



ANNUAL STATEMENT

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

ANNUITY INVESTORS LIFE INSURANCE COMPANY

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

NAIC Company Code..... 93661

Employer's ID Number..... 31-1021738

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... November 13, 1981

Commenced Business..... December 21, 1981

Statutory Home Office

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

Main Administrative Office

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

513-357-3300-
(Area Code) (Telephone Number)

Mail Address

Post Office Box 5423..... Cincinnati OH 45201- 542
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records

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

513-357-3300-
(Area Code) (Telephone Number)

Internet Web Site Address

www.gafri.com

Statutory Statement Contact

Brian Patrick Sponaugle
(Name)
bsponaugle@gafri.com
(E-Mail Address)

513-412-2931-
(Area Code) (Telephone Number) (Extension)
513-412-1673-
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. Mark Francis Muething	Secretary
3. Christopher Patrick Miliano	Treasurer		

OTHER

Adrienne Susan Kessling	Senior Vice President	John Paul Gruber	Senior Vice President
Brian Patrick Sponaugle # #	Vice President	Eugene Michael Breen # #	Appointed Actuary

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me

a. Is this an original filing?

Yes [X] No []

This _____ day of _____ February, 2012

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....8,200				.....8,200
3. Deposit-type contract funds.....		.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....8,200	.....0	.....0	.....0	.....8,200
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....18,270		.....51,475		.....69,745
12. Surrender values and withdrawals for life contracts.....	.....466		.....3,014		.....3,479
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....18,736	.....0	.....54,488	.....0	.....73,224

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....189,344		- .....		.....189,344
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....189,344	.....0	.....0	.....0	.....189,344
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....6,516		- .....		.....6,516
12. Surrender values and withdrawals for life contracts.....	.....24,962		.....259		.....25,222
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....31,479	.....0	.....259	.....0	.....31,738

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	721,118		108,419		829,537
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	721,118	.....0	108,419	0	829,537
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	9,391		71		9,462
12. Surrender values and withdrawals for life contracts.....	449,419		118,213		567,633
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	458,811	.....0	118,284	0	577,095

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....501,260		.....128		.....501,388
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....501,260	.....0	.....128	.....0	.....501,388
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	- .....		- .....		.....0
12. Surrender values and withdrawals for life contracts.....	.....264,486		.....8,857		.....273,342
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....264,486	.....0	.....8,857	.....0	.....273,342

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,711,213		964,484		3,675,696
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,711,213	.....0	964,484	0	3,675,696
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	451,413		4,750		456,163
12. Surrender values and withdrawals for life contracts.....	2,799,030		1,292,805		4,091,835
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	3,250,443	.....0	1,297,555	.....0	4,547,999

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	59,346,226		1,055,534		60,401,760
3. Deposit-type contract funds.....	219,991	XXX		XXX	219,991
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	59,566,216	0	1,055,534	0	60,621,751
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	12,090,506		-		12,090,506
12. Surrender values and withdrawals for life contracts.....	51,256,352		2,256,374		53,512,726
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	63,346,858	0	2,256,374	0	65,603,232

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....410,797		.....315,672		.....726,469
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....410,797	.....0	.....315,672	.....0	.....726,469
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....309,717		- .....		.....309,717
12. Surrender values and withdrawals for life contracts.....	.....472,848		.....1,856,796		.....2,329,644
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....782,565	.....0	.....1,856,796	.....0	.....2,639,362

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....3,639,936		.....43,873		.....3,683,809
3. Deposit-type contract funds.....	.....55,000	.....XXX		.....XXX	.....55,000
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....3,694,936	.....0	.....43,873	.....0	.....3,738,809
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....275,018		-		.....275,018
12. Surrender values and withdrawals for life contracts.....	.....1,136,121		.....535,081		.....1,671,202
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,411,139	.....0	.....535,081	.....0	.....1,946,219

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....177,615		.....9,727		.....187,342
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....177,615	.....0	.....9,727	.....0	.....187,342
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....118,983		-		.....118,983
12. Surrender values and withdrawals for life contracts.....	.....204,851		.....30		.....204,881
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....323,834	.....0	.....30	.....0	.....323,864

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....517,727		- .....		.....517,727
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....517,727	.....0	.....0	.....0	.....517,727
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....90,140		- .....		.....90,140
12. Surrender values and withdrawals for life contracts.....	.....191,049		- .....		.....191,049
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....281,189	.....0	.....0	.....0	.....281,189

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	23,340,561		1,350,503		24,691,064
3. Deposit-type contract funds.....	38,713	XXX		XXX	38,713
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	23,379,274	.....0	1,350,503	0	24,729,778
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	964,315		1,187		965,503
12. Surrender values and withdrawals for life contracts.....	7,934,959		489,687		8,424,646
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	8,899,274	.....0	490,874	.....0	9,390,149

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	1,746,239		486,036		2,232,274
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,746,239	.....0	486,036	0	2,232,274
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	108,116		-		108,116
12. Surrender values and withdrawals for life contracts.....	1,035,134		4,828,723		5,863,857
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	1,143,250	.....0	4,828,723	.....0	5,971,973

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	263,289,427		36,962,888		300,252,315
3. Deposit-type contract funds.....	868,889	XXX		XXX	868,889
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	264,158,316	.....0	36,962,888	0	301,121,204
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	29,031,274		156,328		29,187,602
12. Surrender values and withdrawals for life contracts.....	178,823,036		58,598,669		237,421,705
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	207,854,310	.....0	58,754,997	0	266,609,307

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,699,987		11,574		2,711,561
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,699,987	.....0	11,574	0	2,711,561
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	62,395		-		62,395
12. Surrender values and withdrawals for life contracts.....	594,597		16,916		611,513
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	656,992	.....0	16,916	0	673,908

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,283,358		579,866		2,863,224
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,283,358	.....0	579,866	0	2,863,224
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	61,450		-		61,450
12. Surrender values and withdrawals for life contracts.....	2,623,887		1,709,913		4,333,800
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	2,685,337	.....0	1,709,913	.....0	4,395,250

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	774,428		72,650		847,077
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	774,428	.....0	72,650	0	847,077
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	56,866		714		57,579
12. Surrender values and withdrawals for life contracts.....	889,907		38,090		927,997
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	946,773	.....0	38,804	0	985,576

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	5,964,968		365,706		6,330,674
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	5,964,968	.....0	365,706	0	6,330,674
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	623,914		81,281		705,195
12. Surrender values and withdrawals for life contracts.....	3,754,224		743,296		4,497,520
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	4,378,138	.....0	824,576	0	5,202,714

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	3,004,930		1,414,960		4,419,890
3. Deposit-type contract funds.....	25,123	XXX		XXX	25,123
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	3,030,053	.....0	1,414,960	0	4,445,013
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	456,028		997		457,024
12. Surrender values and withdrawals for life contracts.....	2,084,143		1,720,318		3,804,461
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	2,540,171	.....0	1,721,314	0	4,261,485

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....551,961		.....450		.....552,411
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....551,961	.....0	.....450	.....0	.....552,411
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....4,768		- .....		.....4,768
12. Surrender values and withdrawals for life contracts.....	.....83,264		.....15,042		.....98,306
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....88,032	.....0	.....15,042	.....0	.....103,075

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	1,909,722		368,161		2,277,883
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,909,722	.....0	368,161	0	2,277,883
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	16,912		-		16,912
12. Surrender values and withdrawals for life contracts.....	738,142		914,572		1,652,715
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	755,055	.....0	914,572	.....0	1,669,627

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,126,145		.....1,458		.....1,127,602
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,126,145	.....0	.....1,458	.....0	.....1,127,602
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....220,896		- .....		.....220,896
12. Surrender values and withdrawals for life contracts.....	.....638,391		.....10,492		.....648,883
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....859,287	.....0	.....10,492	.....0	.....869,779

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	8,555,656		15,369		8,571,025
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	8,555,656	.....0	15,369	0	8,571,025
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	165,519		-		165,519
12. Surrender values and withdrawals for life contracts.....	5,111,244		287,453		5,398,696
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	5,276,763	.....0	287,453	0	5,564,215

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	1,382,405		19,287		1,401,692
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,382,405	.....0	19,287	0	1,401,692
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	559,533		-		559,533
12. Surrender values and withdrawals for life contracts.....	612,393		253,717		866,110
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	1,171,926	.....0	253,717	.....0	1,425,643

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,509,164		.....21,719		.....1,530,883
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,509,164	.....0	.....21,719	.....0	.....1,530,883
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....6,672		- .....		.....6,672
12. Surrender values and withdrawals for life contracts.....	.....319,929		.....140,191		.....460,120
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....326,600	.....0	.....140,191	.....0	.....466,791

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....16,291,200		.....163,428		.....16,454,629
3. Deposit-type contract funds.....	.....49,203	.....XXX		.....XXX	.....49,203
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....16,340,404	.....0	.....163,428	.....0	.....16,503,832
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....1,240,505		-		.....1,240,505
12. Surrender values and withdrawals for life contracts.....	.....13,099,516		.....82,627		.....13,182,143
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....14,340,020	.....0	.....82,627	.....0	.....14,422,647

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	3,055,763		792,384		3,848,147
3. Deposit-type contract funds.....	210,257	XXX		XXX	210,257
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	3,266,020	.....0	792,384	0	4,058,404
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	3,152,092		714		3,152,805
12. Surrender values and withdrawals for life contracts.....	3,333,989		785,405		4,119,394
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	6,486,081	.....0	786,118	.....0	7,272,199

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	445,316		1,040		446,356
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	445,316	.....0	1,040	0	446,356
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	102,645		-		102,645
12. Surrender values and withdrawals for life contracts.....	854,073		110,868		964,942
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	956,718	.....0	110,868	0	1,067,587

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	257,589		84,699		342,288
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	257,589	.....0	84,699	0	342,288
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	121,323		-		121,323
12. Surrender values and withdrawals for life contracts.....	220,973		36,526		257,500
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	342,296	.....0	36,526	0	378,822

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....575,938		-		.....575,938
3. Deposit-type contract funds.....	.....21,595	.....XXX		.....XXX	.....21,595
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....597,533	.....0	.....0	.....0	.....597,533
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....25,036		.....714		.....25,749
12. Surrender values and withdrawals for life contracts.....	.....341,123		.....90		.....341,213
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....366,159	.....0	.....804	.....0	.....366,962

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,935,421		16,296,016		19,231,437
3. Deposit-type contract funds.....	22,372	XXX		XXX	22,372
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,957,794	.....0	16,296,016	0	19,253,809
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	145,387		-		145,387
12. Surrender values and withdrawals for life contracts.....	1,952,680		11,146,820		13,099,500
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	2,098,068	.....0	11,146,820	.....0	13,244,887

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	283,545		911,352		1,194,897
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	283,545	0	911,352	0	1,194,897
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	21,447		-		21,447
12. Surrender values and withdrawals for life contracts.....	8,538		170,018		178,556
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	29,985	0	170,018	0	200,003

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	317,722		1,908		319,630
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	317,722	.....0	1,908	0	319,630
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	47,841		-		47,841
12. Surrender values and withdrawals for life contracts.....	179,714		25		179,739
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	227,555	.....0	25	0	227,580

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	610,818		2,569		613,387
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	610,818	.....0	2,569	0	613,387
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	66,773		-		66,773
12. Surrender values and withdrawals for life contracts.....	163,363		2,986		166,348
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	230,136	.....0	2,986	0	233,122

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....10,615,952		.....89,928		.....10,705,880
3. Deposit-type contract funds.....	.....50,656	.....XXX		.....XXX	.....50,656
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....10,666,608	.....0	.....89,928	.....0	.....10,756,535
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....296,869		-		.....296,869
12. Surrender values and withdrawals for life contracts.....	.....3,508,540		.....54,351		.....3,562,891
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
15. Totals.....	.....3,805,409	.....0	.....54,351	.....0	.....3,859,760

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....560,862		.....103,999		.....664,861
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....560,862	.....0	.....103,999	.....0	.....664,861
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....7,627		- .....		.....7,627
12. Surrender values and withdrawals for life contracts.....	.....768,350		.....114,175		.....882,525
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....775,977	.....0	.....114,175	.....0	.....890,152

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	5,158,889		950		5,159,839
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	5,158,889	.....0	950	0	5,159,839
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	194,088		-		194,088
12. Surrender values and withdrawals for life contracts.....	4,549,119		11,679		4,560,798
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	4,743,206	.....0	11,679	0	4,754,886

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....95,677		.....423		.....96,099
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....95,677	.....0	.....423	.....0	.....96,099
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....255,763		-		.....255,763
12. Surrender values and withdrawals for life contracts.....	.....358,680		.....4,594		.....363,274
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....614,443	.....0	.....4,594	.....0	.....619,037

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....17,985,909		.....8,582,558		.....26,568,467
3. Deposit-type contract funds.....	.....44,674	.....XXX		.....XXX	.....44,674
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....18,030,583	.....0	.....8,582,558	.....0	.....26,613,141
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....1,326,639		.....14,428		.....1,341,066
12. Surrender values and withdrawals for life contracts.....	.....13,359,916		.....24,475,641		.....37,835,557
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....14,686,554	.....0	.....24,490,068	.....0	.....39,176,623

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,140,411		.....(755)		.....1,139,656
3. Deposit-type contract funds.....	- .....	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,140,411	.....0	.....(755)	.....0	.....1,139,656
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....168,707		- .....		.....168,707
12. Surrender values and withdrawals for life contracts.....	.....1,267,867		.....540		.....1,268,407
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,436,574	.....0	.....540	.....0	.....1,437,114

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....464,502		.....8,335		.....472,837
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....464,502	.....0	.....8,335	.....0	.....472,837
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....203,827		- .....		.....203,827
12. Surrender values and withdrawals for life contracts.....	.....1,344,188		.....26,984		.....1,371,172
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,548,015	.....0	.....26,984	.....0	.....1,574,999

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....8,200				.....8,200
3. Deposit-type contract funds.....		.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....8,200	.....0	.....0	.....0	.....8,200
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....18,270		.....51,475		.....69,745
12. Surrender values and withdrawals for life contracts.....	.....466		.....3,014		.....3,479
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....18,736	.....0	.....54,488	.....0	.....73,224

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....11,698,515		.....274,179		.....11,972,695
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....11,698,515	.....0	.....274,179	.....0	.....11,972,695
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....199,817		- .....		.....199,817
12. Surrender values and withdrawals for life contracts.....	.....2,153,374		.....59,011		.....2,212,385
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....2,353,192	.....0	.....59,011	.....0	.....2,412,202

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....					.....0
3. Deposit-type contract funds.....		XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....0	.....0	.....0	.....0	.....0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	-		-		.....0
12. Surrender values and withdrawals for life contracts.....	.....25				.....25
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....25	.....0	.....0	.....0	.....25

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,448,768		3,797		2,452,565
3. Deposit-type contract funds.....	24,857	XXX		XXX	24,857
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,473,625	.....0	3,797	0	2,477,422
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	9,219		-		9,219
12. Surrender values and withdrawals for life contracts.....	1,412,122		(239)		1,411,883
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	1,421,341	.....0	(239)	0	1,421,102

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	1,365,158		2,772		1,367,930
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,365,158	.....0	2,772	0	1,367,930
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	107,794		-		107,794
12. Surrender values and withdrawals for life contracts.....	1,368,157		76,790		1,444,946
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	1,475,951	.....0	76,790	0	1,552,740

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	215,619		-		.....215,619
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	215,619	0	0	0	215,619
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	32,941		-		32,941
12. Surrender values and withdrawals for life contracts.....	84,772		7,638		92,410
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	117,713	0	7,638	0	125,351

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	3,791,106		15,385		3,806,491
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	3,791,106	.....0	15,385	0	3,806,491
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	396,795		-		396,795
12. Surrender values and withdrawals for life contracts.....	1,869,783		168,486		2,038,269
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	2,266,578	.....0	168,486	0	2,435,064

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	44,121,134		1,231,767		45,352,902
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	44,121,134	.....0	1,231,767	0	45,352,902
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	1,453,123		-		1,453,123
12. Surrender values and withdrawals for life contracts.....	25,182,456		2,581,393		27,763,849
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	26,635,578	.....0	2,581,393	.....0	29,216,972

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	6,948,244		772,283		7,720,527
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	6,948,244	.....0	772,283	0	7,720,527
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	318,078		-		318,078
12. Surrender values and withdrawals for life contracts.....	8,013,244		709,193		8,722,437
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	8,331,322	.....0	709,193	0	9,040,515

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,675,961		.....22,368		.....1,698,329
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,675,961	.....0	.....22,368	.....0	.....1,698,329
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....319,344		-		.....319,344
12. Surrender values and withdrawals for life contracts.....	.....598,045		.....282,629		.....880,674
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....917,389	.....0	.....282,629	.....0	.....1,200,018

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....109,125		- .....		.....109,125
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....109,125	.....0	.....0	.....0	.....109,125
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....59,239		- .....		.....59,239
12. Surrender values and withdrawals for life contracts.....	.....40,120		- .....		.....40,120
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....99,359	.....0	.....0	.....0	.....99,359

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	5,939,400		34,254		5,973,654
3. Deposit-type contract funds.....	64,122	XXX		XXX	64,122
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	6,003,522	.....0	34,254	0	6,037,775
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	1,318,155		-		1,318,155
12. Surrender values and withdrawals for life contracts.....	8,674,652		340,652		9,015,304
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	9,992,807	.....0	340,652	0	10,333,459

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....506,117		.....350,275		.....856,393
3. Deposit-type contract funds.....	.....42,326	.....XXX		.....XXX	.....42,326
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....548,444	.....0	.....350,275	.....0	.....898,719
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....751,706		-		.....751,706
12. Surrender values and withdrawals for life contracts.....	.....616,046		.....87,435		.....703,480
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,367,751	.....0	.....87,435	.....0	.....1,455,186

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	284,075		-		284,075
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	284,075	.....0	.....0	.....0	284,075
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	11,156		-		11,156
12. Surrender values and withdrawals for life contracts.....	50,456		-		50,456
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	61,612	.....0	.....0	.....0	61,612

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....317,730		.....11,400		.....329,130
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....317,730	.....0	.....11,400	.....0	.....329,130
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	- .....		- .....		.....0
12. Surrender values and withdrawals for life contracts.....	.....229,359		.....22,512		.....251,871
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....229,359	.....0	.....22,512	.....0	.....251,871

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	41,281
2. Current year's realized pre-tax capital gains/(losses) of \$.....3,514,403 transferred into the reserve net of taxes of \$.....1,230,041.....	2,284,362
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	2,325,643
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	855,540
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	1,470,103

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.....	441,664	413,877		855,541
2. 2012.....	122,450	654,605		777,055
3. 2013.....	(70,577)	443,421		372,844
4. 2014.....	(235,502)	334,994		99,492
5. 2015.....	(305,246)	223,712		(81,534)
6. 2016.....	(226,594)	106,918		(119,676)
7. 2017.....	(111,623)	41,651		(69,972)
8. 2018.....	1,904	32,893		34,797
9. 2019.....	56,676	23,440		80,116
10. 2020.....	50,653	13,987		64,640
11. 2021.....	43,138	3,839		46,977
12. 2022.....	37,370	(1,390)		35,980
13. 2023.....	33,936	(1,324)		32,612
14. 2024.....	30,938	(1,243)		29,695
15. 2025.....	27,077	(1,185)		25,892
16. 2026.....	24,870	(1,085)		23,785
17. 2027.....	24,196	(964)		23,232
18. 2028.....	21,556	(765)		20,791
19. 2029.....	17,294	(553)		16,741
20. 2030.....	13,489	(354)		13,135
21. 2031.....	10,934	(113)		10,822
22. 2032.....	9,131			9,131
23. 2033.....	7,285			7,285
24. 2034.....	5,209			5,209
25. 2035.....	3,808			3,808
26. 2036.....	3,071			3,071
27. 2037.....	2,272			2,272
28. 2038.....	1,413			1,413
29. 2039.....	491			491
30. 2040.....				0
31. 2041 and Later.....				0
32. Total (Lines 1 to 31).....	41,281	2,284,362	0	2,325,643

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	0		0	1,822,415		1,822,415	1,822,415
2. Realized capital gains/(losses) net of taxes - General Account.....	(3,808,561)		(3,808,561)			0	(3,808,561)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(3,328,668)		(3,328,668)	(1,120,243)		(1,120,243)	(4,448,911)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	2,307,622		2,307,622			0	2,307,622
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	(4,829,607)	0	(4,829,607)	702,171	0	702,171	(4,127,436)
9. Maximum reserve.....	11,435,787		11,435,787	1,482,017		1,482,017	12,917,804
10. Reserve objective.....	7,975,011		7,975,011	1,482,017		1,482,017	9,457,028
11. 20% of (Line 10 minus Line 8).....	2,560,924	0	2,560,924	155,969	0	155,969	2,716,893
12. Balance before transfers (Lines 8 + 11).....	(2,268,683)	0	(2,268,683)	858,140	0	858,140	(1,410,543)
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	2,268,683		2,268,683			0	2,268,683
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	(0)	0	(0)	858,140	0	858,140	858,140

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	11,495,900	.XXX.	.XXX.	11,495,900	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	1,294,366,706	.XXX.	.XXX.	1,294,366,706	0.0004	517,747	0.0023	2,977,043	0.0030	3,883,100
3	2	High quality.....	478,688,983	.XXX.	.XXX.	478,688,983	0.0019	909,509	0.0058	2,776,396	0.0090	4,308,201
4	3	Medium quality.....	49,244,407	.XXX.	.XXX.	49,244,407	0.0093	457,973	0.0230	1,132,621	0.0340	1,674,310
5	4	Low quality.....	14,010,870	.XXX.	.XXX.	14,010,870	0.0213	298,432	0.0530	742,576	0.0750	1,050,815
6	5	Lower quality.....	2,817,103	.XXX.	.XXX.	2,817,103	0.0432	121,699	0.1100	309,881	0.1700	478,908
7	6	In or near default.....	117,395	.XXX.	.XXX.	117,395	0.0000	0	0.2000	23,479	0.2000	23,479
8		Total unrated multi-class securities acquired by conversion.....		.XXX.	.XXX.	0	.XXX.	0	.XXX.	0	.XXX.	
9		Total bonds (sum of Lines 1 through 8) (Page 2, Line 1, Column 3 plus Schedule DL, Part 1, Column 6, Line 6599999).....	1,850,741,364	.XXX.	.XXX.	1,850,741,364	.XXX.	2,305,359	.XXX.	7,961,997	.XXX.	11,418,813
		PREFERRED STOCKS										
10	1	Highest quality.....		.XXX.	.XXX.	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		.XXX.	.XXX.	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		.XXX.	.XXX.	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		.XXX.	.XXX.	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		.XXX.	.XXX.	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		.XXX.	.XXX.	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		.XXX.	.XXX.	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16) (Page 3, Line 2.1, Column 3 plus Schedule DL, Part 1, Column 6, Line 7099999).....	0	.XXX.	.XXX.	0	.XXX.	0	.XXX.	0	.XXX.	0
		SHORT-TERM BONDS										
18		Exempt obligations.....	24,661,177	.XXX.	.XXX.	24,661,177	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		.XXX.	.XXX.	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		.XXX.	.XXX.	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		.XXX.	.XXX.	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		.XXX.	.XXX.	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		.XXX.	.XXX.	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		.XXX.	.XXX.	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	24,661,177	.XXX.	.XXX.	24,661,177	.XXX.	0	.XXX.	0	.XXX.	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	5,658,220	XXX	XXX	5,658,220	0.0004	2,263	0.0023	13,014	0.0030	16,975
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	5,658,220	XXX	XXX	5,658,220	XXX	2,263	XXX	13,014	XXX	16,975
34		TOTAL (Lines 9 + 17 + 25 + 33).....	1,881,060,761	XXX	XXX	1,881,060,761	XXX	2,307,622	XXX	7,975,011	XXX	11,435,787
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages.....			XXX	0	(a)	0	(a)	0	(a)	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX	0	(a)	0	(a)	0	(a)	0
40		In good standing with restructured terms.....			XXX	0	(b)	0	(b)	0	(b)	0
		Overdue, not in process:										
41		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50) (Page 2, Line 3, Column 3 plus Schedule DL, Part 1, Column 6, Line 8799999).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages.....			XXX	0	(c)	0	(c)	0	(c)	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

(a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

32

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....	7,808,311	XXX	XXX	7,808,311	0.0000	0	(d).....0.1898	1,482,017	(d).....0.1898	1,482,017
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(d).....	0	(d).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans.....				0	(c).....	0	(c).....	0	(c).....	0
15		Real estate.....				0	(e).....	0	(e).....	0	(e).....	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17) (Page 2, Line 2.2, Column 3 plus Schedule DL, Column 6, Line 7599999).....	7,808,311	0	0	7,808,311	XXX	0	XXX	1,482,017	XXX	1,482,017
		REAL ESTATE										
19		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21).....	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-74)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

Sch. H-Pt. 1
NONE

Sch. H-Pt. 2
NONE

Sch. H-Pt. 3
NONE

Sch. H-Pt. 4
NONE

Sch. H-Pt. 5
NONE

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

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

Sch. S-Pt. 2
NONE

Sch. S-Pt. 3-Sn. 1
NONE

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....				(180)	
2. Commissions and reinsurance expense allowances.....					
3. Contract claims.....					
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....				(189)	(104)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....					189
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....					
12. Amounts recoverable on reinsurance.....					
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances unpaid.....					
16. Unauthorized reinsurance offset.....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F).....					
18. Letters of credit (L).....					
19. Trust agreements (T).....					
20. Other (O).....					

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	1,948,270,322		1,948,270,322
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....			0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (balance).....	24,012,397		24,012,397
6. Total assets excluding Separate Accounts (Line 26).....	1,972,282,719	0	1,972,282,719
7. Separate Account Assets (Line 27).....	548,310,891		548,310,891
8. Total assets (Line 28).....	2,520,593,610	0	2,520,593,610
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	1,779,583,588		1,779,583,588
10. Liability for deposit-type contracts (Line 3).....	30,449,276		30,449,276
11. Claim reserves (Line 4).....	6,033,805		6,033,805
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....			0
14. Other contract liabilities (Line 9).....	1,470,103		1,470,103
15. Reinsurance in unauthorized companies (Line 24.2).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.3).....			0
17. All other liabilities (balance).....	(2,611,663)		(2,611,663)
18. Total liabilities excluding Separate Accounts (Line 26).....	1,814,925,109	0	1,814,925,109
19. Separate Account liabilities (Line 27).....	548,310,891		548,310,891
20. Total liabilities (Line 28).....	2,363,236,000	0	2,363,236,000
21. Capital & surplus (Line 38).....	157,357,610	XXX	157,357,610
22. Total liabilities, capital & surplus (Line 39).....	2,520,593,610	0	2,520,593,610
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves.....	0		
24. Claim reserves.....	0		
25. Policyholder dividends/reserves.....	0		
26. Premium & annuity considerations received in advance.....	0		
27. Liability for deposit-type contracts.....	0		
28. Other contract liabilities.....	0		
29. Reinsurance ceded assets.....	0		
30. Other ceded reinsurance recoverables.....	0		
31. Total ceded reinsurance recoverables.....	0		
32. Premiums and considerations.....	0		
33. Reinsurance in unauthorized companies.....	0		
34. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
35. Other ceded reinsurance payables/offsets.....	0		
36. Total ceded reinsurance payables/offsets.....	0		
37. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama.....	AL		829,537			829,537
2.	Alaska.....	AK		189,344			189,344
3.	Arizona.....	AZ		3,675,696			3,675,696
4.	Arkansas.....	AR		501,388			501,388
5.	California.....	CA		60,401,760		219,991	60,621,751
6.	Colorado.....	CO		726,469			726,469
7.	Connecticut.....	CT		3,683,809		55,000	3,738,809
8.	Delaware.....	DE		517,727			517,727
9.	District of Columbia.....	DC		187,342			187,342
10.	Florida.....	FL		24,691,064		38,713	24,729,777
11.	Georgia.....	GA		2,232,274			2,232,274
12.	Hawaii.....	HI		2,711,561			2,711,561
13.	Idaho.....	ID		847,077			847,077
14.	Illinois.....	IL		6,330,674			6,330,674
15.	Indiana.....	IN		4,419,890		25,123	4,445,013
16.	Iowa.....	IA		2,863,224			2,863,224
17.	Kansas.....	KS		552,411			552,411
18.	Kentucky.....	KY		2,277,883			2,277,883
19.	Louisiana.....	LA		1,127,602			1,127,602
20.	Maine.....	ME		1,530,883			1,530,883
21.	Maryland.....	MD		1,401,692			1,401,692
22.	Massachusetts.....	MA		8,571,025			8,571,025
23.	Michigan.....	MI		16,454,629		49,203	16,503,832
24.	Minnesota.....	MN		3,848,147		210,257	4,058,404
25.	Mississippi.....	MS		342,288			342,288
26.	Missouri.....	MO		446,356			446,356
27.	Montana.....	MT		575,938		21,595	597,533
28.	Nebraska.....	NE		319,630			319,630
29.	Nevada.....	NV		5,159,839			5,159,839
30.	New Hampshire.....	NH		613,387			613,387
31.	New Jersey.....	NJ		10,705,880		50,656	10,756,536
32.	New Mexico.....	NM		664,861			664,861
33.	New York.....	NY		96,099			96,099
34.	North Carolina.....	NC		19,231,437		22,372	19,253,809
35.	North Dakota.....	ND		1,194,897			1,194,897
36.	Ohio.....	OH		26,568,467		44,674	26,613,141
37.	Oklahoma.....	OK		1,139,656			1,139,656
38.	Oregon.....	OR		472,837			472,837
39.	Pennsylvania.....	PA		11,972,695			11,972,695
40.	Rhode Island.....	RI		2,452,565		24,857	2,477,422
41.	South Carolina.....	SC		1,367,930			1,367,930
42.	South Dakota.....	SD		215,619			215,619
43.	Tennessee.....	TN		3,806,491			3,806,491
44.	Texas.....	TX		45,352,902			45,352,902
45.	Utah.....	UT		7,720,527			7,720,527
46.	Vermont.....	VT		109,125			109,125
47.	Virginia.....	VA		1,698,329			1,698,329
48.	Washington.....	WA		5,973,654		64,122	6,037,776
49.	West Virginia.....	WV		284,075			284,075
50.	Wisconsin.....	WI		856,393		42,326	898,719
51.	Wyoming.....	WY		329,130			329,130
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CN					0
58.	Aggregate Other Alien.....	OT		8,200			8,200
59.	Totals.....		0	300,252,315	0	868,889	301,121,204

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.1	American Financial Group, Inc...	63312	31-0823725..				Dixie Terminal Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1733037..				Flextech Holding Co., Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0606803..				GAI Holding Bermuda Ltd.....	BM.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0556144..				GAI Indemnity, Ltd.....	GB.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Group Limited.....	GB.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	71.60	American Financial Group, Inc.....	
							Marketform Holdings Limited.....	GB.....	NIA.....	Marketform Group Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Caduceus Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0412245..				Lavenham Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Gabinete Marketform SL.....	ES.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Australia Pty Limited.....	AU.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Studio Marketform SRL.....	IT.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Management Services Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Managing Agency Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0431601..				Sampford Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Trust Company Limited.....	GB.....	NIA.....	Marketform Group Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			06-1356481..				Great American Financial Resources, Inc.....	DE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	1....
			31-1475936..				AAG Holding Company, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			58-646032..				Great American Financial Statutory Trust IV.....	CT.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			13-1935920..				Great American Life Insurance Company.....	OH.....	UDP.....	AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-2969767..				Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-4391696..				Aerielle, LLC.....	DE.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-0756104..				Aerielle Technologies, Inc.....	CA.....	NIA.....	Aerielle, LLC.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1021738..				Annuity Investors Life Insurance Company.....	OH.....		Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			27-4078277..				Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			27-0513333..				Bay Bridge Marina Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			20-1246122..				Brothers Management, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	99.00	American Financial Group, Inc.....	
			36-3383108..				Consolidated Financial Corporation.....	MI.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3988240..				FT Liquidation, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			20-4604276..				GALIC - Bay Bridge Marina, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3829557..				GALIC - Stoneleigh, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1391777..				GALIC Brothers, Inc.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	80.00	American Financial Group, Inc.....	
			45-1144095..				GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	65.00	American Financial Group, Inc.....	2....
			27-1026964..				GALIC Port Orange, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	48.00	American Financial Group, Inc.....	2....
			26-3260520..				Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-0252531..				Manhattan National Life Insurance Company.....	IL.....	IA.....	Manhattan National Holding Corporation.....	Ownership.....	100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.2			52-2179330..				Skipjack Marina Corp.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			20-3568924..				Loyal American Holding Corporation.....	OH.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65722..	63-0343428..			Loyal American Life Insurance Company.....	OH.....	IA.....	Loyal American Holding Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	88366..	59-2760189..			American Retirement Life Insurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			45-4121852..				GALAC Holding Company.....	OH.....	NIA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	62200..	95-2496321..			Great American Life Assurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			74-2180806..				United Teacher Associates, Ltd.....	TX.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	1....
	0084..	American Financial Group, Inc...	63479..	58-0869673..			United Teacher Associates Insurance Company.....	TX.....	IA.....	United Teacher Associates, Ltd.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			31-1422717..				AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			34-1017531..				Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	61727..	34-0970995..			Central Reserve Life Insurance Company.....	OH.....	IA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	67903..	23-1335885..			Provident American Life & Health Insurance Company.....	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
										Provident American Life & Health Insurance Company	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65269..	75-2305400..			United Benefit Life Insurance Company.....	OH.....	IA.....		Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1880408..			Ceres Administrators, L.L.C.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1947043..			Ceres Sales, LLC.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1970892..			Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Ceres Sales, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1920479..			HealthMark Sales, LLC.....	DE.....	NIA.....	Ceres Sales, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				47-0717079..			Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	71404..	47-0463747..			Continental General Insurance Company.....	OH.....	IA.....	Continental General Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				47-0562685..			Continental Print & Photo Co.....	NE.....	NIA.....	Continental General Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1947042..			QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				31-1395344..			Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				42-1575938..			Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				27-3062314..			Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				45-4110027..			Unites States Commodities Producers LLC.....	MT.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	....51.30	American Financial Group, Inc.....	
				27-2354685..			United States Livestock Producers, LLC.....	NV.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	....51.30	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	14084..	27-4395897..			Livestock Market Enhancement Risk Retention Group.....	NV.....	IA.....	United States Livestock Producers, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	35351..	31-0912199..			American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
										American Empire Surplus Lines Insurance Company	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	37990..	31-0973761..			American Empire Insurance Company.....	OH.....	IA.....		Ownership.....	....100.00	American Financial Group, Inc.....	
				59-1671722..			American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
							Great American International Insurance Limited.....	IE.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	23418..	73-0556513..			Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	15380..	73-1406844..			Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	13794..	38-3803661..			Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				30-0571535..			Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084..	American Financial Group, Inc...	23426...	73-0773259..	.....	.....	.....	Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company.....	TC.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	16691...	31-0501234..	.....	.....	.....	Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....37.50	American Financial Group, Inc.....	2....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	....37.50	American Financial Group, Inc.....	2....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.....	CA.....	NIA.....	Aerielle, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....80.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC.....	DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC.....	DE.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	1....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	MX.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Financidora de Primas Condor, S.A. de C.V.....	MX.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	....99.00	American Financial Group, Inc.....	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....	.....	American Financial Group, Inc.....	3....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	....35.00	American Financial Group, Inc.....	2....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	....32.00	American Financial Group, Inc.....	2....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	26832...	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	26344...	15-6020948..	.....	.....	.....	Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	39896...	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	10646...	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	37532...	31-0954439..	.....	.....	.....	Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41858...	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
9999999.	Control Totals.....		.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....3,635,619

Pooling Information

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

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	SEE EXPLANATION
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	YES
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	SEE EXPLANATION
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
APRIL FILING		
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
AUGUST FILING		
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 2 2 0 0 0 0 0 *</div></div>
12. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 4 2 0 0 0 0 0 0 *</div></div>
13. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 3 6 0 0 0 0 0 0 *</div></div>
14. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 4 9 0 0 0 0 0 0 *</div></div>
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30. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 4 3 7 0 0 0 0 0 *</div></div>
31.	
32.	
33. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 4 5 4 0 0 0 0 0 *</div></div>
34. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 4 9 5 0 0 0 0 0 *</div></div>

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.		
36.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 3 6 5 0 0 0 0 0 *</div></div>
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39.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 2 6 0 0 0 0 0 *</div></div>
40.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 3 0 6 0 0 0 0 0 *</div></div>
41.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 8 0 0 0 0 0 0 *</div></div>
42.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 3 0 0 0 0 0 0 *</div></div>
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46.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 1 6 0 0 0 0 0 *</div></div>
47.	NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 1 2 1 7 0 0 0 0 0 *</div></div>
48.		

Additional Write-ins for Summary of Operations:

		1	2
		Current Year	Prior Year
08.304	Miscellaneous income.....	75	6,415
08.397	Summary of remaining write-ins for Line 8.3.....	75	6,415

Annual Statement for the year 2011 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	.....75	.....	.....	.....59	.....	.....	.....	.....16	.....	.....	.....	.....
08.397. Summary of remaining write-ins for Line 8.3.....	.....75	.....0	.....0	.....59	.....0	.....0	.....0	.....16	.....0	.....0	.....0	.....0



SCHEDULE O SUPPLEMENT

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

Of The.....ANNUITY INVESTORS LIFE INSURANCE COMPANY

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

NAIC Group Code.....0084

NAIC Company Code.....93661

Employer's ID Number.....31-1021738

SUPPLEMENTAL SCHEDULE O - PART 1Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

1. Prior.....					
2. 2007.....					
3. 2008.....	XXX	NONE			
4. 2009.....	XXX					XXX
5. 2010.....	XXX	XXX	XXX		
6. 2011.....	XXX	XXX	XXX	XXX	

(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

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

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

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

Sch. O-Pt. 5
NONE

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

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SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.1	American Financial Group, Inc...	63312	31-0823725..				Dixie Terminal Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1733037..				Flextech Holding Co., Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0606803..				GAI Holding Bermuda Ltd.....	BM.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0556144..				GAI Indemnity, Ltd.....	GB.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Group Limited.....	GB.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	71.60	American Financial Group, Inc.....	
							Marketform Holdings Limited.....	GB.....	NIA.....	Marketform Group Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Caduceus Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0412245..				Lavenham Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Gabinete Marketform SL.....	ES.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Australia Pty Limited.....	AU.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Studio Marketform SRL.....	IT.....	NIA.....	Marketform Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Management Services Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Managing Agency Limited.....	GB.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			98-0431601..				Sampford Underwriting Limited.....	GB.....	IA.....	Marketform Holdings Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
							Marketform Trust Company Limited.....	GB.....	NIA.....	Marketform Group Limited.....	Ownership.....	100.00	American Financial Group, Inc.....	
			06-1356481..				Great American Financial Resources, Inc.....	DE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	1....
			31-1475936..				AAG Holding Company, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			58-646032..				Great American Financial Statutory Trust IV.....	CT.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			13-1935920..				Great American Life Insurance Company.....	OH.....	UDP.....	AAG Holding Company, Inc.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-2969767..				Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-4391696..				Aerielle, LLC.....	DE.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	62.50	American Financial Group, Inc.....	2....
			26-0756104..				Aerielle Technologies, Inc.....	CA.....	NIA.....	Aerielle, LLC.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1021738..				Annuity Investors Life Insurance Company.....	OH.....		Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			27-4078277..				Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			27-0513333..				Bay Bridge Marina Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.00	American Financial Group, Inc.....	
			20-1246122..				Brothers Management, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	99.00	American Financial Group, Inc.....	
			36-3383108..				Consolidated Financial Corporation.....	MI.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3988240..				FT Liquidation, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			20-4604276..				GALIC - Bay Bridge Marina, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-3829557..				GALIC - Stoneleigh, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			31-1391777..				GALIC Brothers, Inc.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	80.00	American Financial Group, Inc.....	
			45-1144095..				GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	65.00	American Financial Group, Inc.....	2....
			27-1026964..				GALIC Port Orange, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	48.00	American Financial Group, Inc.....	2....
			26-3260520..				Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.00	American Financial Group, Inc.....	
			45-0252531..				Manhattan National Life Insurance Company.....	IL.....	IA.....	Manhattan National Holding Corporation.....	Ownership.....	100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
51.2			52-2179330..				Skipjack Marina Corp.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			20-3568924..				Loyal American Holding Corporation.....	OH.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65722..	63-0343428..			Loyal American Life Insurance Company.....	OH.....	IA.....	Loyal American Holding Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	88366..	59-2760189..			American Retirement Life Insurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			45-4121852..				GALAC Holding Company.....	OH.....	NIA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	62200..	95-2496321..			Great American Life Assurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			74-2180806..				United Teacher Associates, Ltd.....	TX.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	1....
	0084..	American Financial Group, Inc...	63479..	58-0869673..			United Teacher Associates Insurance Company.....	TX.....	IA.....	United Teacher Associates, Ltd.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			31-1422717..				AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
			34-1017531..				Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	61727..	34-0970995..			Central Reserve Life Insurance Company.....	OH.....	IA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	67903..	23-1335885..			Provident American Life & Health Insurance Company.....	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
										Provident American Life & Health Insurance Company	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	65269..	75-2305400..			United Benefit Life Insurance Company.....	OH.....	IA.....		Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1880408..			Ceres Administrators, L.L.C.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1947043..			Ceres Sales, LLC.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1970892..			Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Ceres Sales, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1920479..			HealthMark Sales, LLC.....	DE.....	NIA.....	Ceres Sales, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				47-0717079..			Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	71404..	47-0463747..			Continental General Insurance Company.....	OH.....	IA.....	Continental General Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				47-0562685..			Continental Print & Photo Co.....	NE.....	NIA.....	Continental General Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				34-1947042..			QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				31-1395344..			Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				42-1575938..			Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				27-3062314..			Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				45-4110027..			Unites States Commodities Producers LLC.....	MT.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	....51.30	American Financial Group, Inc.....	
				27-2354685..			United States Livestock Producers, LLC.....	NV.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	....51.30	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	14084..	27-4395897..			Livestock Market Enhancement Risk Retention Group.....	NV.....	IA.....	United States Livestock Producers, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	35351..	31-0912199..			American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
										American Empire Surplus Lines Insurance Company	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	37990..	31-0973761..			American Empire Insurance Company.....	OH.....	IA.....		Ownership.....	....100.00	American Financial Group, Inc.....	
				59-1671722..			American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
							Great American International Insurance Limited.....	IE.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	23418..	73-0556513..			Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	15380..	73-1406844..			Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
	0084..	American Financial Group, Inc...	13794..	38-3803661..			Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	
				30-0571535..			Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084..	American Financial Group, Inc...	23426...	73-0773259..	.....	.....	.....	Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	98-0627464..	.....	.....	.....	Premier International Insurance Company.....	TC.....	IA.....	Great American Holding, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	16691...	31-0501234..	.....	.....	.....	Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....37.50	American Financial Group, Inc.....	2....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	....37.50	American Financial Group, Inc.....	2....
.....	.....	.....	26-0756104..	.....	.....	.....	Aerielle Technologies, Inc.....	CA.....	NIA.....	Aerielle, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....80.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC.....	DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC.....	DE.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	1....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	MX.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Financidora de Primas Condor, S.A. de C.V.....	MX.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	....99.00	American Financial Group, Inc.....	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....	.....	American Financial Group, Inc.....	3....
.....	.....	.....	31-1753938..	.....	.....	.....	GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1765544..	.....	.....	.....	GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	GAI Warranty Company of Canada Inc.....	CN.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	45-1144095..	.....	.....	.....	GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	....35.00	American Financial Group, Inc.....	2....
.....	.....	.....	27-1026964..	.....	.....	.....	GALIC Port Orange, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	....32.00	American Financial Group, Inc.....	2....
.....	.....	.....	61-1329718..	.....	.....	.....	Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	74-2693636..	.....	.....	.....	Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	26832...	95-1542353..	.....	.....	.....	Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	26344...	15-6020948..	.....	.....	.....	Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	39896...	61-0983091..	.....	.....	.....	Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1228726..	.....	.....	.....	Great American Claims Services, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	10646...	36-4079497..	.....	.....	.....	Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	37532...	31-0954439..	.....	.....	.....	Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
0084..	American Financial Group, Inc...	41858...	31-1036473..	.....	.....	.....	Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....
.....	.....	.....	31-1652643..	.....	.....	.....	Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	....100.00	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

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