



# ANNUAL STATEMENT

For the Year Ended December 31, 2012  
of the Condition and Affairs of the

## American Retirement Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 88366	Employer's ID Number..... 59-2760189
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... May 12, 1978	Commenced Business..... November 27, 1978	
Statutory Home Office	1300 East Ninth Street..... Cleveland ..... OH ..... 44114 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	512-451-2224 <i>(Area Code) (Telephone Number)</i>
Mail Address	11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... 78717 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	512-451-2224 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address		
Statutory Statement Contact	Jesse Navarrete <i>(Name)</i> CSBFinRpt@cigna.com <i>(E-Mail Address)</i>	512-807-4801 <i>(Area Code) (Telephone Number) (Extension)</i> 512-467-1399 <i>(Fax Number)</i>

### OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram	President	2. Brenda Weigilia Hardison	Secretary
3. Byron Keith Buescher	Treasurer	4. James Monroe Garvin III #	Appointed Actuary

### OTHER

Paul Adolph Severt	Chief Financial Officer	Michael Kenneth Brown #	Vice President
Maureen Hardiman Ryan #	Assistant Treasurer	Barry Richard McHale #	Assistant Treasurer

### DIRECTORS OR TRUSTEES

Paul Adolph Severt	Bradley Allen Wolfram	Thomas Barton Richards #	Eric Paul Palmer #
Frank Sataline Jr. #	James Yablecki #		

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

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

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

Subscribed and sworn to before me  
This \_\_\_\_\_ day of February 2013

a. Is this an original filing? Yes [X] No [ ]  
b. If no  
1. State the amendment number \_\_\_\_\_  
2. Date filed \_\_\_\_\_  
3. Number of pages attached \_\_\_\_\_

## ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	1,174,318		1,174,318	3,573,535
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....2,637,249, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....1,316,716, Schedule DA).....	3,953,965		3,953,965	2,320,265
6. Contract loans (including \$.....0 premium notes).....			.0	4,450
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	5,128,283	.0	5,128,283	5,898,250
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	8,564		8,564	31,723
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(2,051)		(2,051)	(545)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	322
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	438,752		438,752	196,298
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	17,118		17,118	
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	79,192		79,192	
18.2 Net deferred tax asset.....	676,138	676,138	.0	227,674
19. Guaranty funds receivable or on deposit.....	50		50	17,594
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....			.0	
24. Health care (\$.....0) and other amounts receivable.....			.0	
25. Aggregate write-ins for other than invested assets.....	13,516	13,516	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	6,359,562	689,654	5,669,908	6,371,316
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	6,359,562	689,654	5,669,908	6,371,316

### DETAILS OF WRITE-INS

1101.....			.0	
1102.....			.0	
1103.....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Disallowed IMR.....	13,516	13,516	.0	
2502.....			.0	
2503.....			.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	13,516	13,516	.0	.0

## LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....		632,141
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		3,000
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		38
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....208,960 ceded.....	208,960	
9.4 Interest Maintenance Reserve (IMR, Line 6).....		48,059
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....		6,730
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....	4,924	5,225
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		1,615
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		13
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....	15,769	21,946
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....		
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....	430	273
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	3,021	134,473
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	233,104	853,513
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	233,104	853,513
29. Common capital stock.....	2,500,000	2,500,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	2,731,601	2,677,365
34. Aggregate write-ins for special surplus funds.....	0	22,565
35. Unassigned funds (surplus).....	205,203	317,873
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	2,936,804	3,017,803
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	5,436,804	5,517,803
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	5,669,908	6,371,316

### DETAILS OF WRITE-INS

2501. Deferred Reinsurance Gain.....		119,700
2502. Escheat Liability.....	3,021	14,773
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	3,021	134,473
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. SSAP 10R Additional Surplus.....		22,565
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	22,565

Annual Statement for the year 2012 of the **American Retirement Life Insurance Company**  
**SUMMARY OF OPERATIONS**

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11).....	(694,052)	2,329
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	91,468	137,337
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5).....	(446)	(861)
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....	30,427	39,105
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	71,894	9,599
9. Totals (Lines 1 to 8.3).....	(500,709)	187,509
10. Death benefits.....	26,422	21,772
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8).....		
13. Disability benefits and benefits under accident and health contracts.....		
14. Coupons, guaranteed annual pure endowments and similar benefits.....		
15. Surrender benefits and withdrawals for life contracts.....		4,494
16. Group conversions.....		
17. Interest and adjustments on contract or deposit-type contract funds.....		
18. Payments on supplementary contracts with life contingencies.....		
19. Increase in aggregate reserves for life and accident and health contracts.....	(632,141)	3,536
20. Totals (Lines 10 to 19).....	(605,719)	29,802
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1).....		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1).....		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4).....	154,287	95,625
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3).....	87,395	61,207
25. Increase in loading on deferred and uncollected premiums.....	(222)	
26. Net transfers to or (from) Separate Accounts net of reinsurance.....		
27. Aggregate write-ins for deductions.....	0	530
28. Totals (Lines 20 to 27).....	(364,259)	187,164
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(136,450)	345
30. Dividends to policyholders.....		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(136,450)	345
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	(65,663)	(6,383)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(70,787)	6,728
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$..... (169,898) (excluding taxes of \$.....2,679 transferred to the IMR).....	169,898	(14,847)
35. Net income (Line 33 plus Line 34).....	99,111	(8,119)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2).....	5,517,803	5,527,615
37. Net income (Line 35).....	99,111	(8,119)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....189,062.....	(189,022)	5,171
39. Change in net unrealized foreign exchange capital gain (loss).....		
40. Change in net deferred income tax.....	587,523	(7,088)
41. Change in nonadmitted assets.....	(610,282)	(294)
42. Change in liability for reinsurance in unauthorized and certified companies.....		
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Col. 4).....		
44. Change in asset valuation reserve.....		
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
47. Other changes in surplus in Separate Accounts Statement.....		
48. Change in surplus notes.....		
49. Cumulative effect of changes in accounting principles.....		
50. Capital changes:		
50.1 Paid in.....		
50.2 Transferred from surplus (Stock Dividend).....		
50.3 Transferred to surplus.....		
51. Surplus adjustment:		
51.1 Paid in.....	54,236	
51.2 Transferred to capital (Stock Dividend).....		
51.3 Transferred from capital.....		
51.4 Change in surplus as a result of reinsurance.....		
52. Dividends to stockholders.....		
53. Aggregate write-ins for gains and losses in surplus.....	(22,565)	518
54. Net change in capital and surplus for the year (Lines 37 through 53).....	(80,999)	(9,812)
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38).....	5,436,804	5,517,803
<b>DETAILS OF WRITE-INS</b>		
08.301. Deferred Reinsurance Gain.....	4,894	9,599
08.302. IMR Adjustment Released from the Reserve.....	67,000	
08.303. ....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	71,894	9,599
2701. Penalties.....		530
2702. ....		
2703. ....		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	530
5301. SSAP 10R Additional Surplus.....	(22,565)	518
5302. ....		
5303. ....		
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	(22,565)	518

**CASH FLOW**

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....	(692,040)	1,910
2. Net investment income.....	123,738	149,707
3. Miscellaneous income.....	102,321	43,105
4. Total (Lines 1 through 3).....	(465,981)	194,722
5. Benefit and loss related payments.....	80,034	(58,271)
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	362,621	159,018
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(206,311)	435
10. Total (Lines 5 through 9).....	236,344	101,182
11. Net cash from operations (Line 4 minus Line 10).....	(702,325)	93,540
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	3,070,597	138,740
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	3,070,597	138,740
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	672,797	
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	672,797	0
14. Net increase (decrease) in contract loans and premium notes.....	(4,450)	329
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	2,402,250	138,411
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(66,225)	18,966
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(66,225)	18,966
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	1,633,700	250,917
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,320,265	2,069,348
19.2 End of year (Line 18 plus Line 19.1).....	3,953,965	2,320,265
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001 338 (h)(10) Capital Contribution.....	54,236	

## ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	(694,052)		(694,052)									
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	91,468		72,758	356								18,354
4. Amortization of Interest Maintenance Reserve (IMR).....	(446)		(444)	(2)								
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	30,427			30,427								
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	71,894	0	67,000	4,894	0	0	0	0	0	0	0	0
9. Totals (Lines 1 to 8.3).....	(500,709)	0	(554,738)	35,675	0	0	0	0	0	0	0	18,354
10. Death benefits.....	26,422		26,422									
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	0											
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	(632,141)		(632,141)									
20. Totals (Lines 10 to 19).....	(605,719)	0	(605,719)	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	0											
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	154,287		30,393	46,265								77,629
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	87,395		74,322									13,073
25. Increase in loading on deferred and uncollected premiums.....	(222)		(222)									
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	0	0	0	0	0	0	0	0	0	0	0	0
28. Totals (Lines 20 to 27).....	(364,259)	0	(501,226)	46,265	0	0	0	0	0	0	0	90,702
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(136,450)	0	(53,512)	(10,590)	0	0	0	0	0	0	0	(72,348)
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(136,450)	0	(53,512)	(10,590)	0	0	0	0	0	0	0	(72,348)
32. Federal income taxes incurred (excluding tax on capital gains).....	(65,663)		(54,815)	(10,848)								
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(70,787)	0	1,303	258	0	0	0	0	0	0	0	(72,348)

### DETAILS OF WRITE-INS

08.301. Deferred Reinsurance Gain.....	4,894			4,894								
08.302. IMR Adjustment Released from the Reserve.....	67,000		67,000									
08.303. ....	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	71,894	0	67,000	4,894	0	0	0	0	0	0	0	0
2701. ....	0											
2702. ....	0											
2703. ....	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0



## EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....110,992	.....89,441
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....10,491	.....8,879
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....356	.....356
6. Cash, cash equivalents and short-term investments.....	(e).....1,009	.....1,009
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	.....0
10. Total gross investment income.....	.....122,848	.....99,685
11. Investment expenses.....	.....	(g).....8,217
12. Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13. Interest expense.....	.....	(h).....
14. Depreciation on real estate and other invested assets.....	.....	(i).....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....0
16. Total deductions (Lines 11 through 15).....	.....	.....8,217
17. Net investment income (Line 10 minus Line 16).....	.....	.....91,468

### DETAILS OF WRITE-INS

0901. ....		
0902. ....		
0903. ....		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501. ....		
1502. ....		
1503. ....		
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	.....0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	.....0

- (a) Includes \$.....(837) accrual of discount less \$.....8,274 amortization of premium and less \$.....33 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

## EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....			.....0		
1.1 Bonds exempt from U.S. tax.....			.....0		
1.2 Other bonds (unaffiliated).....	.....7,654		.....7,654	.....40	
1.3 Bonds of affiliates.....			.....0		
2.1 Preferred stocks (unaffiliated).....			.....0		
2.11 Preferred stocks of affiliates.....			.....0		
2.2 Common stocks (unaffiliated).....			.....0		
2.21 Common stocks of affiliates.....			.....0		
3. Mortgage loans.....			.....0		
4. Real estate.....			.....0		
5. Contract loans.....			.....0		
6. Cash, cash equivalents and short-term investments.....			.....0		
7. Derivative instruments.....			.....0		
8. Other invested assets.....			.....0		
9. Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0	.....0
10. Total capital gains (losses).....	.....7,654	.....0	.....7,654	.....40	.....0

### DETAILS OF WRITE-INS

0901. ....					
0902. ....			.....0		
0903. ....			.....0		
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0	.....0	.....0	.....0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0	.....0

**EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

	1 Total	2 Industrial Life	3 Ordinary		5 Credit Life (Group and Individual)	6 Group		8 Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	
<b>FIRST YEAR (other than single)</b>											
1. Uncollected.....	.0										
2. Deferred and accrued.....	.0										
3. Deferred, accrued and uncollected:											
3.1 Direct.....	.0										
3.2 Reinsurance assumed.....	.0										
3.3 Reinsurance ceded.....	.0										
3.4 Net (Line 1 + Line 2).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Advance.....	.0										
5. Line 3.4 - Line 4.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Collected during year:											
6.1 Direct.....	.0										
6.2 Reinsurance assumed.....	.0										
6.3 Reinsurance ceded.....	.0										
6.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Line 5 + Line 6.4.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8. Prior year (uncollected + deferred and accrued - advance).....	.0										
9. First year premiums and considerations:											
9.1 Direct.....	.0										
9.2 Reinsurance assumed.....	.0										
9.3 Reinsurance ceded.....	.0										
9.4 Net (Line 7 - Line 8).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
<b>SINGLE</b>											
10. Single premiums and considerations:											
10.1 Direct.....	.0										
10.2 Reinsurance assumed.....	.0										
10.3 Reinsurance ceded.....	.0										
10.4 Net.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
<b>RENEWAL</b>											
11. Uncollected.....	(2,050)		(738)	(1,312)							
12. Deferred and accrued.....	.0										
13. Deferred, accrued and uncollected:											
13.1 Direct.....	561		561								
13.2 Reinsurance assumed.....	.0										
13.3 Reinsurance ceded.....	2,611		1,299	1,312							
13.4 Net (Line 11 + Line 12).....	(2,050)	.0	(738)	(1,312)	.0	.0	.0	.0	.0	.0	.0
14. Advance.....	.0										
15. Line 13.4 - Line 14.....	(2,050)	.0	(738)	(1,312)	.0	.0	.0	.0	.0	.0	.0
16. Collected during year:											
16.1 Direct.....	7,723		2,291	5,432							
16.2 Reinsurance assumed.....	.0										
16.3 Reinsurance ceded.....	699,764		695,082	4,682							
16.4 Net.....	(692,041)	.0	(692,791)	.750	.0	.0	.0	.0	.0	.0	.0
17. Line 15 + Line 16.4.....	(694,091)	.0	(693,529)	(562)	.0	.0	.0	.0	.0	.0	.0
18. Prior year (uncollected + deferred and accrued - advance).....	(39)		523	(562)							
19. Renewal premiums and considerations:											
19.1 Direct.....	7,761		2,329	5,432							
19.2 Reinsurance assumed.....	.0										
19.3 Reinsurance ceded.....	701,812		696,381	5,431							
19.4 Net (Line 17 - Line 18).....	(694,052)	.0	(694,052)	.0	.0	.0	.0	.0	.0	.0	.0
<b>TOTAL</b>											
20. Total premiums and annuity considerations:											
20.1 Direct.....	7,761	.0	2,329	5,432	.0	.0	.0	.0	.0	.0	.0
20.2 Reinsurance assumed.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
20.3 Reinsurance ceded.....	701,812	.0	696,381	5,431	.0	.0	.0	.0	.0	.0	.0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	(694,052)	.0	(694,052)	.0	.0	.0	.0	.0	.0	.0	.0

**EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND  
EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health		11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	
<b>DIVIDENDS AND COUPONS APPLIED (included in Part 1)</b>										
21. To pay renewal premiums.....	0									
22. All other.....	0									
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>										
23. First year (other than single):										
23.1 Reinsurance ceded.....	0									
23.2 Reinsurance assumed.....	0									
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0
24. Single:										
24.1 Reinsurance ceded.....	5,711			5,711						
24.2 Reinsurance assumed.....	0									
24.3 Net ceded less assumed.....	5,711	0	0	5,711	0	0	0	0	0	0
25. Renewal:										
25.1 Reinsurance ceded.....	24,716			24,716						
25.2 Reinsurance assumed.....	0									
25.3 Net ceded less assumed.....	24,716	0	0	24,716	0	0	0	0	0	0
26. Totals:										
26.1 Reinsurance ceded (Page 6, Line 6).....	30,427	0	0	30,427	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22).....	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	30,427	0	0	30,427	0	0	0	0	0	0
<b>COMMISSIONS INCURRED (direct business only)</b>										
27. First year (other than single).....	0									
28. Single.....	0									
29. Renewal.....	0									
30. Deposit-type contract funds.....	0									
31. Totals (to agree with Page 6, Line 21).....	0	0	0	0	0	0	0	0	0	0

**American Retirement Life Insurance Company**  
**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance			4 All Other Lines of Business	5 Investment	6 Total
	1 Life	Accident and Health				
		2 Cost Containment	3 All Other			
1. Rent.....						0
2. Salaries and wages.....						0
3.11 Contributions for benefit plans for employees.....						0
3.12 Contributions for benefit plans for agents.....						0
3.21 Payments to employees under non-funded benefit plans.....						0
3.22 Payments to agents under non-funded benefit plans.....						0
3.31 Other employee welfare.....						0
3.32 Other agent welfare.....						0
4.1 Legal fees and expenses.....						0
4.2 Medical examination fees.....						0
4.3 Inspection report fees.....						0
4.4 Fees of public accountants and consulting actuaries.....	3,117			60,985		64,102
4.5 Expense of investigation and settlement of policy claims.....						0
5.1 Traveling expenses.....						0
5.2 Advertising.....						0
5.3 Postage, express, telegraph and telephone.....						0
5.4 Printing and stationery.....	1,468					1,468
5.5 Cost or depreciation of furniture and equipment.....						0
5.6 Rental of equipment.....						0
5.7 Cost or depreciation of EDP equipment and software.....						0
6.1 Books and periodicals.....						0
6.2 Bureau and association fees.....						0
6.3 Insurance, except on real estate.....						0
6.4 Miscellaneous losses.....	(60)			(6,509)		(6,569)
6.5 Collection and bank service charges.....	2,455			1,561		4,016
6.6 Sundry general expenses.....	24,400					24,400
6.7 Group service and administration fees.....						0
6.8 Reimbursements by uninsured plans.....						0
7.1 Agency expense allowance.....						0
7.2 Agents' balances charged off (less \$.....0 recovered).....						0
7.3 Agency conferences other than local meetings.....						0
9.1 Real estate expenses.....						0
9.2 Investment expenses not included elsewhere.....					8,217	8,217
9.3 Aggregate write-ins for expenses.....	45,279	0	0	21,591	0	66,870
10. General expenses Incurred.....	76,659	0	0	77,628	8,217	(a) 162,504
11. General expenses unpaid December 31, prior year.....	6,730					6,730
12. General expenses unpaid December 31, current year.....						0
13. Amounts receivable relating to uninsured plans, prior year.....						0
14. Amounts receivable relating to uninsured plans, current year.....						0
15. General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14).....	83,389	0	0	77,628	8,217	169,234

**DETAILS OF WRITE-INS**

09.301. TPA Service Fees.....	45,279			21,591		66,870
09.302. ....						0
09.303. ....						0
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	45,279	0	0	21,591	0	66,870

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

**EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)**

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes.....					0
2. State insurance department licenses and fees.....	68,607		12,302		80,909
3. State taxes on premiums.....	6,031		772		6,803
4. Other state taxes, including \$.....0 for employee benefits.....	(317)				(317)
5. U.S. Social Security taxes.....					0
6. All other taxes.....					0
7. Taxes, licenses and fees incurred.....	74,321	0	13,074	0	87,395
8. Taxes, licenses and fees unpaid December 31, prior year.....	5,225				5,225
9. Taxes, licenses and fees unpaid December 31, current year.....			4,924		4,924
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	79,546	0	8,150	0	87,696

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

	1 Life	2 Accident and Health
	1. Applied to pay renewal premiums.....	
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total Lines 1 through 4.....	0	0
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund options.....	0	0
9. Total Lines 5 through 8.....	0	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total Lines 10 through 14.....	0	0
16. Total from prior year.....		
17. Total dividends or refunds (Lines 9 + 15 - 16).....	0	0

**NONE**

**DETAILS OF WRITE-INS**

0801. ....		
0802. ....		
0803. ....		
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....	0	0

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1	2	3	4	5 Credit (Group and Individual)	6
Valuation Standard	Total	Industrial	Ordinary		Group
<b>Life Insurance:</b>					
0100001. 80 CSO ALB MALE 5 % CRVM.....	37,057		37,057		
0100002. 80 CSO ALB MALE 5 % NET LEVEL.....	400,077		400,077		
0100003. 80 CSO ALB MALE 5.5 % CRVM.....	0				
0100004. 80 CSO ALB MALE 5.5 % NET LEVEL.....	171,460		171,460		
0100005. 80 CSO ALB MALE 6 % NET LEVEL.....	663		663		
0100006. 80 CSO ALB FEMALE 4% NET LEVEL.....	1,127		1,127		
0100007. 80 CET ALB MALE 5 % NET LEVEL.....	4,220		4,220		
0199997. Totals (Gross).....	614,604	0	614,604	0	0
0199998. Reinsurance ceded.....	614,604		614,604		
0199999. Totals (Net).....	0	0	0	0	0
<b>Annuities (excluding supplementary contracts with life contingencies):</b>					
0200001. 5.5% CARVM.....	3,825,487	XXX	3,825,487	XXX	
0200002. 5.75% CARVM.....	4,175,800	XXX	4,175,800	XXX	
0200003. 6.25% CARVM.....	2,927,328	XXX	2,927,328	XXX	
0200004. 6.5% CARVM.....	1,462,295	XXX	1,462,295	XXX	
0200005. 6.75% CARVM.....	2,173,634	XXX	2,173,634	XXX	
0200006. 7% CARVM.....	429,984	XXX	429,984	XXX	
0299997. Totals (Gross).....	14,994,528	XXX	14,994,528	XXX	0
0299998. Reinsurance ceded.....	14,994,528	XXX	14,994,528	XXX	
0299999. Totals (Net).....	0	XXX	0	XXX	0
<b>Miscellaneous Reserves:</b>					
0700001. NONDEDUCTION RESERVES.....	6		6		
0700002. IPC RESERVE.....	15,616		15,616		
0799997. Totals (Gross).....	15,622	0	15,622	0	0
0799998. Reinsurance ceded.....	15,622		15,622		
0799999. Totals (Net).....	0	0	0	0	0
9999999. Totals (Net) - Page 3, Line 1.....	0	0	0	0	0

Annual Statement for the year 2012 of the **American Retirement Life Insurance Company**  
**EXHIBIT 5 - INTERROGATORIES**

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes [ ] No [X]  
 1.2 If not, state which kind is issued  
     Non-Participating
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes [ ] No [X]  
 2.2 If not, state which kind is issued  
     Non-Participating
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? Yes [X] No [ ]  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes [ ] No [X]  
 4.1 Amount of insurance: \$.....  
 4.2 Amount of reserve: \$.....  
 4.3 Basis of reserve:  
  
 4.4 Basis of regular assessments:  
  
 4.5 Basis of special assessments:  
  
 4.6 Assessments collected during year: \$.....
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [ ] No [X]  
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....  
  
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$.....  
 Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [ ] No [X]  
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....  
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:  
  
 7.3 State the amount of reserves established for this business: \$.....  
 7.4 Identify where the reserves are reported in the blank.
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year? Yes [ ] No [X]  
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements. \$.....  
 8.2 State the amount of reserves established for this business. \$.....  
 8.3 Identify where the reserves are reported in the blank.
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [ ] No [X]  
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders. \$.....  
 9.2 State the amount of reserves established for this business. \$.....  
 9.3 Identify where the reserves are reported in the blank.

**EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR**

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

**NONE**

**Ex. 6-Aggregate Reserves for A&H Policies**  
**NONE**

**Ex. 7-Deposit-Type Contracts**  
**NONE**

## EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

### PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	0	0	0
2.2 Other:											
2.21 Direct.....	49,504			49,504							
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	49,504			49,504							
2.24 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0
3. Incurred but unreported:											
3.1 Direct.....	3,000		3,000								
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	3,000		3,000								
3.4 Net.....	0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0	(b) 0	(b) 0	0
4. Totals:											
4.1 Direct.....	52,504	0	3,000	49,504	0	0	0	0	0	0	0
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	52,504	0	3,000	49,504	0	0	0	0	0	0	0
4.4 Net.....	0	(a) 0	(a) 0	0	0	0	(a) 0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

## EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

### PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	1,593,427		29,422	1,564,005							
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	1,321,551			1,321,551							
1.4 Net..... (d)	271,876	0	29,422	242,454	0	0	0	0	0	0	0
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	52,504		3,000	49,504							
2.2 Reinsurance assumed.....	0										
2.3 Reinsurance ceded.....	52,504		3,000	49,504							
2.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
3. Amounts recoverable from reinsurers December 31, current year.....	438,752			438,752							
4. Liability December 31, prior year:											
4.1 Direct.....	54,504		3,000	51,504							
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	51,504			51,504							
4.4 Net.....	3,000	0	3,000	0	0	0	0	0	0	0	0
5. Amounts recoverable from reinsurers December 31, prior year.....	196,298			196,298							
6. Incurred benefits:											
6.1 Direct.....	1,591,427	0	29,422	1,562,005	0	0	0	0	0	0	0
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	1,565,005	0	3,000	1,562,005	0	0	0	0	0	0	0
6.4 Net.....	26,422	0	26,422	0	0	0	0	0	0	0	0

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

**EXHIBIT OF NONADMITTED ASSETS**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.0
2.2 Common stocks.....			.0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.0
3.2 Other than first liens.....			.0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.0
4.2 Properties held for the production of income.....			.0
4.3 Properties held for sale.....			.0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.0
6. Contract loans.....			.0
7. Derivatives (Schedule DB).....			.0
8. Other invested assets (Schedule BA).....			.0
9. Receivables for securities.....			.0
10. Securities lending reinvested collateral assets (Schedule DL).....			.0
11. Aggregate write-ins for invested assets.....	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	.0
13. Title plants (for Title insurers only).....			.0
14. Investment income due and accrued.....			.0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			.0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.0
15.3 Accrued retrospective premiums.....			.0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.0
16.2 Funds held by or deposited with reinsured companies.....			.0
16.3 Other amounts receivable under reinsurance contracts.....			.0
17. Amounts receivable relating to uninsured plans.....			.0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0
18.2 Net deferred tax asset.....	676,138	50,003	(626,135)
19. Guaranty funds receivable or on deposit.....			.0
20. Electronic data processing equipment and software.....			.0
21. Furniture and equipment, including health care delivery assets.....			.0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0
23. Receivables from parent, subsidiaries and affiliates.....			.0
24. Health care and other amounts receivable.....			.0
25. Aggregate write-ins for other than invested assets.....	13,516	6,804	(6,712)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	689,654	56,807	(632,847)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0
28. TOTALS (Lines 26 and 27).....	689,654	56,807	(632,847)

**DETAILS OF WRITE-INS**

1101.....			.0
1102.....			.0
1103.....			.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0
2501. Premium Tax Refund Due.....		.4	.4
2502. Disallowed IMR.....	13,516		(13,516)
2503. Prepays.....		6,800	6,800
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	13,516	6,804	(6,712)

**NOTES TO FINANCIAL STATEMENTS**

## 1. Summary of Significant Accounting Policies

## a. Accounting Practices and Procedures

The financial statements of American Retirement Life Insurance Company ("ARLIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only Statutory Accounting Practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") Accounting Practices and Procedures Manual ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

## b. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

## c. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company does not pay dividends to policyholders.

The company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans rated 1 through 5 are stated at amortized cost using the interest method; those rated 6 are stated at lower of cost or market.
- (3) – (13) Not applicable

## 2. Accounting Changes and Corrections of Errors – Not applicable

## 3. Business Combinations and Goodwill – Not applicable

## 4. Discontinued Operations – Not applicable

## 5. Investments – Not applicable

## 6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

## 7. Investment Income – Not applicable

## 8. Derivative Instruments – Not applicable

## 9. Income Taxes

The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a balance sheet approach by comparing statutory and tax basis balance sheets for the Company.

SSAP 101 became effective from January 1, 2012 and included revised disclosure requirements. Calendar year 2011 data has been presented to follow the SSAP 101 disclosure requirements to allow for better comparison. In presenting the calendar year 2011 information no amounts have been recalculated or changed.

## a. The components of the net deferred tax asset (DTA)/liability (DTL) at December 31, 2012 are as follows:

(1)

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	676,161	-	676,161	97,526	189,062	286,588	578,635	(189,062)	389,573
(b) Statutory valuation allowance adjustment	-	-	-	-	-	-	-	-	-
(c) Adjusted gross DTA (1a - 1b)	676,161	-	676,161	97,526	189,062	286,588	578,635	(189,062)	389,573
(d) Nonadmitted DTA	(676,138)	-	(676,138)	(50,003)	-	(50,003)	(626,135)	-	(626,135)
(e) Subtotal Net Admitted DTA (1c - 1d)	23	-	23	47,523	189,062	236,585	(47,500)	(189,062)	(236,562)
(f) DTL	(23)	-	(23)	(8,911)	-	(8,911)	8,888	-	8,888
(g) Net admitted DTA (1e - 1f)	-	-	-	38,612	189,062	227,674	(38,612)	(189,062)	(227,674)

**NOTES TO FINANCIAL STATEMENTS**

(2)

	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Admission calculation under ¶11.a.-¶11.c									
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	-	-	-	38,612	-	38,612	(38,612)	-	(38,612)
(b) Admitted pursuant to ¶11.b. (realization)	-	-	-	-	189,062	189,062	-	(189,062)	(189,062)
1. Realization per ¶11.b.i.	-	-	-	-	189,062	189,062	-	(189,062)	(189,062)
2. Limitation per ¶11.b.ii.	-	-	816,000	-	-	792,254	-	-	23,746
(c) Admitted pursuant to ¶11.c.	23	-	23	8,911	-	8,911	(8,888)	-	(8,888)
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	23	-	23	47,523	189,062	236,585	(47,500)	(189,062)	(236,562)

(3)

Used in ¶11.b.	December 31, 2012	December 31, 2011
(a) Applicable ratio for realization limitation threshold table	8689%	N/A

(4) Impact of tax planning strategies (TPS) on adjusted gross DTAs and net admitted DTAs:

Impact of Tax Planning Strategies	December 31, 2012			December 31, 2011			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0%	0%	0%	0%	67%	67%	0%	-67%	-67%
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0%	0%	0%	0%	84%	84%	0%	-84%	-84%
(c) Do TPS include a reinsurance strategy?			No			No			

b. Temporary differences for which a DTL has not been established

The Company has recognized all its deferred tax liabilities.

c. Significant components of income taxes incurred

(1) Current income taxes incurred consist of the following major components:

	December 31, 2012	December 31, 2011
(a) Current federal income tax expense/(benefit)	(65,663)	(6,383)
(b) Foreign income tax expense/(benefit)	-	-
(c) Subtotal	(65,663)	(6,383)
(d) Tax expense/(benefit) on realized capital gains/(losses)	(167,219)	-
(e) Utilization of capital loss carry-forwards	-	-
(f) Other, including prior year underaccrual/(overaccrual)	-	-
Federal and foreign income taxes incurred	(232,882)	(6,383)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2) DTAs resulting from book/tax differences in:

	December 31, 2012	December 31, 2011	Change
Other insurance & contract holder liability	-	34,782	(34,782)
Goodwill & intangibles	670,423	-	670,423
Deferred acquisition costs	-	60,363	(60,363)
Investment, net	954	189,062	(188,108)
Other	4,784	2,381	2,403
Net Operating Loss	-	-	-
Gross DTAs	676,161	286,588	389,573
Statutory valuation adjustment	-	-	-
Nonadmitted ordinary/capital DTAs	(676,138)	(50,003)	(626,135)
Admitted DTA	23	236,585	(236,562)

(3) DTLs resulting from book/tax differences in:

	December 31, 2012	December 31, 2011	Change
Other insurance & contract holder liability	-	-	-
Investment, net	-	8,911	(8,911)
Other	23	-	23
Gross DTL	23	8,911	(8,888)

4. Net Deferred Tax Assets/Liabilities - 227,674 (227,674)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in the surplus section of the annual statement):

	December 31, 2012	December 31, 2011	Change
Total deferred tax assets	676,161	286,588	389,573
Total deferred tax liabilities	(23)	(8,911)	8,888
Net deferred tax assets/liabilities	676,138	277,677	398,461
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	676,138	277,677	398,461
Tax effect of unrealized gains (losses)	-	-	-
Statutory valuation allowance adjustment allocated to unrealized	-	-	-
Other intraperiod allocation of deferred tax movement	-	-	-
Change in net deferred income tax			398,461

**NOTES TO FINANCIAL STATEMENTS**

## d. Reconciliation of total statutory income taxes reported to tax at statutory rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

	December 31, 2012	Effective Tax Rate
Provision computed at statutory rate	(46,931)	35.00%
IMR	(21,902)	16.33%
Purchase accounting	(599,871)	447.37%
Federal benefit of state taxes	111	-0.08%
Other	37,250	-27.78%
<b>Total</b>	<b>(631,343)</b>	<b>470.84%</b>
Federal income taxes incurred	(232,882)	173.68%
Change in deferred income taxes	(398,461)	297.16%
<b>Total statutory income taxes</b>	<b>(631,343)</b>	<b>470.84%</b>

## e. Carryforwards, recoverable taxes, and IRC Sec. 6603 deposits:

(1) At December 31, 2012, the Company has a \$42,032 net operating loss carry forward and no capital loss carry forward.

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

Year	Amount
2012	-
2011	-
2010	-

(3) Deposits under IRS Code Section 6603 - not applicable

## f. Federal or foreign income tax loss contingencies

None.

## g. Federal income tax return

The Company's federal income tax return is filed on a stand alone basis.

## 10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

a. - c. Not applicable

d. At December 31, 2012, the Company reported \$430 as amounts due to affiliate companies. The terms of the agreements require that these amounts be settled within 90 days.

e. Not applicable

f. Management or service contracts and all cost sharing arrangements involving the Company:

(1) The Company had an agreement with GAFRI, subject to the direction of the finance committee of the Company, whereby GAFRI, along with the services provided by American Money Management, provided for money management and accounting services related to the investment portfolio. That agreement was terminated on August 31, 2012, as a result of the sale to Cigna.

(2) Certain administrative, management, underwriting, claims, accounting, data processing, collection and investment services are provided under agreements between the Company and affiliates at charges not unfavorable to the Company or the affiliate.

g. All of the Company's outstanding common stock is directly owned by Loyal American Life Insurance Company, an Ohio domiciled insurance company, whose the ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.

h. - i. Not applicable

## 11. Debt - Not applicable

## 12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans - Not applicable

## 13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.

a. The Company has 250,000 shares authorized, issued and outstanding. All shares are class A shares.

b. - d. Not applicable

e. The maximum amount of dividends which can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of dividends payable in 2013 without prior approval is \$205,203 based on earned surplus. At December 31, 2012, surplus as regards to policyholders was \$5,436,804, earned surplus was \$205,203 and the Company reported a net income of \$99,111.

f. - m. Not applicable

**NOTES TO FINANCIAL STATEMENTS**

## 14. Contingencies

- a. Contingent Commitments – Not applicable
- b. Assessments

From time to time, insurance companies may be assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. Management is not aware of any insolvencies that would require accrual in the accompanying financial statements. At December 31, 2012, the Company held a receivable from guaranty funds of \$50 representing amounts previously paid which will be offset against future premium taxes.

Assets recognized from paid and accrued tax offsets for the year ended December 31, 2012, are as follows:

Balance, beginning of year	\$ 17,594
Premium tax offsets accrued	17,735
Premium tax offsets applied	<u>(35,279)</u>
	<u>\$ 50</u>

- c. – e. Not applicable

## 15. Leases – Not applicable

## 16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk – Not applicable

## 17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities – Not applicable

## 18. Gain or Loss to the Reporting Entity from Uninsured A&amp;H Plans and the Uninsured Portion of Partially Insured Plans – Not applicable

## 19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators – Not applicable

## 20. Fair Value Measurements

- a. The Company does not have any assets or liabilities carried at fair value.
- b. Not applicable.
- c. The fair value, statement value and fair value level in which they are included of all financial instruments for which it is practicable to estimate fair value (excluding cash and equivalents) is presented below:

Description	Total Fair Value	Statement Value	Fair Value		
			Level 1	Level 2	Level 3
Assets:					
Bonds:					
U.S. Government and government agencies	\$ 1,101,922	\$ 1,099,318	\$ 1,101,922	\$ -	\$ -
Total Bonds	<u>\$ 1,101,922</u>	<u>\$ 1,099,318</u>	<u>\$ 1,101,922</u>	<u>\$ -</u>	<u>\$ -</u>

- d. Not applicable.

## 21. Other Items

- a. – b. Not applicable
- c. Other disclosures

Assets in the amount of \$3,484,438 and \$3,472,560 at December 31, 2012 and 2011, respectively, were on deposit with government authorities or trustees as required by law.

- d. – h. Not applicable

## 22. Events Subsequent – Management has evaluated the financial statements for subsequent events through February 20, 2013, the date financial statements were available to be issued.

## 23. Reinsurance

- a. Ceded Reinsurance Report

(1) Section 1 – General Interrogatories

- (a) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?  
Yes ( )                      No ( X )

## NOTES TO FINANCIAL STATEMENTS

If yes, give full details.

- (b) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?  
Yes (  ) No (  )

If yes, give full details.

(2) Section 2 – Ceded Reinsurance Report - Part A

- (a) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?  
Yes (  ) No (  )

(i) If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ \_\_\_\_\_

(ii) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ \_\_\_\_\_

- (b) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?  
Yes (  ) No (  )

If yes, give full details.

(3) Section 3 – Ceded Reinsurance Report - Part B

- (a) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ 0

- (b) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes (  ) No (  )

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ 630,226

b. – d. Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination – Not applicable

25. Change in Incurred Losses and Loss Adjustment Expenses – Not applicable

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

28. Health Care Receivables – Not applicable

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves – Not applicable

31. Reserves for Life Contracts and Annuity Contracts

- a. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
- b. Extra premiums are charged for substandard lives if applicable. Mean reserves are based on appropriate multiples of standard rates of mortality.
- c. As of December 31, 2012, the Company had no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio.
- d. & e. Tabular interest, tabular less actual reserves released, and tabular cost are performed using standard formulas except for the Interest Sensitive products and funds not involving life contingencies used basic data roll-forwards.

**NOTES TO FINANCIAL STATEMENTS**

- f. The \$630,226 decrease in life reserves on the Analysis of Increase in Reserves, Page 7, Line 7, Column 2 is due to a reinsurance transaction.

## 32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics

	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
a. Subject to discretionary withdrawal:					
(1) With fair value adjustment	\$ -	\$ -	\$ -	\$ -	-
(2) At book value less current surrender charge of 5% or more	-	-	-	-	-
(3) At fair value	-	-	-	-	-
(4) Total with adjustment or at fair value (total of 1 through 3)	-	-	-	-	-
(5) At book value without adjustment	14,994,528	-	-	-	100.00%
b. Not subject to discretionary withdrawal	-	-	-	-	-
c. Total (gross: direct + assumed)	14,994,528	-	-	-	100.00%
d. Reinsurance Ceded	(14,994,528)	-	-	-	-
e. Total Net	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	-

\* Reconciliation of total annuity actuarial reserves and deposit fund liabilities.

	Amount
f.	
Life & Accident & Health Annual Statement:	
Exhibit 5, Annuities Section,	
1. Total (net)	\$ -
Exhibit 5, Supplementary Contracts with Life Contingencies Section,	
2. Total (net)	-
Exhibit 7, Deposit-Type Contracts, Line 14, Column	
3. 1	-
4. Subtotal	-
Exhibit 3, Line 0299999,	
5. Column2	-
Exhibit 3, Line 0399999,	
6. Column2	-
7. Policyholder divided and coupon accumulations	-
8. Policyholder premiums	-
9. Guaranteed interest contracts	-
10. Other contract deposit funds	-
11. Subtotal	-
12. Combined Total	<u>\$ -</u>

g. Not applicable

## 33. Premium and Annuity Considerations Deferred and Uncollected –

	Type	Gross	Net of Loading
a. 1.	Industrial		
2.	Ordinary new business		
3.	Ordinary renewal	\$ (2,051)	\$ (2,051)
4.	Credit Life		
5.	Group Life		
6.	Group Annuity		
7.	Totals	<u>\$ (2,051)</u>	<u>\$ (2,051)</u>

34. Separate Accounts – Not applicable

35. Loss/Claim Adjustment Expenses – Not applicable

# GENERAL INTERROGATORIES

## PART 1 - COMMON INTERROGATORIES - GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [ X ] No [ ]
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [ X ] No [ ] N/A [ ]
- 1.3 State regulating? Ohio
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [ X ]
- 2.2 If yes, date of change: \_\_\_\_\_
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2011
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 12/21/2012
- 3.4 By what department or departments? \_\_\_\_\_

Ohio Department of Insurance

- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [ X ]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [ X ]
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes [ ] No [ X ]
- 4.12 renewals? Yes [ ] No [ X ]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes [ ] No [ X ]
- 4.22 renewals? Yes [ ] No [ X ]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [ X ]
- 5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Co. Code	3 State of Domicile

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [ X ]
- 6.2 If yes, give full information: \_\_\_\_\_

- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [ X ]
- 7.2 If yes,
- 7.21 State the percentage of foreign control .....%
- 7.22 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company. \_\_\_\_\_

- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?  
PriceWatershouseCoopers LLP; Two Commerce Square; 2001 Market Square; Philadelphia, PA 19103-7041
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption: \_\_\_\_\_

- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [ X ]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption: \_\_\_\_\_

- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [ ] No [ X ] N/A [ ]
- 10.6 If the answer to 10.5 is no or n/a, please explain.  
The Audit Committee of Connecticut General Corporation will be deemed to serve as the Company's Audit Committee for the purposes of compliance with Ohio insurance law.

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
James Monroe Garvin, III, FSA, MAAA, Appointed Actuary, 11200 Lakeline Blvd., Suite 100, Austin, TX 78717

## GENERAL INTERROGATORIES

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [ X ]

12.11 Name of real estate holding company

---

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value

---

12.2 If yes, provide explanation.

---

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

---

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [ X ]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [ X ] No [ ]

- a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- c. Compliance with applicable governmental laws, rules and regulations;
- d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

---

14.2 Has the code of ethics for senior managers been amended? Yes [ ] No [ X ]

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

---

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [ X ]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

---

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [ X ]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

### PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [ X ] No [ ]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [ X ] No [ ]

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [ X ] No [ ]

### PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [ X ]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11 To directors or other officers \$.....0

20.12 To stockholders not officers \$.....0

20.13 Trustees, supreme or grand (Fraternal only) \$.....0

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21 To directors or other officers \$.....0

20.22 To stockholders not officers \$.....0

20.23 Trustees, supreme or grand (Fraternal only) \$.....0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [ X ]

21.2 If yes, state the amount thereof at December 31 of the current year:

21.21 Rented from others .....

21.22 Borrowed from others .....

21.23 Leased from others .....

21.24 Other .....

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [ X ] No [ ]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment \$.....0

22.22 Amount paid as expenses \$.....0

22.23 Other amounts paid \$.....4,262

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [ X ]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount. .....

### PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [ X ] No [ ]

24.02 If no, give full and complete information relating thereto.

---

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [ ] No [ ] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. ....

24.06 If answer to 24.04 is no, report amount of collateral for other programs. ....

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [ ] No [ ] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [ ] No [ ] N/A [X]

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [ ] No [ ] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

24.103 Total payable for securities lending reported on the liability page. ....

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [X] No [ ]

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$.....0

25.22 Subject to reverse repurchase agreements \$.....0

25.23 Subject to dollar repurchase agreements \$.....0

25.24 Subject to reverse dollar repurchase agreements \$.....0

25.25 Pledged as collateral \$.....0

25.26 Placed under option agreements \$.....0

25.27 Letter stock or securities restricted as to sale \$.....0

25.28 On deposit with state or other regulatory body \$.....3,484,438

25.29 Other \$.....0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
----------------------------	------------------	-------------

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]  
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [ ] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year: .....

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No [ ]

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
The Bank of New York Mellon	One Wall Street, New York, NY 10286

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
--------------	------------------	------------------------------

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [ ] No [X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
--------------------	--------------------	---------------------	-------------

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
N/A	American Money Management Corporation	301 East Fourth Street, Cincinnati, OH 45202

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [ ] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adj. Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation
---	---	---	------------------------

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	2,491,034	2,493,638	2,604
30.2 Preferred stocks.....			0
30.3 Totals.....	2,491,034	2,493,638	2,604

**PART 1 - COMMON INTERROGATORIES - INVESTMENT**

30.4 Describe the sources or methods utilized in determining the fair values:  
 Fair values for bonds and preferred stocks are determined by internal investment professionals at American Money Management Corporation (the manager of the Company's investment portfolio) using data from nationally recognized pricing services, broker quotes and available trade information. When data from these sources is not available (typically less than 1% of the portfolio), prices are developed internally by the investment professionals using widely published indices (as benchmarks), interest rates, issuer spreads, credit quality of the specific issuer and general economic conditions.

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [ X ] No [ ]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [ ] No [ X ]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D. For the securities that were priced using broker prices, the Company obtains data from brokers that are familiar with the securities being priced and the markets in which they trade.
- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [ X ] No [ ]
- 32.2 If no, list exceptions:

**PART 1 - COMMON INTERROGATORIES - OTHER**

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....24,400
- 33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
AM Best	24,400

- 34.1 Amount of payments for legal expenses, if any? \$.....0
- 34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

- 35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0
- 35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

## GENERAL INTERROGATORIES

### PART 2 - LIFE INTERROGATORIES

- 1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [ ] No [X]
- 1.2 If yes, indicate premium earned on U.S. business only .....
- 1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? .....
- 1.31 Reason for excluding

- 1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. .....
- 1.5 Indicate total incurred claims on all Medicare Supplement insurance. .....
- 1.6 Individual policies:
- Most current three years:
- 1.61 Total premium earned .....
- 1.62 Total incurred claims .....
- 1.63 Number of covered lives .....
- All years prior to most current three years:
- 1.64 Total premium earned .....
- 1.65 Total incurred claims .....
- 1.66 Number of covered lives .....
- 1.7 Group policies:
- Most current three years:
- 1.71 Total premium earned .....
- 1.72 Total incurred claims .....
- 1.73 Number of covered lives .....
- All years prior to most current three years:
- 1.74 Total premium earned .....
- 1.75 Total incurred claims .....
- 1.76 Number of covered lives .....

2. Health test:

	1 Current Year	2 Prior Year
2.1 Premium Numerator.....	.....0	.....0
2.2 Premium Denominator.....	.....(694,052)	.....2,329
2.3 Premium Ratio (2.1/2.2).....	.....0.0	.....0.0
2.4 Reserve Numerator.....	.....0	.....0
2.5 Reserve Denominator.....	.....0	.....619,430
2.6 Reserve Ratio (2.4/2.5).....	.....0.0	.....0.0

- 3.1 Does this reporting entity have Separate Accounts? Yes [ ] No [X]
- 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [ ] No [ ] N/A [X]
- 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account? .....
- 3.4 State the authority under which Separate Accounts are maintained:

- 3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [ ] No [ ]
- 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [ ] No [ ]
- 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?" .....

- 4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [X] No [ ]

- 4.2 Net reimbursement of such expenses between reporting entities:
- 4.21 Paid \$.....739
- 4.22 Received \$.....0

- 5.1 Does the reporting entity write any guaranteed interest contracts? Yes [ ] No [X]
- 5.2 If yes, what amount pertaining to these items is included in:
- 5.21 Page 3, Line 1 .....
- 5.22 Page 4, Line 1 .....

6. For stock reporting entities only:
- 6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity: \$.....2,731,601

7. Total dividends paid stockholders since organization of the reporting entity:
- 7.11 Cash \$.....13,887,480
- 7.12 Stock \$.....1,500,000

## GENERAL INTERROGATORIES

### PART 2 - LIFE INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes [ ] No [X]  
 Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes [ ] No [ ]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium.....	.....	.....	.....
8.32 Paid claims.....	.....	.....	.....
8.33 Claim liability and reserve (beginning of year).....	.....	.....	.....
8.34 Claim liability and reserve (end of year).....	.....	.....	.....
8.35 Incurred claims.....	.....	.....	.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Col. (1) are:

Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41 < \$25,000.....	.....	.....
8.42 \$25,000 – 99,999.....	.....	.....
8.43 \$100,000 – 249,999.....	.....	.....
8.44 \$250,000 – 999,999.....	.....	.....
8.45 \$1,000,000 or more.....	.....	.....

8.5 What portion of earned premium reported in 8.31, Col. 1 was assumed from pools? .....

9.1 Does the company have variable annuities with guaranteed benefits? Yes [ ] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit							

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value) \$

11.1 Do you act as a custodian for health savings account? Yes [ ] No [X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date. .....

11.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date. .....

Annual Statement for the year 2012 of the **American Retirement Life Insurance Company**  
**FIVE-YEAR HISTORICAL DATA**

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	968	973	979	996	1,000
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....	50	50	50	50	56
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	1,018	1,023	1,029	1,046	1,056
<b>New Business Issued (Exhibit of Life Insurance)</b>					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	0	0	0	0
<b>Premium Income - Lines of Business (Exhibit 1-Part 1)</b>					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....	(694,052)	2,329	2,329	2,329	2,880
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	(694,052)	2,329	2,329	2,329	2,880
<b>Balance Sheet (Pages 2 and 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	5,669,908	6,371,316	6,375,253	6,403,000	6,375,847
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	233,104	853,513	847,638	858,639	856,452
23. Aggregate life reserves (Page 3, Line 1).....		632,141	628,605	635,233	638,066
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....				0	
27. Capital (Page 3, Lines 29 & 30).....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37).....	2,936,804	3,017,803	3,027,615	3,044,361	3,019,395
<b>Cash Flow (Page 5)</b>					
29. Net Cash from operations (Line 11).....	(702,325)	93,540	(22,547)	(15,914)	(252,635)
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital.....	5,436,804	5,517,803	5,527,615	5,544,361	5,519,395
31. Authorized control level risk-based capital.....	62,573	63,378	78,921	72,150	76,358
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0</b>					
32. Bonds (Line 1).....	22.9	60.6	64.3	64.8	56.5
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	77.1	39.3	35.6	35.1	43.5
37. Contract loans (Line 6).....		0.1	0.1	0.1	0.1
38. Derivatives (Line 7).....				XXX	XXX
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....				XXX	XXX
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

Annual Statement for the year 2012 of the **American Retirement Life Insurance Company**  
**FIVE-YEAR HISTORICAL DATA**

(continued)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	689,654	56,807	57,031	68,428	92,588
53. Total admitted assets (Page 2, Line 28, Col. 3).....	5,669,908	6,371,316	6,375,253	6,403,000	6,375,847
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	91,468	137,337	146,100	131,682	235,237
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....	169,898	(14,847)	(25,602)	(16,995)	(501,682)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	(189,022)	5,171	9,348	5,606	175,543
57. Total of above Lines 54, 55 and 56.....	72,344	127,661	129,846	120,293	(90,902)
<b>Benefits and Reserve Increase (Page 6)</b>					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....	26,422	26,266	34,467	32,227	38,293
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....					
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....	(632,141)	3,536	(6,628)	(2,016)	3,028
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....					
62. Dividends to policyholders (Line 30, Col 1).....					
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....	(17.8)	2,426.8	3,582.9	4,337.0	2,168.5
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....		1.0	2.1		
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
<b>A&amp;H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....	1,303	19,780	(2,046)	(36,241)	69,292
74. Ordinary - individual annuities (Col. 4).....	258	(13,052)	743	4,675	(310)
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12).....	(72,348)				
83. Total (Col. 1).....	(70,787)	6,728	(1,303)	(31,566)	68,982

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [ ] No [ ]

If no, please explain:

## EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	Number of		9 Amount of Insurance (a)	
							7 Policies	8 Certificates		
1. In force end of prior year.....			177	1,023						1,023
2. Issued during year.....										0
3. Reinsurance assumed.....										0
4. Revived during year.....										0
5. Increased during year (net).....				24						24
6. Subtotals, Lines 2 to 5.....	0	0	0	24	0	0	0	0	0	24
7. Additions by dividends during year.....	XXX		XXX		XXX		XXX	XXX		0
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8).....	0	0	177	1,047	0	0	0	0	0	1,047
<b>Deductions during year:</b>										
10. Death.....			5	29			XXX			29
11. Maturity.....							XXX			0
12. Disability.....							XXX			0
13. Expiry.....										0
14. Surrender.....										0
15. Lapse.....										0
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....										0
18. Reinsurance.....										0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19).....	0	0	5	29	0	0	0	0	0	29
21. In force end of year (Line 9 minus Line 20).....	0	0	172	1,018	0	0	0	0	0	1,018
22. Reinsurance ceded end of year.....	XXX		XXX	1,018	XXX		XXX	XXX		1,018
23. Line 21 minus Line 22.....	XXX	0	XXX	0	XXX	(b)	0	XXX	XXX	0

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### DETAILS OF WRITE-INS

0801. ....										0
0802. ....										0
0803. ....										0
0898. Summary of remaining write-ins for Line 8 from overflow page...	0	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0	0	0	0	0	0	0
1901. ....										0
1902. ....										0
1903. ....										0
1998. Summary of remaining write-ins for Line 19 from overflow page.	0	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.

**EXHIBIT OF LIFE INSURANCE (continued)**

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends.....	.XXX		.XXX	
25. Other paid-up insurance.....			164	.951
26. Debit ordinary insurance.....	.XXX	.XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	.XXX		.XXX	
30. Other term insurance.....	.XXX		.XXX	
31. Totals (Lines 27 to 30).....	.0	.0	.0	.0
Reconciliation to Lines 2 and 21:				
32. Term additions.....	.XXX		.XXX	
33. Totals, extended term insurance.....	.XXX	.XXX	13	.50
34. Totals, whole life and endowment.....			159	.968
35. Totals (Lines 31 to 34).....	.0	.0	172	1,018

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....			1,018	
38. Credit Life (Group and Individual).....				
39. Group.....				
40. Totals (Lines 36 to 39).....	.0	.0	1,018	.0

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies.....			.XXX	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		.XXX		.XXX
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a).....	
--	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.....	
47.1.....	
47.2.....	

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium.....								
49. Disability Income.....								
50. Extended Benefits.....			.XXX	.XXX				
51. Other.....								
52. Total.....	.0	(b).0	.0	(b).0	.0	(b).0	.0	(b).0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

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

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE  
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,  
ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....	<b>NONE</b>			
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....				
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.0	.0	.0	.0
9. In force end of year.....	.0	.0	.0	.0
10. Amount on deposit.....	(a)			(a)
11. Income now payable.....				
12. Amount of income payable.....	(a)	(a)	(a)	(a)

**ANNUITIES**

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....	<b>NONE</b>			
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....				
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.0	.0	.0	.0
9. In force end of year.....	.0	.0	.0	.0
Income now payable:				
10. Amount of income payable.....	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance.....	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance.....	XXX	(a)	XXX	(a)

**ACCIDENT AND HEALTH INSURANCE**

	Group		Credit		Other						
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force					
1. In force end of prior year.....	<b>NONE</b>										
2. Issued during year.....											
3. Reinsurance assumed.....											
4. Increased during year (net).....							XXX		XXX		XXX
5. Total (Lines 1 to 4).....							.0	XXX	.0	XXX	.0
Deductions during year:											
6. Conversions.....		XXX		XXX	XXX	XXX					
7. Decreased (net).....		XXX		XXX		XXX					
8. Reinsurance ceded.....		XXX		XXX		XXX					
9. Totals (Lines 6 to 8).....	.0	XXX	.0	XXX	.0	XXX					
10. In force end of year.....	.0	(a)	.0	(a)	.0	(a)					

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

	1 Deposit Funds Contracts	2 Dividend Accumulations Contracts
	1. In force end of prior year.....	<b>NONE</b>
2. Issued during year.....		
3. Reinsurance assumed.....		
4. Increased during year (net).....		
5. Total (Lines 1 to 4).....	.0	
Deductions during year:		
6. Decreased (net).....		
7. Reinsurance ceded.....		
8. Totals (Lines 6 and 7).....	.0	.0
9. In force end of year.....	.0	.0
10. Amount of account balance.....	(a)	(a)

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

# American Retirement Life Insurance Company

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

		1	Direct Business Only					
			Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
			2 Life Insurance Premiums	3 Annuity Considerations				
States, Etc.	Active Status							
1. Alabama	AL	L					0	
2. Alaska	AK	N					0	
3. Arizona	AZ	L					0	
4. Arkansas	AR	L		85			85	
5. California	CA	L					0	
6. Colorado	CO	L					0	
7. Connecticut	CT	N					0	
8. Delaware	DE	L					0	
9. District of Columbia	DC	N					0	
10. Florida	FL	L		1,152			1,152	
11. Georgia	GA	L		1,086			1,086	
12. Hawaii	HI	N					0	
13. Idaho	ID	N					0	
14. Illinois	IL	L					0	
15. Indiana	IN	L					0	
16. Iowa	IA	L					0	
17. Kansas	KS	L					0	
18. Kentucky	KY	L					0	
19. Louisiana	LA	L					0	
20. Maine	ME	N					0	
21. Maryland	MD	L					0	
22. Massachusetts	MA	N					0	
23. Michigan	MI	N					0	
24. Minnesota	MN	L					0	
25. Mississippi	MS	L					0	
26. Missouri	MO	L					0	
27. Montana	MT	L					0	
28. Nebraska	NE	L					0	
29. Nevada	NV	L					0	
30. New Hampshire	NH	L					0	
31. New Jersey	NJ	N					0	
32. New Mexico	NM	L					0	
33. New York	NY	N					0	
34. North Carolina	NC	L					0	
35. North Dakota	ND	L					0	
36. Ohio	OH	L					0	
37. Oklahoma	OK	L					0	
38. Oregon	OR	L					0	
39. Pennsylvania	PA	L					0	
40. Rhode Island	RI	L					0	
41. South Carolina	SC	L					0	
42. South Dakota	SD	L					0	
43. Tennessee	TN	L	2,291	1,072			3,363	
44. Texas	TX	L		1,554			1,554	
45. Utah	UT	L					0	
46. Vermont	VT	N					0	
47. Virginia	VA	L					0	
48. Washington	WA	N					0	
49. West Virginia	WV	L					0	
50. Wisconsin	WI	L					0	
51. Wyoming	WY	L		483			483	
52. American Samoa	AS	N					0	
53. Guam	GU	N					0	
54. Puerto Rico	PR	N					0	
55. US Virgin Islands	VI	N					0	
56. Northern Mariana Islands	MP	N					0	
57. Canada	CAN	N					0	
58. Aggregate Other Alien	OT	XXX	0	0	0	0	0	0
59. Subtotal	(a) XXX		2,291	5,432	0	0	7,723	0
90. Reporting entity contributions for employee benefit plans	XXX						0	
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX						0	
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX						0	
93. Premium or annuity considerations waived under disability or other contract provisions	XXX						0	
94. Aggregate other amounts not allocable by State	XXX		0	0	0	0	0	0
95. Totals (Direct Business)	XXX		2,291	5,432	0	0	7,723	0
96. Plus reinsurance assumed	XXX						0	
97. Totals (All Business)	XXX		2,291	5,432	0	0	7,723	0
98. Less reinsurance ceded	XXX		695,082	4,682			699,764	
99. Totals (All Business) less reinsurance ceded	XXX		(692,791)	750	(b) 0	0	(692,041)	0

**DETAILS OF WRITE-INS**

58001	XXX						0	
58002	XXX						0	
58003	XXX						0	
58998. Summ. of remaining write-ins for line 58 from overflow page	XXX		0	0	0	0	0	0
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0
9401	XXX						0	
9402	XXX						0	
9403	XXX						0	
9498. Summ. of remaining write-ins for line 94 from overflow page	XXX		0	0	0	0	0	0
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above)	XXX		0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
 (E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

**Explanation of basis of allocation by states, etc., of premiums and annuity considerations.**

Premiums and annuity considerations are allocated to the resident state related to the policy or certificate holder at the time the transaction is generated.

(a) Insert the number of "L" responses except for Canada and Other Alien.

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

NA

**PART 1 -- ORGANIZATION CHART**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2012:

**Cigna CORPORATION**

(A Delaware corporation and ultimate parent company)

<u>Cigna Holdings, Inc.</u>	
	<u>Cigna Intellectual Property, Inc.</u>
	<u>Cigna Investment Group, Inc.</u>
	<u>Cigna International Finance Inc.</u>
	<u>Former Cigna Investments, Inc.</u>
	<u>Cigna Investments, Inc.</u>
	<u>Cigna Mezzanine Partners III, LP</u>
	<u>Cottage Grove Real Estate, Inc.</u>
	<u>Cigna Mezzanine Partners III, Inc.</u>
	<u>Cigna Benefits Financing, Inc.</u> (EI # 010947889, DE)
	<u>Connecticut General Corporation</u>
	<u>Benefit Management Corp.</u> (EI # 81-0585518)
	<u>*Allegiance Life &amp; Health Insurance Company</u> (EI # 20-4433475, NAIC # 12814, MT)
	<u>*Allegiance Re, Inc.</u> (EI # 20-3851464, MT)
	<u>Allegiance Benefit Plan Management, Inc.</u>
	<u>Allegiance COBRA Services, Inc.</u>
	<u>Allegiance Provider Direct, LLC</u>
	<u>Community Health Network, LLC</u>
	<u>Intermountain Underwriters, Inc.</u>
	<u>Star Point, LLC</u>
	<u>HealthSpring, Inc.</u>
	<u>NewQuest, LLC</u>
	<u>Bravo Health, LLC</u>
	<u>*Bravo Health Mid-Atlantic, Inc.</u> (EI # 52-2259087, NAIC # 10095, MD)
	<u>*Bravo Health Pennsylvania, Inc.</u> (EI # 52-2363406, NAIC # 11254, PA)
	<u>*HealthSpring Life &amp; Health Insurance Company</u> (EI # 20-8534298, NAIC # 12902, TX)
	<u>*HealthSpring of Alabama, Inc.</u> (EI # 63-0925225, NAIC # 95781, AL)
	<u>*HealthSpring of Florida, Inc.</u> (EI # 65-1129599, NAIC # 11532, FL)
	<u>NewQuest Management of Illinois, LLC</u>
	<u>NewQuest Management of Florida, LLC</u>
	<u>HealthSpring Management of America, LLC</u>
	<u>HealthSpring Financial Services, LLC</u>
	<u>NewQuest Management of West Virginia, LLC</u>
	<u>TexQuest, LLC</u>
	<u>HouQuest, LLC</u>
	<u>GulfQuest, LP</u>
	<u>NewQuest Management of Alabama, LLC</u>
	<u>HealthSpring USA, LLC</u>
	<u>HealthSpring Management, Inc.</u>
	<u>HealthSpring of Tennessee, Inc.</u> (EI # 62-1593150, NAIC # 11522, MD)
	<u>Tennessee Quest, LLC</u>

HealthSpring Pharmacy Services, LLCHealthSpring Pharmacy of Tennessee, LLC\*Cigna Arbor Life Insurance Company(EI # 03-0452349, NAIC # 13733, CT)Cigna Behavioral Health, Inc.Cigna Behavioral Health of California, Inc.  
(EI# 94-3107309)Cigna Behavioral Health of Texas, Inc.  
(EI# 75-2751090)MCC Independent Practice Association of New York, Inc.Cigna Dental Health, Inc.Cigna Dental Health of California, Inc.  
(EI# 59-2600475, CA)Cigna Dental Health of Colorado, Inc.  
(EI# 59-2675861, NAIC # 11175, CO)Cigna Dental Health of Delaware, Inc.  
(EI# 59-2676987, NAIC # 95380, DE)Cigna Dental Health of Florida, Inc.  
(EI# 59-1611217, NAIC # 52021, FL)Cigna Dental Health of Illinois, Inc.  
(EI# 06-1351097, IL)Cigna Dental Health of Kansas, Inc.  
(EI# 59-2625350, NAIC # 52024, KS)Cigna Dental Health of Kentucky, Inc.  
(EI# 59-2619589, NAIC # 52108, KY)Cigna Dental Health of Missouri, Inc.  
(EI#06-1582068, NAIC # 11160, MO)Cigna Dental Health of New Jersey, Inc.  
(EI# 59-2308062, NAIC # 11167, NJ)Cigna Dental Health of North Carolina, Inc.  
(EI# 56-1803464 , NAIC # 95179, NC)Cigna Dental Health of Ohio, Inc.  
(EI# 59-2579774, NAIC # 47805, OH)Cigna Dental Health of Pennsylvania, Inc.  
(EI# 52-1220578, NAIC # 47041, PA)Cigna Dental Health of Texas, Inc.  
(EI# 59-2676977, NAIC # 95037, TX)Cigna Dental Health of Virginia, Inc.  
(EI# 52-2188914, NAIC # 52617, VA)Cigna Dental Health Plan of Arizona, Inc.  
(EI# 86-0807222, NAIC # 47013, AZ)Cigna Dental Health of Maryland, Inc.  
(EI#20-2844020, NAIC #48119, MD)Cigna Health CorporationHealthsource, Inc.Cigna HealthCare of Arizona, Inc.  
(EI# 86-0334392, NAIC#95125, AZ)Cigna HealthCare of California, Inc.  
(EI# 95-3310115, CA)Cigna HealthCare of Colorado, Inc.  
(EI# 84-1004500, NAIC # 95604, CO)Cigna HealthCare of Connecticut, Inc.  
(EI# 06-1141174, NAIC # 95660, CT)Cigna HealthCare of Florida, Inc.  
(EI# 59-2089259, NAIC # 95136, FL)Cigna HealthCare of Illinois, Inc.  
(EI# 36-3385638, NAIC # 95602, IL)Cigna HealthCare of Maine, Inc.  
(EI# 01-0418220, NAIC # 95447, ME)Cigna HealthCare of Massachusetts, Inc.  
(EI# 02-0402111, NAIC # 95220, MA)Cigna HealthCare Mid-Atlantic, Inc.  
(EI# 52-1404350, NAIC # 95599, MD)Cigna HealthCare of New Hampshire, Inc.  
(EI# 02-0387749, NAIC # 95493, NH)Cigna HealthCare of New Jersey, Inc.  
(EI# 22-2720890, NAIC # 95500, NJ)Cigna HealthCare of Pennsylvania, Inc.

	(EI# 23-2301807, NAIC # 95121, PA)
	<u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
	<u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
	<u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
	<u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
	<u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
	<u>Cigna HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
	<u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
	<u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)
	<u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
	<u>*Temple Insurance Company Limited (Bermuda)</u>
	<u>Arizona Health Plan, Inc.</u>
	<u>Healthsource Properties, Inc.</u>
	<u>Managed Care Consultants, Inc.</u>
	<u>Choicelinx Corporation</u>
	<u>Sagamore Health Network, Inc.</u>
	<u>Cigna Healthcare Holdings, Inc.</u> (EI# 84-0985843)
	<u>Great-West Healthcare of Illinois, Inc.</u> (EI# 93-1174749, NAIC 95388, IL)
	<u>Cigna Healthcare, Inc.</u>
	<u>*Cigna Life Insurance Company of Canada (Canada)</u> (AA-1560515)
	<u>*Cigna Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)
	<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)
	<u>CARING – Albuquerque, LLC</u> (EI# 27-5402936, DE)
	<u>CG Gillette Ridge, LLC</u>
	<u>Gillette Ridge Apartments LLC</u>
	<u>CG Merrick, LLC</u>
	<u>Merrick Park LLC</u>
	<u>Merrick Park Parking LLC</u>
	<u>CG Morrison LLC</u>
	<u>Civic Holding LLC</u>
	<u>CG Mystic Center LLC</u>
	<u>Station Landing Holding LLC</u>
	<u>CG Mystic Land LLC</u>
	<u>ND/CG Holding LLC</u>
	<u>CG Pinnacle, L.L.C.</u>
	<u>Pinnacle Industrial Center, LP</u>
	<u>CG Skyline, LLC</u>
	<u>Skyline ND/CG LLC</u>
	<u>ND Mystic Center Note LLC</u>
	<u>Skyline Mezzanine Borrower, LLC</u>
	<u>Skyline at Station Landing, LLC</u>
	<u>Careallies, LLC</u>
	<u>Carson Bayport 1 LP</u>
	<u>CG Bayport LLC</u>
	<u>Bayport Colony Apartments LLC</u>

<u>CG Shirlington LLC</u>
<u>Shirlington Apartments LLC</u>
<u>CG Wheaton, LLC</u>
<u>CG-LINA Bayport I LLC</u>
<u>CG-LINA Colonial LLC</u>
<u>ND/CG Colonial LLC</u>
<u>PHF-ND Colonial LLC</u>
<u>CG-LINA Commonwealth LLC</u>
<u>Unico/CG Commonwealth LLC</u>
<u>Commonwealth Acquisition LLC</u>
<u>CG-LINA Jacob Way, LLC</u>
<u>CG-LINA Lovejoy LLC</u>
<u>Unico-CG Lovejoy LLC</u>
<u>Cigna Onsite Health, LLC</u>
<u>CR Longwood Investors, LP</u>
<u>ND/CR Longwood LLC</u>
<u>ARE/ND/CR Longwood LLC</u>
<u>Gillette Ridge Community Council, Inc.</u>
<u>Gillette Ridge Golf LLC</u>
<u>Hazard Center Investment Company LLC</u>
<u>Secon Properties, LP.</u>
<u>Teal Rock 501 Grant Street GP, LLC</u>
<u>Teal Rock 501 Grant Street, LP</u>
<u>Tel-Drug of Pennsylvania, LLC</u>
<u>AEW/FDG, LP</u>
<u>CR Washington Investors LP</u>
<u>ND/CR Unicorn LLC</u>
<u>Union Wharf Apartments LLC</u>
<u>AMD Apartments Limited Partnership</u>
<u>SP Newport Crossing LLC</u>
<u>PUR Arbors Apartment Venture LLC</u>
<u>CG Seventh LLC</u>
<u>Ideal Properties II LLC</u>
<u>CG-LINA Realty Investors LLC</u>
<u>CG-LINA Alessandro II LLC</u>
<u>115 Sansome Street Associates, LLC</u>
<u>121 Tasman Apartments LLC</u>
<u>Alto Apartments LLC</u>
<u>CG-LINA Paper Box LLC</u>
<u>CG-LINA 10 Brookline, LLC</u>
<u>ND/CR 10 Brookline LLC</u>
<u>Cigna Affiliates Realty Investment Group, LLC</u> (EI# 27-5402196, DE)
<u>Market Street Residential Holdings LLC</u>
<u>Arborpoint at Market Street LLC</u>
<u>Market Street Retail Holdings LLC</u>
<u>Market Street South LLC</u>
<u>Diamondview Tower CM-CG LLC</u>
<u>Cigna Dulles Town, LLC</u>
<u>Dulles Town Center Mall, LLC</u>
<u>CORAC LLC</u>
<u>Bridgepoint Office Park Associates, LLC</u>

(EI# 27-3923999, DE)

Fairway Center Associates, LLC  
(EI# 27-3126102, DE)

Henry on the Park Associates, LLC  
(EI 27-3582688, DE)

\*Cigna Health and Life Insurance Company  
(EI # 59-1031071, NAIC # 67369, CT)

CarePlexus, LLC  
(EI# 45-2681649; DE)

Cigna Corporate Services, LLC  
(EI 27-3396038, DE)

Cigna Insurance Agency, LLC  
(EI # 27-1903785, CT)

Ceres Sales of Ohio, LLC  
(EI # 34-1970892, OH)

Central Reserve Life Insurance Company  
(EI # 34-0970995, NAIC # 61727, OH)

Provident American Life and Health Insurance Company  
(EI # 23-1335885, NAIC # 67903, OH)

United Benefit Life Insurance Company  
(EI # 75-2305400, NAIC # 65269, OH)

Loyal American Life Insurance Company  
(EI # 63-0343428, NAIC # 65722, OH)

American Retirement Life Insurance Company  
(EI # 59-2760189, NAIC # 88366, OH)

Cigna Health Management, Inc.  
(EI# 23-1728483, DE)

Kronos Optimal Health Company  
(20-8064696, AZ)

\*Life Insurance Company of North America  
(EI# 23-1503749, NAIC # 65498, PA)

\*Cigna & CMC Life Insurance Company Limited (China) (50%)  
(remaining interest owned by an unaffiliated party)

\*LINA Life Insurance Company of Korea (Korea)

Cigna Direct Marketing Company, Inc.

Tel-Drug, Inc.

Vielife Holdings Limited (United Kingdom)

Vielife Limited (United Kingdom)

Vielife Services, Inc.

Businesshealth UK Limited

CG Individual Tax Benefit Payments, Inc.

CG Life Pension Benefits Payments, Inc.

Cigna Federal Benefits, Inc.

Cigna Healthcare Benefits, Inc.

Cigna Integratedcare, Inc.

Cigna Managed Care Benefits Company

Cigna Re Corporation

Blodget & Hazard Limited

Cigna Resource Manager, Inc.

Connecticut General Benefit Payments, Inc.

Healthsource Benefits, Inc.

IHN, Inc.

LINA Benefit Payments, Inc.

Mediversal, Inc.

Universal Claims Administration

Cigna Global Holdings, Inc.

Cigna International Corporation, Inc. (Delaware)

Cigna International Services (Delaware)

Cigna International Marketing (Thailand) Limited (Thailand)

CGO Participatos LTDA

YCFM Servicios LTDA\*Cigna Global Reinsurance Company, Ltd. (Bermuda)Cigna Holdings Overseas, Inc.Cigna Bellevue Alpha LLCCigna Hayat Sigorta, A.S.Cigna Nederland Alpha Cooperatief U.A. (Netherlands)Cigna Nederland Beta B.V. (Netherlands)Cigna Nederland Gamma B.V. (Netherlands)\*Cigna Life Insurance Company of Europe S.A.-N.V. (Belgium) (99.998%)  
(remaining interest owned by Cigna Global Holdings, Inc. - - AA-1240009)\*Cigna Europe Insurance Company S.A.-N.V. (Belgium) (99.999%)  
(remaining interest owned by Cigna Global Holdings, Inc.)Cigna European Services (UK) Limited (United Kingdom)Cigna 2000 UK Pension LTDCigna Health Solution India Pvt. Ltd. (India)Cigna International Services Australia Pty Ltd (Australia)Cigna Apac Holdings Limited (New Zealand)\*Cigna Life Insurance New Zealand Limited (New Zealand)Cigna Taiwan Life Assurance Company Limited (Thailand)\*Cigna Taiwan Life Insurance Company Limited (New Zealand)Cigna Hong Kong Holdings Company Limited (Hong Kong)Cigna Data Services (Shanghai) Company Limited (China)Cigna HLA Technology Services Limited (Hong Kong)\*Cigna Worldwide General Insurance Company Limited (Hong Kong)\*Cigna Worldwide Life Insurance Company Limited (Hong Kong)PT GAR IndonesiaPT PGU IndonesiaRHP (Thailand) LimitedCigna Brokerage Services (Thailand) Limited (75%)  
(remaining interest owned by Cigna Holdings Overseas, Inc.)\*Cigna Non-Life Insurance Brokerage (Thailand) Limited (74.975%)  
(25% interest owned by Cigna Holdings Overseas, Inc.  
remaining interest owned by unaffiliated parties)KDM (Thailand) Limited (Thailand) (99.999%)\*Cigna Insurance Public Company Limited (75%)  
(24.999% interest owned by Cigna Holdings Overseas, Inc.)\*Cigna Global Insurance Company Limited (Guernsey) (99.9999%)  
(remaining interest owned by Cigna Global Holdings, Inc.)Vanbreda International NV(Brussels)Vanbreda International Sdn. Bhd. (Malaysia)Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)Vanbreda International, LLC (FL)Vanbreda International (Dubai) Limited (United Arab Emirates)\*Cigna Worldwide Insurance Company  
(EI# 23-2088429, NAIC # 90859, DE)\*PT. Asuransi Cigna (Indonesia) (80%)  
(remaining interest owned by unaffiliated parties - AA-5360003)FirstAssist Group Holdings Limited (UK)FirstAssist Group Limited (UK)FirstAssist Administration Limited (UK)Brighter Business Limited (UK)FirstAssist Legal Protection Limited (UK)FirstAssist Insurance Services Limited (UK)

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