
11.	Contract claims unpaid	37,405	22,544	18,112	22,799	27,789
12.	Amounts recoverable on reinsurance	38,550	37,725	36,601	50,591	25,597
13.	Experience rating refunds due or unpaid	0	0	0	0	0
14.	Policyholders' dividends (not included in Line 10)	0	0	0	0	0
15.	Commissions and reinsurance expense allowances unpaid	0	7,327	7,832	7,528	0
16.	Unauthorized reinsurance offset	0	0	0	0	0
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
17.	Funds deposited by and withheld from (F)	0	0	0	0	0
18.	Letters of credit (L)	440,000	490,000	550,000	600,000	600,000
19.	Trust agreements (T)	551,189	504,412	464,051	417,223	357,234
20.	Other (O)	0	32,786	33,972	40,439	44,302

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)	543,927,003	0	543,927,003
2.	Reinsurance (Line 16)	47,295,631	(47,295,631)	0
3.	Premiums and considerations (Line 15)	1,683,062	82,201,628	83,884,690
4.	Net credit for ceded reinsurance	XXX	1,062,089,895	1,062,089,895
5.	All other admitted assets (balance)	35,455,010	0	35,455,010
6.	Total assets excluding Separate Accounts (Line 26)	628,360,706	1,096,995,892	1,725,356,598
7.	Separate Account Assets (Line 27)	0	0	0
8.	Total assets (Line 28)	628,360,706	1,096,995,892	1,725,356,598
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	511,799,973	1,094,683,200	1,606,483,173
10.	Liability for deposit-type contracts (Line 3)	1,206,722	0	1,206,722
11.	Claim reserves (Line 4)	4,698,064	37,405,122	42,103,186
12.	Policyholder dividends/reserves (Lines 5 through 7)	0	0	0
13.	Premium & annuity considerations received in advance (Line 8)	927,987	0	927,987
14.	Other contract liabilities (Line 9)	35,395,071	(35,092,430)	302,641
15.	Reinsurance in unauthorized companies (Line 24.2)	0	0	0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3)	0	0	0
17.	All other liabilities (balance)	12,481,854	0	12,481,854
18.	Total liabilities excluding Separate Accounts (Line 26)	566,509,671	1,096,995,892	1,663,505,563
19.	Separate Account liabilities (Line 27)	0	0	0
20.	Total liabilities (Line 28)	566,509,671	1,096,995,892	1,663,505,563
21.	Capital & surplus (Line 38)	61,851,035	XXX	61,851,035
22.	Total liabilities, capital & surplus (Line 39)	628,360,706	1,096,995,892	1,725,356,598
	NET CREDIT FOR CEDED REINSURANCE			
23.	Contract reserves	1,094,683,200		
24.	Claim reserves	37,405,122		
25.	Policyholder dividends/reserves	0		
26.	Premium & annuity considerations received in advance	0		
27.	Liability for deposit-type contracts	0		
28.	Other contract liabilities	(35,092,430)		
29.	Reinsurance ceded assets	47,295,631		
30.	Other ceded reinsurance recoverables	0		
31.	Total ceded reinsurance recoverables	1,144,291,523		
32.	Premiums and considerations	82,201,628		
33.	Reinsurance in unauthorized companies	0		
34.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
35.	Other ceded reinsurance payables/offsets	0		
36.	Total ceded reinsurance payables/offsets	82,201,628		
37.	Total net credit for ceded reinsurance	1,062,089,895		

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	4,452,174	0	0	0	0	4,452,174
2.	Alaska	AK	236,255	0	0	0	0	236,255
3.	Arizona	AZ	2,540,465	0	0	0	0	2,540,465
4.	Arkansas	AR	1,828,910	0	0	0	0	1,828,910
5.	California	CA	16,674,887	0	0	0	0	16,674,887
6.	Colorado	CO	3,843,477	0	0	0	0	3,843,477
7.	Connecticut	CT	3,891,490	0	0	0	0	3,891,490
8.	Delaware	DE	909,211	0	0	0	0	909,211
9.	District of Columbia	DC	160,145	0	0	0	0	160,145
10.	Florida	FL	13,360,847	0	0	0	0	13,360,847
11.	Georgia	GA	6,781,625	0	0	0	0	6,781,625
12.	Hawaii	HI	542,189	0	0	0	0	542,189
13.	Idaho	ID	610,101	0	0	0	0	610,101
14.	Illinois	IL	9,182,417	0	0	0	0	9,182,417
15.	Indiana	IN	4,233,568	2,175	0	0	0	4,235,743
16.	Iowa	IA	2,245,365	0	0	0	0	2,245,365
17.	Kansas	KS	2,656,091	0	0	0	0	2,656,091
18.	Kentucky	KY	3,568,598	7,000	0	0	0	3,575,598
19.	Louisiana	LA	2,341,254	0	0	0	0	2,341,254
20.	Maine	ME	905,999	0	0	0	0	905,999
21.	Maryland	MD	4,071,568	0	0	0	0	4,071,568
22.	Massachusetts	MA	5,627,655	0	0	0	0	5,627,655
23.	Michigan	MI	10,170,059	4,856	0	0	0	10,174,915
24.	Minnesota	MN	4,746,162	0	0	0	0	4,746,162
25.	Mississippi	MS	3,210,011	0	0	0	0	3,210,011
26.	Missouri	MO	4,680,909	6,000	0	0	0	4,686,909
27.	Montana	MT	646,025	0	0	0	0	646,025
28.	Nebraska	NE	1,600,445	0	0	0	0	1,600,445
29.	Nevada	NV	760,814	0	0	0	0	760,814
30.	New Hampshire	NH	879,103	0	0	0	0	879,103
31.	New Jersey	NJ	6,058,525	0	0	0	0	6,058,525
32.	New Mexico	NM	790,789	0	0	0	0	790,789
33.	New York	NY	1,946,315	0	0	0	0	1,946,315
34.	North Carolina	NC	8,808,360	0	0	0	0	8,808,360
35.	North Dakota	ND	1,094,382	0	0	0	0	1,094,382
36.	Ohio	OH	12,519,944	0	0	0	0	12,519,944
37.	Oklahoma	OK	2,249,243	0	0	0	0	2,249,243
38.	Oregon	OR	1,926,417	0	0	0	0	1,926,417
39.	Pennsylvania	PA	10,723,844	0	0	0	0	10,723,844
40.	Rhode Island	RI	979,937	0	0	0	0	979,937
41.	South Carolina	SC	4,220,755	0	0	0	0	4,220,755
42.	South Dakota	SD	1,364,735	0	0	0	0	1,364,735
43.	Tennessee	TN	7,817,835	0	0	0	0	7,817,835
44.	Texas	TX	18,517,476	1,220	0	0	0	18,518,696
45.	Utah	UT	2,392,796	0	0	0	0	2,392,796
46.	Vermont	VT	430,137	0	0	0	0	430,137
47.	Virginia	VA	3,256,949	0	0	0	0	3,256,949
48.	Washington	WA	3,850,730	0	0	0	0	3,850,730
49.	West Virginia	WV	666,839	0	0	0	0	666,839
50.	Wisconsin	WI	4,050,155	0	0	0	0	4,050,155
51.	Wyoming	WY	465,259	0	0	0	0	465,259
52.	American Samoa	AS	0	0	0	0	0	0
53.	Guam	GU	2,158	0	0	0	0	2,158
54.	Puerto Rico	PR	4,724	0	0	0	0	4,724
55.	US Virgin Islands	VI	20,080	0	0	0	0	20,080
56.	Northern Mariana Islands	MP	0	0	0	0	0	0
57.	Canada	CN	151,554	0	0	0	0	151,554
58.	Aggregate Other Alien	OT	89,456	0	0	0	0	89,456
59.	Totals		211,757,213	21,251	0	0	0	211,778,464

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														
0968	AXA	00000	00-0000000	0000	0000898427	Paris Stock Exchange	AXA SA	FR	UIP			0.00		0
0		0		0	0		AXA Assistance SA	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Inter Partner Assistance - Belgium	BE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Corporate Solutions Assurance - France	FR	NIA	AXA	Ownership	98.75	AXA	0
0		0		0	0		MATRIX	US	IA	AXA Corporate Solutions Assurance - Fr.	Ownership	100.00	AXA	0
0		0		0	0		AXA Group Solutions - France	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Assistance Inc. USA	US	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Investment Managers	FR	NIA	AXA	Ownership	73.77	AXA	0
0		0		0	0		AXA Investment Managers	FR	NIA	AXA Konzern AG	Ownership	5.20	AXA	0
0		0		0	0		AXA Investment Managers - France	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Investment Managers Holdings US	US	NIA	AXA Investment Managers - France	Ownership	100.00	AXA	0
0		0		0	0		AXA Rosenberg Group LLC	US	NIA	AXA Investment Managers	Ownership	75.00	AXA	0
0		0	22-3624513	0	0001459848		AXA IM Rose Inc.	US	NIA	AXA Investment Managers	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	AXA IM Rose Inc.	Ownership	15.16	AXA	0
0		0		0	0		AXA Mediterranean Holdings, S.A.U.	ES	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Millésimes	PT	NIA	AXA	Ownership	42.34	AXA	0
0		0		0	0		AXA Real Estate Investment Managers	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Technology Services	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Belgium	BE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Life Insurance Company Ltd. - Hong Kong	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Ins. Hong Kong Ltd.- Hong Kong	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance China Ltd.	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA China - France	FR	NIA	AXA	Ownership	51.00	AXA	0
0		0		0	0		Limited	CA	IA	AXA China - France	Ownership	51.00	AXA	0
0		0		0	0		AXA Societe Beaujon	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Pojistovna a.s.	CZ	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Zivtni Pojistonva a.s.	CZ	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Penzijni Fond a.s.	CZ	IA	AXA Societe Beaujon	Ownership	99.98	AXA	0
0		0		0	0		Compagnie Financiere de Paris	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA France Assurance	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Corporate Solutions Assurance	FR	IA	AXA France Assurance	Ownership	98.75	AXA	0
0		0		0	0		AXA Global Life	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Global P&C	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Liabilities Managers- France	FR	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Liabilities Managers-US	US	IA	AXA Liabilities Managers- France	Ownership	100.00	AXA	0
0		0	AA-1320035	0	0		Colisee Re - France	FR	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Konzern AG	DE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		WinCom Versicherungs-Holding AG	DE	NIA	AXA Konzern AG	Ownership	100.00	AXA	0
0		0		0	0		DBV Deutsche Beamtenversicherung Leben AG	DE	IA	WinCom Versicherungs-Holding AG	Ownership	94.90	AXA	0

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 *
0		0		0	0		DBV Deutsche Beamtenversicherung AG.	DE	IA	WinCom Versicherungs-Holding AG	Ownership	100.00	AXA	0
0		0		0	0		DBV Deutsche Lebensversicherung AG	DE	IA	WinCom Versicherungs-Holding AG	Ownership	100.00	AXA	0
0		0		0	0		AXA ART Versicherung AG - Clologne	DE	IA	AXA Konzern AG	Ownership	100.00	AXA	0
0		0		0	0		AXA Art Holdings Inc.	US	NIA	AXA ART Versicherung AG - Clologne	Ownership	100.00	AXA	0
0		0		0	0		Fine Art Service International Inc.	US	NIA	AXA Art Holdings Inc.	Ownership	100.00	AXA	0
0		29530	13-3368745	0	0		AXA Art Insurance Corporation	US	IA	AXA Art Holdings Inc.	Ownership	100.00	AXA	0
0		0		0	0		AXA Biztosito Zrt.	HU	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Szolgaltato Kft.	HU	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA India Holdings	ID	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Bharti AXA Life Insurance Company	ID	IA	AXA India Holdings	Ownership	22.22	AXA	0
0		0		0	0		AXA Business Services Private Limited	ID	NIA	AXA	Ownership	99.90	AXA	0
0		0		0	0		Bharti AXA General Insurance	ID	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		National Mutual International Pty Limited	AU	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		P.T. Asuransi AXA Indonesia	ID	IA	AXA	Ownership	80.00	AXA	0
0		0		0	0		P.T. Life Indonesia	ID	IA	AXA	Ownership	80.00	AXA	0
0		0		0	0		Ltd.	SG	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Life Europe	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Global Distributors (Ireland) Limited	IE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Ireland Limited	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA mps Financial Ltd.	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Italia S.p.A.	IT	NIA	AXA	Ownership	98.24	AXA	0
0		0		0	0		AXA Assicurazioni S.p.A.	IT	IA	AXA Italia S.p.A.	Ownership	98.11	AXA	0
0		0		0	0		AXA Japan Holding Co., Ltd.	JP	NIA	AXA	Ownership	78.67	AXA	0
0		0		0	0		AXA Life Insurance Co.,	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance Co., Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		AXA Collection Services Co. Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		Nextia Life Insurance Co., Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	97.25	AXA	0
0		0		0	0		AXA Seguros, S.A. de CV	MX	IA	AXA	Ownership	99.94	AXA	0
0		0		0	0		Voltaire Participacoes	BR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Luxembourg SA	LU	IA	AXA	Ownership	99.99	AXA	0
0		0		0	0		Finance Solutions S.ar.l. ("Finso")	LU	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Matignon Finance S.A.	LU	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA-AFFIN General Insurance Berhad	MY	IA	AXA	Ownership	42.40	AXA	0
0		0		0	0		AXA-AFFIN Life Insurance Berhad	MY	IA	National Mutual International Pty Limited	Ownership	49.00	AXA	0
0		0		0	0		Philippine AXA Life Insurance Corporation	MY	IA	AXA	Ownership	45.00	AXA	0
0		0		0	0		AXA Middle East SAL Lebanon	LB	NIA	AXA	Ownership	49.00	AXA	0
0		0		0	0		AXA Holding SAL	LB	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Gulf Holding W.L.L.	BH	NIA	AXA	Ownership	95.00	AXA	0
0		0		0	0		AXA Holding Maroc	MA	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Assurance Maroc	MA	IA	AXA Holding Maroc	Ownership	100.00	AXA	0
0		0		0	0		AXA Zycie Towarzystwo Ubezieczen S.A.	PL	IA	AXA Societe Beaujon	Ownership	90.24	AXA	0
0		0		0	0		AXA Powszechne Towarzstwo Emerytalne S.A.	PL	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Towarzystwo Ubezpieczen i Reasekuracji S.A.	PL	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0

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 *
0		0		0	0		Seguro Directo Gere Compania de Seguros SA	PT	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Portugal Companhia de Seguros SA.	PT	IA	AXA	Ownership	83.02	AXA	0
0		0		0	0		AXA Portugal Companhia de Seguros Vida SA	PT	IA	AXA	Ownership	87.63	AXA	0
0		0		0	0		AXA Life Insurance SA	RO	IA	AXA Societe Beaujon	Ownership	99.90	AXA	0
0		0		0	0		Ltd.	SG	NIA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		ipac financial planning Taiwan Limited	TW	NIA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Insurance Singapore Pte Ltd	SG	IA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Asia Regional Centre Pte Ltd	SG	IA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Services s.r.o.	SK	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		EX-SR a.s. v likvdacii	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA d.s.s., a.s.	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA d.d.s., a.s.	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance	KR	IA	AXA	Ownership	94.13	AXA	0
0		0		0	0		AXA Mediterraenan Holding, S.A.U	ES	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Hilo Direct, Seguros y Reaseguros S.A.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.99	AXA	0
0		0		0	0		AXA MEDLA IT & Local Support Services, S.A.	ES	NIA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Regional Services, S.A.	ES	NIA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Seguros Generales, S.A. de Seguros y Reaseguros	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.89	AXA	0
0		0		0	0		AXA Pensiones, S.A. E.G.F.P.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Tigris, S.A.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Vida, S.A.de Seguros y Reaseguros.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.80	AXA	0
0		0		0	0		AXA Senegal	SN	IA	AXA	Ownership	51.53	AXA	0
0		0		0	0		AXA Cote d'Ivoire	CI	IA	AXA	Ownership	78.64	AXA	0
0		0		0	0		AXA Cameroun ©	CM	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Gabon	GA	IA	AXA	Ownership	86.49	AXA	0
0		0		0	0		AXA Versicherungen AG	CH	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Leben AG	CH	IA	AXA Versicherungen AG	Ownership	100.00	AXA	0
0		0		0	0		Rechtsschutz AG	CH	IA	AXA Versicherungen AG	Ownership	66.67	AXA	0
0		0		0	0		AXA Insurance Public Co. Ltd	TH	IA	AXA	Ownership	24.99	AXA	0
0		0		0	0		ASM Holdings Limited	TH	NIA	AXA	Ownership	48.80	AXA	0
0		0		0	0		Krungthai-AXA Life Insurance Company Limited	TH	IA	AXA	Ownership	25.00	AXA	0
0		0		0	0		AXA Hayat ve Emeklilik A.S.	TR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Sigorta A.S.	TR	IA	AXA	Ownership	72.55	AXA	0
0		0		0	0		AXA Insurance	UA	IA	AXA	Ownership	50.29	AXA	0
0		0		0	0		AXA Ukraine	UA	IA	AXA	Ownership	50.00	AXA	0
0		0		0	0		AXA Global Risks (Uk) Limited	GB	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Hordel FV	GB	NIA	AXA	Ownership	100.00	AXA	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0		0		0	0		AXA Equity & Law Plc	GB	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA UK PLC	GB	IA	AXA Equity & Law Plc	Ownership	46.90	AXA	0
0		0		0	0		AXA UK PLC	GB	IA	AXA	Ownership	53.10	AXA	0
0		0		0	0		Bluefin Group Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		GBI Holdings Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Guardian Royal Exchange PLC	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Architas Advisory Services Limited	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Architas Multi-Manager Limited	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		AXA Sun Direct Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		00000	90-0226248	0	0001333986		AXA America Holdings, Inc.	US	UIP	AXA	Ownership	100.00	AXA	0
0		0	30-0011728	0	0		AXA Technology Services America Inc.	US	NIA	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0		00000	36-3044045	0	0001456276		AXA America Corporate Solutions, Inc.	US	NIA	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0968		36552	36-2994662	0	0001456280		Coliseum Reinsurance Company	US	IA	AXA America Corporate Solutions, Inc.	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	Coliseum Reinsurance Company	Ownership	3.09	AXA	0
0968		16187	04-2482364	0	0		Mosaic Insurance Company	US	IA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0968		68365	04-2729166	0	0		AXA Corporate Solutions Life Reinsurance Company	US	IA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0		00000	13-4177328	0	0		AXA Delaware LLC	US	NIA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0968		33022	13-3594502	0	0		AXA Insurance Company	US	IA	AXA Delaware LLC	Ownership	100.00	AXA	0
0		0	13-3623351	0	0000888002		AXA Financial, Inc.	US	UIP	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0		0	27-0294443	0	0		787 Holdings, LLC	US	NIA	AXA Financial, Inc.	Ownership	100.00	AXA	0
0		0	52-2197822	0	0001257148		AXA Equitable Financial Services, LLC	US	UIP	AXA Financial, Inc.	Ownership	100.00	AXA	0
0		0	13-4078005	0	0		AXA Distribution Holding Corporation	US	NIA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-4071393	0	0000033179		AXA Advisors, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	06-1555494	0	0001292309		AXA Network, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	27-1540220	0	0		PlanConnect, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	14-1903564	0	0001450152		AXA Financial (Bermuda) Ltd.	BM	IA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	AXA Financial (Bermuda) Ltd.	Ownership	5.78	AXA	0
0968		62944	13-5570651	0	0000727920		AXA Equitable Life Insurance Company	US		AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	27-5373651	0	0		AXA Equitable Funds Management Group, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	13-3385076	0	0		Equitable Deal Flow Fund, LP	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	23-2671508	0	0		EVSA, Inc.	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	22-2766036	0	0001257149		Equitable Holdings, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	13-2677213	0	0000003798		ACMC, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0968		10589	06-1166226	0	0		Equitable Casualty Insurance Company	US	IA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	13-3266813	0	0000842885		ECMC, LLC	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	52-2233674	0	0000858875		AXA Distributors, LLC	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	13-3813232	0	0		JMR Reality services, Inc.	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0968		62880	13-3198083	0	0001342913		AXA Equitable Life and Annuity Company	US	IA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0968		66370	13-1632487	0	0001209935		MONY Life Insurance Company	US	UDP	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-3790446	0	0		MONY International Holdings, LLC	US	NIA	MONY Life Insurance Company	Ownership	100.00	AXA	0
0		0	98-0152046	0	0		MONY Life Insurance Company of the Americas, Ltd.	US	IA	MONY International Holdings, LLC	Ownership	100.00	AXA	0

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 *
0968......	....	78077......	86-0222062	0....................	0000835357..	....	America	US............	IA.................	MONY Life Insurance Company................	Ownership.........	......100.00	AXA...	0...........
0............	....	0.............	13-4064930	0....................	0001109448..	New York Stock Exchange.............	AllianceBernstein LP................................	US............	NIA...............	America	Ownership.........	.........0.98	AXA...	0...........
0968......	....	84530......	38-2046096	0....................	0....................	....	U.S. Financial Life Insurance Company....	US............	OTH.............	MONY Life Insurance Company................	Ownership.........	......100.00	AXA...	*...........
0............	....	0.............	13-4064930	0....................	0001109448..	New York Stock Exchange.............	AllianceBernstein LP................................	US............	NIA...............	MONY Life Insurance Company................	Ownership.........	.........2.59	AXA...	0...........
0............	....	0.............	11-3722370	0....................	0....................	....	MONY Financial Services, Inc..................	US............	NIA...............	MONY Life Insurance Company................	Ownership.........	......100.00	AXA...	0...........
0............	....	0.............	31-1465146	0....................	0....................	....	Financial Marketing Agency, Inc..............	US............	NIA...............	MONY Financial Services, Inc..................	Ownership.........	......100.00	AXA...	0...........
0............	....	0.............	22-3015130	0....................	0....................	....	MONY Brokerage, Inc............................	US............	NIA...............	MONY Financial Services, Inc..................	Ownership.........	......100.00	AXA...	0...........
0............	....	0.............	13-2645490	0....................	0....................	....	1740 Advisors, Inc..................................	US............	NIA...............	MONY Financial Services, Inc..................	Ownership.........	......100.00	AXA...	0...........
0............	....	0.............	13-2645488	0....................	0....................	....	MONY Securities Corporation..................	US............	NIA...............	MONY Financial Services, Inc..................	Ownership.........	......100.00	AXA...	0...........

Asterisk	Explanation
*	Reporting Entity

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	00-0000000	AXA SA	0	0	300,000,000	0	0	0		(65,520,841)	234,479,159	0
00000	13-3623351	AXA Financial, Inc.	0	0	0	0	17,377,870	0		90,817,915	108,195,785	0
00000	AA-1580027	AXA Life Insurance Co LTD (Japan)	0	0	0	0	0	(8,378,332)		0	(8,378,332)	43,582,005
00000	30-0011728	AXA Technology Services America Inc.	0	0	0	0	105,100,000	0		0	105,100,000	0
00000	52-2197822	AXA Equitable Financial Services, LLC	435,000,000	(260,326)	0	0	0	0		0	434,739,674	0
00000	06-1555494	AXA Network, LLC	0	0	0	0	802,706,533	0		0	802,706,533	0
62944	13-5570651	AXA Equitable LIfe Insurance Company	(46,489,571)	255,326	3,856,828	0	(1,368,756,007)	(353,986,255)		2,256,098	(1,762,863,581)	10,827,449,456
00000	27-5373651	AXA Equitable Funds Management Group, LLC	(187,000,000)	5,000	0	0	(80,000,000)	0		0	(266,995,000)	0
62880	13-3198083	AXA Equitable Life and Annuity Company	0	0	0	0	(5,712,771)	(3,896,830)		0	(9,609,601)	434,750
10589	06-1166226	Equitable Casualty Insurance Company	0	0	0	0	(223,304)	0		0	(223,304)	0
00000	22-2766036	EHLLC	0	0	0	0	0	0		0	0	0
00000	13-3434400	AllianceBernstein L.P.	(106,382,715)	(785,784,870)	0	0	43,477,994	0		0	(848,689,591)	0
00000	13-2677213	ACMC, Inc.	(95,000,000)	785,784,870	0	0	1,710,155	0		(24,555,556)	667,939,469	0
00000	58-1538468	AXA Advisors, LLC	0	0	0	0	325,380	0		0	325,380	0
00000	13-3350365	AXA Distributors, LLC	0	0	0	0	576,898,994	0		0	576,898,994	0
00000	14-1903564	AXA Financial (Bermuda) Ltd	25,970,793	0	(300,000,000)	0	0	324,435,216		25,670,426	76,076,435	(11,984,409,640)
00000	13-3266813	ECMC, LLC	0	0	0	0	0	0		0	0	0
66370	13-1632487	MONY Life Insurance Company	(44,369,209)	(469,545)	0	0	(24,514,634)	3,199,844		2,823,750	(63,329,794)	(828,941)
78077	86-0222062	MONY Life Insurance Company of America	4,398,702	0	0	0	(54,297,594)	276,034		0	(49,622,858)	15,342,824
00000	11-3722370	MONY Financial Services Inc.	0	219,545	0	0	0	0		0	219,545	0
84530	38-2046096	U.S. Financial Life Insurance Company	0	0	0	0	(12,891,200)	42,883,013		0	29,991,813	1,094,190,145
00000	13-3363383	MONY Benefits Management Corp.	0	0	0	0	0	0		0	0	0
00000	27-0294443	787 Holdings, LLC	0	0	(3,856,828)	0	0	0		(31,491,792)	(35,348,620)	0
00000	13-3790446	MONY International Holdings, LLC	0	250,000	0	0	0	0		0	250,000	0
68365	04-2729166	AXA Corporate Solutions Life Re Co.	0	(19,900,000)	0	0	0	0		0	(19,900,000)	(1,750,000)
00000	AA-1320035	Colisee Re Paris	0	0	0	0	0	26,690		0	26,690	0
36552	36-2994662	Coliseum Reinsurance Company	(22,128,000)	26,314,067	0	0	(244,499)	17,555,708		0	21,497,276	707,000
00000	98-0152046	MONY Life Insurance Company of America Ltd	0	0	0	0	0	(3,212,699)		0	(3,212,699)	853,470
00000	AA-1320097	AXA Global Life	0	0	0	0	0	(1,308,743)		0	(1,308,743)	5,135,931
00000	22-3492811	ESSCO	0	0	0	0	9,800	0		0	9,800	0
00000	36-3044045	AXA America Corporate Solutions, Inc.	36,000,000	0	0	0	0	0		0	36,000,000	0
00000	13-3813232	JMR Reality	0	0	0	0	(744,840)	0		0	(744,840)	0
33022	13-3594502	AXA Insurance Company	0	(6,414,067)	0	0	(208,568)	(17,593,646)		0	(24,216,281)	(707,000)
16187	04-2482364	Mosaic insurance Company	0	0	0	0	(13,309)	0		0	(13,309)	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		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?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	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?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO
	APRIL FILING	
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	SEE EXPLANATION

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:	BAR CODE:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	* 8 4 5 3 0 2 0 1 1 4 2 0 0 0 0 0 0 *
13.	* 8 4 5 3 0 2 0 1 1 3 6 0 0 0 0 0 0 *
14.	* 8 4 5 3 0 2 0 1 1 4 9 0 0 0 0 0 0 *
15.	* 8 4 5 3 0 2 0 1 1 3 7 1 0 0 0 0 0 *
16.	
17.	
18.	* 8 4 5 3 0 2 0 1 1 4 4 3 0 0 0 0 0 *
19.	* 8 4 5 3 0 2 0 1 1 4 4 4 0 0 0 0 0 *
20.	* 8 4 5 3 0 2 0 1 1 4 4 5 0 0 0 0 0 *
21.	* 8 4 5 3 0 2 0 1 1 4 4 6 0 0 0 0 0 *
22.	* 8 4 5 3 0 2 0 1 1 4 4 7 0 0 0 0 0 *
23.	* 8 4 5 3 0 2 0 1 1 4 4 8 0 0 0 0 0 *
24.	* 8 4 5 3 0 2 0 1 1 4 4 9 0 0 0 0 0 *
25.	* 8 4 5 3 0 2 0 1 1 4 5 0 0 0 0 0 0 *
26.	* 8 4 5 3 0 2 0 1 1 4 5 1 0 0 0 0 0 *
27.	* 8 4 5 3 0 2 0 1 1 4 5 2 0 0 0 0 0 *
28.	* 8 4 5 3 0 2 0 1 1 4 5 3 0 0 0 0 0 *
29.	* 8 4 5 3 0 2 0 1 1 4 3 6 0 0 0 0 0 *
30.	* 8 4 5 3 0 2 0 1 1 4 3 7 0 0 0 0 0 *
31.	* 8 4 5 3 0 2 0 1 1 4 3 8 0 0 0 0 0 *
32.	* 8 4 5 3 0 2 0 1 1 4 3 9 0 0 0 0 0 *
33.	* 8 4 5 3 0 2 0 1 1 4 5 4 0 0 0 0 0 *
34.	* 8 4 5 3 0 2 0 1 1 4 9 5 0 0 0 0 0 *
35.	

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.

36. *84530201136500000*

37. *84530201122400000*

38. *84530201122500000*

39. *84530201122600000*

40. *84530201130600000*

41.

42. *84530201123000000*

43. *84530201121000000*

44.

45.

46. *84530201121600000*

47. *84530201121700000*

48. Exempt under the MAR premium threshold *84530201122300000*

Overflow Page
NONE

Overflow Page
NONE

* 8 4 5 3 0 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.....U.S. FINANCIAL LIFE INSURANCE COMPANY
Address (City, State, Zip Code).....Cincinnati, OH 45209
NAIC Group Code.....0968 NAIC Company Code.....84530 Employer's ID Number.....38-2046096

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

	Net Amounts Paid Policyholders				
Year in Which Losses Were Incurred	1 2007	2 2008	3 2009	4 2010	5 2011 (a)
1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	0	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	0

NONE

Section B - Other Accident and Health

1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	0	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	0

NONE

Section C - Credit Accident and Health

1. Prior	0	0	0	0	0
2. 2007	0	0	0	0	0
3. 2008	XXX	0	0	0	0
4. 2009	XXX	XXX	0	0	0
5. 2010	XXX	XXX	XXX	0	0
6. 2011	XXX	XXX	XXX	XXX	0

NONE

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

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

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

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

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

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

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

NONE

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2007	2 2008	3 2009	4 2010	5 2011
1. 2007	0	0	0	0	0
2. 2008	XXX	0	0	0	0
3. 2009	XXX	XXX	0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

NONE

1. 2007	0	0	0	0	0
2. 2008	XXX	0	0	0	0
3. 2009	XXX	XXX	0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	0

Section C - Credit Accident and Health

NONE

1. 2007	0	0	0	0	0
2. 2008	XXX	0	0	0	0
3. 2009	XXX	XXX	0	0	0
4. 2010	XXX	XXX	XXX	0	0
5. 2011	XXX	XXX	XXX	XXX	0

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		0
2. Ordinary life	STANDARD FACTOR	4,698
3. Individual annuity		0
4. Supplementary contracts		0
5. Credit life		0
6. Group life		0
7. Group annuities		0
8. Group accident and health		0
9. Credit accident and health		0
10. Other accident and health		0
11. Total		4,698

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2011 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

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

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 - Affiliates - Non-U.S. Affiliates																
00000	AA-3191156	12/31/2004	AXA FINANCIAL (Bermuda) LTD	1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	071002011	3	ROYAL BANK OF SCOTLAND N.V. CHICAGO, IL	551,189,454	0	0	113,659,408	1,091,387,644
0299999.	Total - General Account - Life and Annuity - Affiliates - Non-U.S. Affiliates			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644
0399999.	Total - General Account - Life and Annuity - Affiliates			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644
0799999.	Total - General Account - Life and Annuity			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644
1599999.	Total - General Account			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644
2499999.	Total - Non-U.S.			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644
2599999.	Total			1,024,353,886	60,595,398	6,438,360	1,091,387,644	440,000,000	XXX	XXX	XXX	551,189,454	0	0	113,659,408	1,091,387,644

(a)

Code	American Bankers Association (ABA) Routing Number	Bank Name
		0

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														
0968	AXA	00000	00-0000000	0000	0000898427	Paris Stock Exchange	AXA SA	FR	UIP			0.00		0
0		0		0	0		AXA Assistance SA	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Inter Partner Assistance - Belgium	BE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Corporate Solutions Assurance - France	FR	NIA	AXA	Ownership	98.75	AXA	0
0		0		0	0		MATRIX	US	IA	AXA Corporate Solutions Assurance - Fr.	Ownership	100.00	AXA	0
0		0		0	0		AXA Group Solutions - France	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Assistance Inc. USA	US	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Investment Managers	FR	NIA	AXA	Ownership	73.77	AXA	0
0		0		0	0		AXA Investment Managers	FR	NIA	AXA Konzern AG	Ownership	5.20	AXA	0
0		0		0	0		AXA Investment Managers - France	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Investment Managers Holdings US	US	NIA	AXA Investment Managers - France	Ownership	100.00	AXA	0
0		0		0	0		AXA Rosenberg Group LLC	US	NIA	AXA Investment Managers	Ownership	75.00	AXA	0
0		0	22-3624513	0	0001459848		AXA IM Rose Inc.	US	NIA	AXA Investment Managers	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	AXA IM Rose Inc.	Ownership	15.16	AXA	0
0		0		0	0		AXA Mediterranean Holdings, S.A.U.	ES	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Millésimes	PT	NIA	AXA	Ownership	42.34	AXA	0
0		0		0	0		AXA Real Estate Investment Managers	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Technology Services	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Belgium	BE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Life Insurance Company Ltd. - Hong Kong	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Ins. Hong Kong Ltd.- Hong Kong	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance China Ltd	CA	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA China - France	FR	NIA	AXA	Ownership	51.00	AXA	0
0		0		0	0		Limited	CA	IA	AXA China - France	Ownership	51.00	AXA	0
0		0		0	0		AXA Societe Beaujon	FR	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Pojistovna a.s.	CZ	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Zivtni Pojistonva a.s.	CZ	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Penzijni Fond a.s.	CZ	IA	AXA Societe Beaujon	Ownership	99.98	AXA	0
0		0		0	0		Compagnie Financiere de Paris	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA France Assurance	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Corporate Solutions Assurance	FR	IA	AXA France Assurance	Ownership	98.75	AXA	0
0		0		0	0		AXA Global Life	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Global P&C	FR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Liabilities Managers- France	FR	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Liabilities Managers-US	US	IA	AXA Liabilities Managers- France	Ownership	100.00	AXA	0
0		0	AA-1320035	0	0		Colisee Re - France	FR	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Konzern AG	DE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		WinCom Versicherungs-Holding AG	DE	NIA	AXA Konzern AG	Ownership	100.00	AXA	0
0		0		0	0		DBV Deutsche Beamtenversicherung Leben AG	DE	IA	WinCom Versicherungs-Holding AG	Ownership	94.90	AXA	0

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 *
0		0		0	0		DBV Deutsche Beamtenversicherung AG.	DE	IA	WinCom Versicherungs-Holding AG	Ownership	100.00	AXA	0
0		0		0	0		DBV Deutsche Lebensversicherung AG	DE	IA	WinCom Versicherungs-Holding AG	Ownership	100.00	AXA	0
0		0		0	0		AXA ART Versicherung AG - Clologne	DE	IA	AXA Konzern AG	Ownership	100.00	AXA	0
0		0		0	0		AXA Art Holdings Inc.	US	NIA	AXA ART Versicherung AG - Clologne	Ownership	100.00	AXA	0
0		0		0	0		Fine Art Service International Inc.	US	NIA	AXA Art Holdings Inc.	Ownership	100.00	AXA	0
0		29530	13-3368745	0	0		AXA Art Insurance Corporation	US	IA	AXA Art Holdings Inc.	Ownership	100.00	AXA	0
0		0		0	0		AXA Biztosito Zrt.	HU	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Szolgaltato Kft.	HU	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA India Holdings	ID	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Bharti AXA Life Insurance Company	ID	IA	AXA India Holdings	Ownership	22.22	AXA	0
0		0		0	0		AXA Business Services Private Limited	ID	NIA	AXA	Ownership	99.90	AXA	0
0		0		0	0		Bharti AXA General Insurance	ID	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		National Mutual International Pty Limited	AU	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		P.T. Asuransi AXA Indonesia	ID	IA	AXA	Ownership	80.00	AXA	0
0		0		0	0		P.T. Life Indonesia	ID	IA	AXA	Ownership	80.00	AXA	0
0		0		0	0		Ltd.	SG	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Life Europe	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Global Distributors (Ireland) Limited	IE	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Ireland Limited	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA mps Financial Ltd.	IE	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Italia S.p.A.	IT	NIA	AXA	Ownership	98.24	AXA	0
0		0		0	0		AXA Assicurazioni S.p.A.	IT	IA	AXA Italia S.p.A.	Ownership	98.11	AXA	0
0		0		0	0		AXA Japan Holding Co., Ltd.	JP	NIA	AXA	Ownership	78.67	AXA	0
0		0		0	0		AXA Life Insurance Co.,	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance Co., Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		AXA Collection Services Co. Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	100.00	AXA	0
0		0		0	0		Nextia Life Insurance Co., Ltd.	JP	IA	AXA Japan Holding Co., Ltd.	Ownership	97.25	AXA	0
0		0		0	0		AXA Seguros, S.A. de CV	MX	IA	AXA	Ownership	99.94	AXA	0
0		0		0	0		Voltaire Participacoes	BR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Luxembourg SA	LU	IA	AXA	Ownership	99.99	AXA	0
0		0		0	0		Finance Solutions S.ar.l. ("Finso")	LU	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Matignon Finance S.A.	LU	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA-AFFIN General Insurance Berhad	MY	IA	AXA	Ownership	42.40	AXA	0
0		0		0	0		AXA-AFFIN Life Insurance Berhad	MY	IA	National Mutual International Pty Limited	Ownership	49.00	AXA	0
0		0		0	0		Philippine AXA Life Insurance Corporation	MY	IA	AXA	Ownership	45.00	AXA	0
0		0		0	0		AXA Middle East SAL Lebanon	LB	NIA	AXA	Ownership	49.00	AXA	0
0		0		0	0		AXA Holding SAL	LB	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Gulf Holding W.L.L.	BH	NIA	AXA	Ownership	95.00	AXA	0
0		0		0	0		AXA Holding Maroc	MA	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Assurance Maroc	MA	IA	AXA Holding Maroc	Ownership	100.00	AXA	0
0		0		0	0		AXA Zycie Towarzystwo Ubezieczen S.A.	PL	IA	AXA Societe Beaujon	Ownership	90.24	AXA	0
0		0		0	0		AXA Powszechne Towarzstwo Emerytalne S.A.	PL	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0
0		0		0	0		AXA Towarzystwo Ubezpieczen i Reasekuracji S.A.	PL	IA	AXA Societe Beaujon	Ownership	100.00	AXA	0

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 *
0		0		0	0		Seguro Directo Gere Compania de Seguros SA	PT	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Portugal Companhia de Seguros SA.	PT	IA	AXA	Ownership	83.02	AXA	0
0		0		0	0		AXA Portugal Companhia de Seguros Vida SA	PT	IA	AXA	Ownership	87.63	AXA	0
0		0		0	0		AXA Life Insurance SA	RO	IA	AXA Societe Beaujon	Ownership	99.90	AXA	0
0		0		0	0		Ltd.	SG	NIA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		ipac financial planning Taiwan Limited	TW	NIA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Insurance Singapore Pte Ltd	SG	IA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Asia Regional Centre Pte Ltd	SG	IA	National Mutual International Pty Limited	Ownership	100.00	AXA	0
0		0		0	0		AXA Services s.r.o.	SK	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		EX-SR a.s. v likvdacii	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA d.s.s., a.s.	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA d.d.s., a.s.	SK	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA General Insurance	KR	IA	AXA	Ownership	94.13	AXA	0
0		0		0	0		AXA Mediterraenan Holding, S.A.U	ES	NIA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Hilo Direct, Seguros y Reaseguros S.A.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.99	AXA	0
0		0		0	0		AXA MEDLA IT & Local Support Services, S.A.	ES	NIA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Regional Services, S.A.	ES	NIA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Seguros Generales, S.A. de Seguros y Reaseguros	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.89	AXA	0
0		0		0	0		AXA Pensiones, S.A. E.G.F.P.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Tigris, S.A.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	100.00	AXA	0
0		0		0	0		AXA Vida, S.A.de Seguros y Reaseguros.	ES	IA	AXA Mediterraenan Holding, S.A.U	Ownership	99.80	AXA	0
0		0		0	0		AXA Senegal	SN	IA	AXA	Ownership	51.53	AXA	0
0		0		0	0		AXA Cote d'Ivoire	CI	IA	AXA	Ownership	78.64	AXA	0
0		0		0	0		AXA Cameroun ©	CM	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA Gabon	GA	IA	AXA	Ownership	86.49	AXA	0
0		0		0	0		AXA Versicherungen AG	CH	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Leben AG	CH	IA	AXA Versicherungen AG	Ownership	100.00	AXA	0
0		0		0	0		Rechtsschutz AG	CH	IA	AXA Versicherungen AG	Ownership	66.67	AXA	0
0		0		0	0		AXA Insurance Public Co. Ltd	TH	IA	AXA	Ownership	24.99	AXA	0
0		0		0	0		ASM Holdings Limited	TH	NIA	AXA	Ownership	48.80	AXA	0
0		0		0	0		Krungthai-AXA Life Insurance Company Limited	TH	IA	AXA	Ownership	25.00	AXA	0
0		0		0	0		AXA Hayat ve Emeklilik A.S.	TR	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		AXA Sigorta A.S.	TR	IA	AXA	Ownership	72.55	AXA	0
0		0		0	0		AXA Insurance	UA	IA	AXA	Ownership	50.29	AXA	0
0		0		0	0		AXA Ukraine	UA	IA	AXA	Ownership	50.00	AXA	0
0		0		0	0		AXA Global Risks (Uk) Limited	GB	IA	AXA	Ownership	100.00	AXA	0
0		0		0	0		Hordel FV	GB	NIA	AXA	Ownership	100.00	AXA	0

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 *
0		0		0	0		AXA Equity & Law Plc	GB	IA	AXA	Ownership	99.90	AXA	0
0		0		0	0		AXA UK PLC	GB	IA	AXA Equity & Law Plc	Ownership	46.90	AXA	0
0		0		0	0		AXA UK PLC	GB	IA	AXA	Ownership	53.10	AXA	0
0		0		0	0		Bluefin Group Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		GBI Holdings Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Guardian Royal Exchange PLC	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Architas Advisory Services Limited	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		Architas Multi-Manager Limited	GB	NIA	AXA UK PLC	Ownership	100.00	AXA	0
0		0		0	0		AXA Sun Direct Limited	GB	IA	AXA UK PLC	Ownership	100.00	AXA	0
0		00000	90-0226248	0	0001333986		AXA America Holdings, Inc.	US	UIP	AXA	Ownership	100.00	AXA	0
0		0	30-0011728	0	0		AXA Technology Services America Inc.	US	NIA	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0		00000	36-3044045	0	0001456276		AXA America Corporate Solutions, Inc.	US	NIA	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0968		36552	36-2994662	0	0001456280		Coliseum Reinsurance Company	US	IA	AXA America Corporate Solutions, Inc.	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	Coliseum Reinsurance Company	Ownership	3.09	AXA	0
0968		16187	04-2482364	0	0		Mosaic Insurance Company	US	IA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0968		68365	04-2729166	0	0		AXA Corporate Solutions Life Reinsurance Company	US	IA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0		00000	13-4177328	0	0		AXA Delaware LLC	US	NIA	Coliseum Reinsurance Company	Ownership	100.00	AXA	0
0968		33022	13-3594502	0	0		AXA Insurance Company	US	IA	AXA Delaware LLC	Ownership	100.00	AXA	0
0		0	13-3623351	0	0000888002		AXA Financial, Inc.	US	UIP	AXA America Holdings, Inc.	Ownership	100.00	AXA	0
0		0	27-0294443	0	0		787 Holdings, LLC	US	NIA	AXA Financial, Inc.	Ownership	100.00	AXA	0
0		0	52-2197822	0	0001257148		AXA Equitable Financial Services, LLC	US	UIP	AXA Financial, Inc.	Ownership	100.00	AXA	0
0		0	13-4078005	0	0		AXA Distribution Holding Corporation	US	NIA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-4071393	0	0000033179		AXA Advisors, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	06-1555494	0	0001292309		AXA Network, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	27-1540220	0	0		PlanConnect, LLC	US	NIA	AXA Distribution Holding Corporation	Ownership	100.00	AXA	0
0		0	14-1903564	0	0001450152		AXA Financial (Bermuda) Ltd.	BM	IA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	AXA Financial (Bermuda) Ltd.	Ownership	5.78	AXA	0
0968		62944	13-5570651	0	0000727920		AXA Equitable Life Insurance Company	US		AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	27-5373651	0	0		AXA Equitable Funds Management Group, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	13-3385076	0	0		Equitable Deal Flow Fund, LP	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	23-2671508	0	0		EVSA, Inc.	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	22-2766036	0	0001257149		Equitable Holdings, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0		0	13-2677213	0	0000003798		ACMC, LLC	US	NIA	AXA Equitable Life Insurance Company	Ownership	100.00	AXA	0
0968		10589	06-1166226	0	0		Equitable Casualty Insurance Company	US	IA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	13-3266813	0	0000842885		ECMC, LLC	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	52-2233674	0	0000858875		AXA Distributors, LLC	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0		0	13-3813232	0	0		JMR Reality services, Inc.	US	NIA	Equitable Holdings, LLC	Ownership	100.00	AXA	0
0968		62880	13-3198083	0	0001342913		AXA Equitable Life and Annuity Company	US	IA	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0968		66370	13-1632487	0	0001209935		MONY Life Insurance Company	US	UDP	AXA Equitable Financial Services, LLC	Ownership	100.00	AXA	0
0		0	13-3790446	0	0		MONY International Holdings, LLC	US	NIA	MONY Life Insurance Company	Ownership	100.00	AXA	0
0		0	98-0152046	0	0		MONY Life Insurance Company of the Americas, Ltd.	US	IA	MONY International Holdings, LLC	Ownership	100.00	AXA	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0968		78077	86-0222062	0	0000835357		America	US	IA	MONY Life Insurance Company	Ownership	100.00	AXA	0
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	America	Ownership	0.98	AXA	0
0968		84530	38-2046096	0	0		U.S. Financial Life Insurance Company	US	OTH	MONY Life Insurance Company	Ownership	100.00	AXA	*
0		0	13-4064930	0	0001109448	New York Stock Exchange	AllianceBernstein LP	US	NIA	MONY Life Insurance Company	Ownership	2.59	AXA	0
0		0	11-3722370	0	0		MONY Financial Services, Inc.	US	NIA	MONY Life Insurance Company	Ownership	100.00	AXA	0
0		0	31-1465146	0	0		Financial Marketing Agency, Inc.	US	NIA	MONY Financial Services, Inc.	Ownership	100.00	AXA	0
0		0	22-3015130	0	0		MONY Brokerage, Inc.	US	NIA	MONY Financial Services, Inc.	Ownership	100.00	AXA	0
0		0	13-2645490	0	0		1740 Advisors, Inc.	US	NIA	MONY Financial Services, Inc.	Ownership	100.00	AXA	0
0		0	13-2645488	0	0		MONY Securities Corporation	US	NIA	MONY Financial Services, Inc.	Ownership	100.00	AXA	0

Asterisk	Explanation
*	Reporting Entity