



ANNUAL STATEMENT

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

The Order Of United Commercial Travelers Of America

NAIC Group Code..... , (Current Period) (Prior Period)	NAIC Company Code..... 56383	Employer's ID Number..... 31-4273120
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... October 4, 1890	Commenced Business..... January 16, 1888	
Statutory Home Office	1801 Watermark Drive Suite 100..... Columbus OH 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	1801 Watermark Drive Suite 100..... Columbus OH 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Mail Address	1801 Watermark Drive Suite 100..... Columbus OH 43215 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	1801 Watermark Drive Suite 100..... Columbus OH 43215 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	800-848-0123 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.uct.org	
Statutory Statement Contact	Kevin C Hecker <i>(Name)</i> khecker@uct.org <i>(E-Mail Address)</i>	800-848-0123-0142 <i>(Area Code) (Telephone Number) (Extension)</i> 614-487-9675 <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Larry Raymond Pilon #	President	2. Gerald Edwin Thomas	Secretary/Treasurer
3. Joseph Henry Hoffman	Chief Executive Officer	4.	

OTHER

Ronald Allen Ives	Vice-President	Kevin Clare Hecker	Senior Vice-President & CFO
John Michael Marshall	Vice-President	Benjamin Michael Cohen FSA, MAAA	Consulting Actuary

DIRECTORS OR TRUSTEES

David Leonard Burt	Thomas David Hoffman	Jerry George Giff	Randy Charles Young
Gordon Paul Woodworth #	George Ira Bohn	Gerald Edwin Thomas	Robert James Kellogg
Larry Raymond Pilon			

State of..... Ohio
County of..... Franklin

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) Larry Raymond Pilon	_____ (Signature) Gerald Edwin Thomas	_____ (Signature) Joseph Henry Hoffman
1. (Printed Name) President	2. (Printed Name) Secretary/Treasurer	3. (Printed Name) Chief Executive Officer
_____ (Title)	_____ (Title)	_____ (Title)

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



LIFE INSURANCE

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		205
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		205
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	0	0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN Other Alien #2 DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

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

NONE

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	0	0	0	0	0

NONE



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	.248
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	.248
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	.0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	.0
8. Total (Line 6.5 plus Line 7.4).....	.0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0
14. All other benefits, except accident & health.....	
15. Total.....	.0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	.0	.0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	.0	.0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	9,153	9,243		9,932	9,523
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	.427	.450			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	9,580	9,693	.0	9,932	9,523
26. Totals (Line 24 + 25.7).....	9,580	9,693	.0	9,932	9,523



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	11,680
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	11,680
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	25,271
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	25,271

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	25,000
Settled during current year:		
18.1 By payment in full.....	1	25,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	25,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	38	516,757
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(25,000)
23. In force December 31, current year.....	37	491,757

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,074,740	1,085,369		642,456	615,956
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	8,087	8,521			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,082,827	1,093,890	0	642,456	615,956
26. Totals (Line 24 + 25.7).....	1,082,827	1,093,890	0	642,456	615,956



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	7,791
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	7,791
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	41
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	41

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	14	116,538
21. Issued during year.....		
22. Other changes to in force (net).....		20,000
23. In force December 31, current year.....	14	136,538

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,260,123	2,282,475		1,788,717	1,714,934
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	28,703	30,242		25,861	23,670
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	2,288,826	2,312,717	0	1,814,578	1,738,604
26. Totals (Line 24 + 25.7).....	2,288,826	2,312,717	0	1,814,578	1,738,604



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	4,480
2. Annuity considerations.....	1,000
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	5,480
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	10,110
10. Matured endowments.....	
11. Annuity benefits.....	196
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	10,306

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	10,000
Settled during current year:		
18.1 By payment in full.....	1	10,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	10,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	13	94,000
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(10,000)
23. In force December 31, current year.....	12	84,000

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,655,701	2,681,965		1,758,334	1,685,804
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	7,953	8,380		5,522	5,054
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	2,663,654	2,690,345	0	1,763,856	1,690,858
26. Totals (Line 24 + 25.7).....	2,663,654	2,690,345	0	1,763,856	1,690,858



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	86,239
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	86,239
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	69,297
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	27,502
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	96,798

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	3	23,474
17. Incurred during current year.....	5	60,786
Settled during current year:		
18.1 By payment in full.....	6	68,754
18.2 By payment on compromised claims.....		
18.3 Total paid.....	6	68,754
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	6	68,754
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	15,506
POLICY EXHIBIT		
20. In force December 31, prior year.....	256	2,889,344
21. Issued during year.....	3	55,000
22. Other changes to in force (net).....	(15)	(237,885)
23. In force December 31, current year.....	244	2,706,459

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	319,617	322,778		220,085	211,007
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	23,147	24,387		5,762	5,273
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	342,763	347,165	0	225,847	216,280
26. Totals (Line 24 + 25.7).....	342,763	347,165	0	225,847	216,280



LIFE INSURANCE

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	38,564
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	38,564
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	51,160
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	32,486
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	83,647

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	15	53,729
Settled during current year:		
18.1 By payment in full.....	15	53,729
18.2 By payment on compromised claims.....		
18.3 Total paid.....	15	53,729
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	15	53,729
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	432	4,168,012
21. Issued during year.....	6	69,039
22. Other changes to in force (net).....	(55)	(926,357)
23. In force December 31, current year.....	383	3,310,694

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	27,996	28,273		21,297	20,418
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	211,064	222,377		65,139	59,619
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	239,060	250,649	0	86,436	80,037
26. Totals (Line 24 + 25.7).....	239,060	250,649	0	86,436	80,037



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		6,181
2. Annuity considerations.....		2,400
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		8,581
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		897
10. Matured endowments.....		
11. Annuity benefits.....		73,006
12. Surrender values and withdrawals for life contracts.....		734
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		74,638

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	1		879
Settled during current year:			
18.1 By payment in full.....	1		879
18.2 By payment on compromised claims.....			
18.3 Total paid.....	1		879
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	1		879
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	24		367,672
21. Issued during year.....			
22. Other changes to in force (net).....	(2)		(31,535)
23. In force December 31, current year.....	22		336,137

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,961,880	1,981,282		1,264,580	1,212,417
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	5,835	6,148			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,967,714	1,987,430	0	1,264,580	1,212,417
26. Totals (Line 24 + 25.7).....	1,967,714	1,987,430	0	1,264,580	1,212,417



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	2,967
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	2,967
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	8	124,922
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	8	124,922

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	33,137	33,465		26,955	25,843
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	4,728	4,982			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	37,865	38,446	0	26,955	25,843
26. Totals (Line 24 + 25.7).....	37,865	38,446	0	26,955	25,843



LIFE INSURANCE

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

NAIC Group Code.....0

NAIC Society Code....56383

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

NONE

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	25	26			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	25	26	0	0	0
26. Totals (Line 24 + 25.7).....	25	26	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	.452
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	.452
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	.0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	.0
8. Total (Line 6.5 plus Line 7.4).....	.0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0
14. All other benefits, except accident & health.....	
15. Total.....	.0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	1	591
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	.0	.0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	591
POLICY EXHIBIT		
20. In force December 31, prior year.....	3	21,472
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	3	21,472

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	12,638	12,763		1,367	1,310
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	167	176			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	12,805	12,939	.0	1,367	1,310
26. Totals (Line 24 + 25.7).....	12,805	12,939	.0	1,367	1,310



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	103,138
2. Annuity considerations.....	10,000
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	113,138
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	234,539
10. Matured endowments.....	289
11. Annuity benefits.....	46,022
12. Surrender values and withdrawals for life contracts.....	28,592
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	309,442

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	5	68,708
17. Incurred during current year.....	19	171,506
Settled during current year:		
18.1 By payment in full.....	22	231,525
18.2 By payment on compromised claims.....		
18.3 Total paid.....	22	231,525
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	22	231,525
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	8,689
POLICY EXHIBIT		
20. In force December 31, prior year.....	459	5,414,144
21. Issued during year.....	1	7,500
22. Other changes to in force (net).....	(28)	(302,807)
23. In force December 31, current year.....	432	5,118,837

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	3	3			
25.2 Guaranteed renewable.....	4,858,385	4,906,433		4,444,298	4,260,975
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	29,617	31,204		18,345	16,790
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....	57	69			
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,888,061	4,937,709	0	4,462,643	4,277,765
26. Totals (Line 24 + 25.7).....	4,888,061	4,937,709	0	4,462,643	4,277,765



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		47,642
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		47,642
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		98,749
10. Matured endowments.....		
11. Annuity benefits.....		827
12. Surrender values and withdrawals for life contracts.....		15,791
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		115,367

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	3	20,000
17. Incurred during current year.....	7	87,500
Settled during current year:		
18.1 By payment in full.....	9	97,500
18.2 By payment on compromised claims.....		
18.3 Total paid.....	9	97,500
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	9	97,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	193	1,947,382
21. Issued during year.....		
22. Other changes to in force (net).....	(12)	(152,476)
23. In force December 31, current year.....	181	1,794,906

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	465,661	470,267		369,018	353,796
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	5,298	5,582			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	470,959	475,849	0	369,018	353,796
26. Totals (Line 24 + 25.7).....	470,959	475,849	0	369,018	353,796



LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		1,555,174
2. Annuity considerations.....		69,289
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		1,624,463
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		2,006,220
10. Matured endowments.....		2,141
11. Annuity benefits.....		625,132
12. Surrender values and withdrawals for life contracts.....		351,528
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		2,985,020

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		27	328,644
17. Incurred during current year.....		215	1,875,497
Settled during current year:			
18.1 By payment in full.....		217	2,008,223
18.2 By payment on compromised claims.....			
18.3 Total paid.....		217	2,008,223
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		217	2,008,223
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		25	195,918
POLICY EXHIBIT			
20. In force December 31, prior year.....		5,786	69,829,597
21. Issued during year.....		68	2,169,363
22. Other changes to in force (net).....		(402)	(6,648,608)
23. In force December 31, current year.....		5,452	65,350,352

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	195	200			
25.2 Guaranteed renewable.....	92,830,902	93,748,990		69,310,621	66,451,611
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	1,039,371	1,095,078		403,614	369,409
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....	172	207			
25.7 Totals (sum of Lines 25.1 to 25.6).....	93,870,640	94,844,476	0	69,714,234	66,821,020
26. Totals (Line 24 + 25.7).....	93,870,640	94,844,476	0	69,714,234	66,821,020



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	1,035
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	1,035
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,643	4,689		1,476	1,415
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	150	158			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,793	4,847	0	1,476	1,415
26. Totals (Line 24 + 25.7).....	4,793	4,847	0	1,476	1,415



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		40,020
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		40,020
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		25,093
10. Matured endowments.....		
11. Annuity benefits.....		2,752
12. Surrender values and withdrawals for life contracts.....		9,138
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		36,983

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	1	25,000	
Settled during current year:			
18.1 By payment in full.....	1	25,000	
18.2 By payment on compromised claims.....			
18.3 Total paid.....	1	25,000	
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	1	25,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	
POLICY EXHIBIT			
20. In force December 31, prior year.....	93	699,261	
21. Issued during year.....	2	38,667	
22. Other changes to in force (net).....	(5)	(55,000)	
23. In force December 31, current year.....	90	682,928	

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,459,476	1,473,910		1,050,086	1,006,771
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	19,840	20,903		2,774	2,539
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,479,315	1,494,813	0	1,052,860	1,009,310
26. Totals (Line 24 + 25.7).....	1,479,315	1,494,813	0	1,052,860	1,009,310



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

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

NONE

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....		0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,966,131	5,015,245		3,633,715	3,483,827
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	2,719	2,864		80	73
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,968,849	5,018,110	0	3,633,795	3,483,900
26. Totals (Line 24 + 25.7).....	4,968,849	5,018,110	0	3,633,795	3,483,900



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		72,103
2. Annuity considerations.....		.650
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		72,753
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		.0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		.0
8. Total (Line 6.5 plus Line 7.4).....		.0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		151,022
10. Matured endowments.....		
11. Annuity benefits.....		188,214
12. Surrender values and withdrawals for life contracts.....		14,914
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		.0
14. All other benefits, except accident & health.....		
15. Total.....		354,150

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	3	30,274
17. Incurred during current year.....	15	128,320
Settled during current year:		
18.1 By payment in full.....	16	149,729
18.2 By payment on compromised claims.....		
18.3 Total paid.....	16	149,729
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	16	149,729
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	8,865
POLICY EXHIBIT		
20. In force December 31, prior year.....	415	5,673,654
21. Issued during year.....	4	66,000
22. Other changes to in force (net).....	(29)	(691,538)
23. In force December 31, current year.....	390	5,048,116

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,459,390	4,503,493		2,900,487	2,780,844
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	63,227	66,616		12,502	11,443
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,522,617	4,570,109	.0	2,912,989	2,792,287
26. Totals (Line 24 + 25.7).....	4,522,617	4,570,109	.0	2,912,989	2,792,287



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	207,327
2. Annuity considerations.....	319
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	207,645
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	40,233
10. Matured endowments.....	
11. Annuity benefits.....	89,412
12. Surrender values and withdrawals for life contracts.....	32,482
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	162,126

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	6	40,068
Settled during current year:		
18.1 By payment in full.....	6	40,068
18.2 By payment on compromised claims.....		
18.3 Total paid.....	6	40,068
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	6	40,068
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	163	2,182,896
21. Issued during year.....	8	516,890
22. Other changes to in force (net).....	(9)	(134,248)
23. In force December 31, current year.....	162	2,565,538

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,525,781	4,570,541		2,972,034	2,849,440
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	32,622	34,370		38,027	34,805
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,558,403	4,604,911	0	3,010,062	2,884,245
26. Totals (Line 24 + 25.7).....	4,558,403	4,604,911	0	3,010,062	2,884,245



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		51,638
2. Annuity considerations.....		11,560
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		63,198
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		5,030
10. Matured endowments.....		
11. Annuity benefits.....		3,627
12. Surrender values and withdrawals for life contracts.....		3,478
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		12,135

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	1		5,000
Settled during current year:			
18.1 By payment in full.....	1		5,000
18.2 By payment on compromised claims.....			
18.3 Total paid.....	1		5,000
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	1		5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	80		686,374
21. Issued during year.....	3		68,596
22. Other changes to in force (net).....	(5)		(54,000)
23. In force December 31, current year.....	78		700,970

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	568,634	574,258		335,979	322,120
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	18,820	19,829		27,003	24,714
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	587,455	594,087	0	362,981	346,834
26. Totals (Line 24 + 25.7).....	587,455	594,087	0	362,981	346,834



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		41,516
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		41,516
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		28,150
10. Matured endowments.....		
11. Annuity benefits.....		70,197
12. Surrender values and withdrawals for life contracts.....		20,126
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		118,474

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	7	55,614
Settled during current year:		
18.1 By payment in full.....	4	28,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	4	28,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	4	28,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	27,614
POLICY EXHIBIT		
20. In force December 31, prior year.....	178	2,495,198
21. Issued during year.....	1	15,000
22. Other changes to in force (net).....	(7)	(94,757)
23. In force December 31, current year.....	172	2,415,441

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	322,912	326,106		190,537	182,677
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	10,356	10,911		2,025	1,853
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	333,268	337,017	0	192,561	184,530
26. Totals (Line 24 + 25.7).....	333,268	337,017	0	192,561	184,530



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		31,827
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		31,827
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		66,439
10. Matured endowments.....		
11. Annuity benefits.....		1,200
12. Surrender values and withdrawals for life contracts.....		(41)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		67,598

DETAILS OF WRITE-INS		
1301.		
1302.		
1303.		
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....		0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	6		71,000
Settled during current year:			
18.1 By payment in full.....	5		66,000
18.2 By payment on compromised claims.....			
18.3 Total paid.....	5		66,000
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	5		66,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1		5,000
POLICY EXHIBIT			
20. In force December 31, prior year.....	98		1,490,336
21. Issued during year.....			
22. Other changes to in force (net).....	(6)		(90,962)
23. In force December 31, current year.....	92		1,399,374

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,688,220	4,734,586		3,462,675	3,319,843
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	6,232	6,566			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,694,452	4,741,152	0	3,462,675	3,319,843
26. Totals (Line 24 + 25.7).....	4,694,452	4,741,152	0	3,462,675	3,319,843



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	7,911
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	7,911
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	25,210
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	25,210

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	2	25,000
Settled during current year:		
18.1 By payment in full.....	2	25,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	2	25,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	2	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	31	231,999
21. Issued during year.....		
22. Other changes to in force (net).....	(2)	(25,000)
23. In force December 31, current year.....	29	206,999

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	47,878	48,352		23,699	22,721
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	21,508	22,661		9,647	8,830
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....	24	29			
25.7 Totals (sum of Lines 25.1 to 25.6).....	69,411	71,042	0	33,346	31,551
26. Totals (Line 24 + 25.7).....	69,411	71,042	0	33,346	31,551



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	2,675
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	2,675
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	1,047
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	1,047

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	1,000
Settled during current year:		
18.1 By payment in full.....	1	1,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	1,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	1,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	8	42,158
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(1,000)
23. In force December 31, current year.....	7	41,158

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	58,318	58,895		16,567	15,884
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	4,621	4,868		710	650
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	62,939	63,763	0	17,278	16,534
26. Totals (Line 24 + 25.7).....	62,939	63,763	0	17,278	16,534



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	914
2. Annuity considerations.....	10,000
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	10,914
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	1,300
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	1,300

DETAILS OF WRITE-INS

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	5	57,555
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	5	57,555

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	8,343	8,425		15,765	15,115
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	3,744	3,945			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	12,087	12,370	0	15,765	15,115
26. Totals (Line 24 + 25.7).....	12,087	12,370	0	15,765	15,115



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	139,632
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	139,632
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	404,237
10. Matured endowments.....	
11. Annuity benefits.....	45,117
12. Surrender values and withdrawals for life contracts.....	49,277
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	498,632

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	6	136,500
17. Incurred during current year.....	30	305,168
Settled during current year:		
18.1 By payment in full.....	35	416,668
18.2 By payment on compromised claims.....		
18.3 Total paid.....	35	416,668
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	35	416,668
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	25,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	658	9,612,227
21. Issued during year.....	5	98,000
22. Other changes to in force (net).....	(53)	(823,666)
23. In force December 31, current year.....	610	8,886,561

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,277,456	2,299,980		1,677,874	1,608,663
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	61,283	64,568		23,882	21,858
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	2,338,739	2,364,547	0	1,701,756	1,630,521
26. Totals (Line 24 + 25.7).....	2,338,739	2,364,547	0	1,701,756	1,630,521



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	9,793
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	9,793
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	10,072
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	1,954
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	12,026

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	10,000
Settled during current year:		
18.1 By payment in full.....	1	10,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	10,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	35	934,999
21. Issued during year.....		
22. Other changes to in force (net).....	(5)	(154,098)
23. In force December 31, current year.....	30	780,901

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	129,753	131,036		89,715	86,015
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	20,217	21,300		6,073	5,558
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	149,970	152,337	0	95,788	91,573
26. Totals (Line 24 + 25.7).....	149,970	152,337	0	95,788	91,573



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		33,114
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		33,114
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		84,768
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		21,588
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		106,355

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	6		89,181
Settled during current year:			
18.1 By payment in full.....	5		84,181
18.2 By payment on compromised claims.....			
18.3 Total paid.....	5		84,181
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	5		84,181
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1		5,000
POLICY EXHIBIT			
20. In force December 31, prior year.....	121		1,225,656
21. Issued during year.....	3		45,010
22. Other changes to in force (net).....	(9)		(172,266)
23. In force December 31, current year.....	115		1,098,400

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	782,849	790,592		409,830	392,925
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	20,628	21,733		7,625	6,979
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	803,477	812,325	0	417,455	399,904
26. Totals (Line 24 + 25.7).....	803,477	812,325	0	417,455	399,904



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	29,837
2. Annuity considerations.....	16,272
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	46,109
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	26,750
10. Matured endowments.....	
11. Annuity benefits.....	1,999
12. Surrender values and withdrawals for life contracts.....	991
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	29,740

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	3	26,579
Settled during current year:		
18.1 By payment in full.....	3	26,579
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	26,579
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	26,579
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	105	1,189,571
21. Issued during year.....	4	185,000
22. Other changes to in force (net).....	(6)	(96,579)
23. In force December 31, current year.....	103	1,277,992

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	8,785,714	8,872,603		7,377,742	7,073,415
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	5,476	5,769		150	137
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	8,791,189	8,878,373	0	7,377,892	7,073,553
26. Totals (Line 24 + 25.7).....	8,791,189	8,878,373	0	7,377,892	7,073,553



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	580
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	580
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	3,000
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	12	170,396
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(19,250)
23. In force December 31, current year.....	11	151,146

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,924,153	1,943,183		1,328,247	1,273,458
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	11,838	12,473		1,503	1,376
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,935,991	1,955,655	0	1,329,750	1,274,833
26. Totals (Line 24 + 25.7).....	1,935,991	1,955,655	0	1,329,750	1,274,833



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	36,943
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	36,943
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	64,101
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	64,101

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	2	20,097
17. Incurred during current year.....	5	43,524
Settled during current year:		
18.1 By payment in full.....	7	63,621
18.2 By payment on compromised claims.....		
18.3 Total paid.....	7	63,621
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	7	63,621
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	94	1,682,960
21. Issued during year.....	6	72,012
22. Other changes to in force (net).....	(7)	(72,503)
23. In force December 31, current year.....	93	1,682,469

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	3,493,032	3,527,578		2,767,866	2,653,694
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	15,859	16,709			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	3,508,891	3,544,287	0	2,767,866	2,653,694
26. Totals (Line 24 + 25.7).....	3,508,891	3,544,287	0	2,767,866	2,653,694



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	6,675
2. Annuity considerations.....	4,000
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	10,675
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	198
12. Surrender values and withdrawals for life contracts.....	4,509
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	4,707

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	32	274,884
21. Issued during year.....	2	75,000
22. Other changes to in force (net).....	(1)	(17,413)
23. In force December 31, current year.....	33	332,471

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,020,381	4,060,142		3,014,763	2,890,406
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	9,442	9,948		5,403	4,945
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,029,823	4,070,090	0	3,020,166	2,895,351
26. Totals (Line 24 + 25.7).....	4,029,823	4,070,090	0	3,020,166	2,895,351



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	34,193
2. Annuity considerations.....	10,000
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	44,193
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	10,105
10. Matured endowments.....	
11. Annuity benefits.....	52,574
12. Surrender values and withdrawals for life contracts.....	1,302
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	63,981

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	10,000
Settled during current year:		
18.1 By payment in full.....	1	10,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	10,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	39	320,123
21. Issued during year.....	4	60,000
22. Other changes to in force (net).....	(2)	(20,000)
23. In force December 31, current year.....	41	360,123

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	8,742,714	8,829,178		6,646,856	6,372,679
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	27,223	28,682		3,999	3,660
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	8,769,937	8,857,860	0	6,650,855	6,376,338
26. Totals (Line 24 + 25.7).....	8,769,937	8,857,860	0	6,650,855	6,376,338



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	1,750
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	1,750
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	11	45,192
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	11	45,192

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	11,710	11,826		19,189	18,398
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	4,418	4,654		50	46
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	16,128	16,481	0	19,239	18,443
26. Totals (Line 24 + 25.7).....	16,128	16,481	0	19,239	18,443



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		27,098
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		27,098
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		10,914
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		10,914

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	10,000
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	121	909,470
21. Issued during year.....		
22. Other changes to in force (net).....	(2)	(37,370)
23. In force December 31, current year.....	119	872,100

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	37,375	37,745		27,492	26,358
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	1,053	1,110		50	46
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....	46	55			
25.7 Totals (sum of Lines 25.1 to 25.6).....	38,474	38,910	0	27,542	26,404
26. Totals (Line 24 + 25.7).....	38,474	38,910	0	27,542	26,404



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	383
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	383
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	17,048	17,217		22,782	21,842
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	708	745			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	17,756	17,962	0	22,782	21,842
26. Totals (Line 24 + 25.7).....	17,756	17,962	0	22,782	21,842



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	5,518
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	5,518
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	6	53,951
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	6	53,951

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	896,285	905,149		746,078	715,303
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	2,492	2,626			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	898,777	907,775	0	746,078	715,303
26. Totals (Line 24 + 25.7).....	898,777	907,775	0	746,078	715,303



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	3,653
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	3,653
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	7	48,500
21. Issued during year.....		
22. Other changes to in force (net).....	(1)	(6,000)
23. In force December 31, current year.....	6	42,500

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	106,679	107,734		83,800	80,344
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	30,970	32,630		20,286	18,567
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	137,649	140,364	0	104,086	98,910
26. Totals (Line 24 + 25.7).....	137,649	140,364	0	104,086	98,910



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	112,542
2. Annuity considerations.....	1,200
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	113,742
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	170,857
10. Matured endowments.....	
11. Annuity benefits.....	1,152
12. Surrender values and withdrawals for life contracts.....	24,444
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	196,453

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	2	18,000
17. Incurred during current year.....	22	190,892
Settled during current year:		
18.1 By payment in full.....	21	169,840
18.2 By payment on compromised claims.....		
18.3 Total paid.....	21	169,840
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	21	169,840
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	39,052
POLICY EXHIBIT		
20. In force December 31, prior year.....	601	7,358,913
21. Issued during year.....		
22. Other changes to in force (net).....	(38)	(585,583)
23. In force December 31, current year.....	563	6,773,330

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	51	53			
25.2 Guaranteed renewable.....	741,436	748,769		450,576	431,990
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	88,756	93,513		51,247	46,904
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....	46	55			
25.7 Totals (sum of Lines 25.1 to 25.6).....	830,289	842,389	0	501,823	478,894
26. Totals (Line 24 + 25.7).....	830,289	842,389	0	501,823	478,894



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	18,680
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	18,680
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	25,867
10. Matured endowments.....	
11. Annuity benefits.....	2,053
12. Surrender values and withdrawals for life contracts.....	6,069
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	33,990

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	4	25,453
Settled during current year:		
18.1 By payment in full.....	4	25,453
18.2 By payment on compromised claims.....		
18.3 Total paid.....	4	25,453
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	4	25,453
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	93	1,576,389
21. Issued during year.....		
22. Other changes to in force (net).....	(11)	(395,079)
23. In force December 31, current year.....	82	1,181,310

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	818,593	826,689		569,547	546,053
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	15,962	16,818		11,203	10,253
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	834,555	843,506	0	580,749	556,307
26. Totals (Line 24 + 25.7).....	834,555	843,506	0	580,749	556,307



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	20,234
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	20,234
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	13,054
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	946
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	14,000

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	13,000
Settled during current year:		
18.1 By payment in full.....	1	13,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	13,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	13,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	33	803,629
21. Issued during year.....	9	557,881
22. Other changes to in force (net).....	(5)	(128,000)
23. In force December 31, current year.....	37	1,233,510

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	5,764,097	5,821,104		4,323,348	4,145,013
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	12,263	12,920		1,542	1,412
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	5,776,360	5,834,024	0	4,324,890	4,146,425
26. Totals (Line 24 + 25.7).....	5,776,360	5,834,024	0	4,324,890	4,146,425



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	65,735
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	65,735
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	85,811
10. Matured endowments.....	
11. Annuity benefits.....	14,619
12. Surrender values and withdrawals for life contracts.....	6,197
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	106,627

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	14	86,681
Settled during current year:		
18.1 By payment in full.....	13	85,164
18.2 By payment on compromised claims.....		
18.3 Total paid.....	13	85,164
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	13	85,164
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,517
POLICY EXHIBIT		
20. In force December 31, prior year.....	343	3,347,554
21. Issued during year.....		
22. Other changes to in force (net).....	(23)	(369,535)
23. In force December 31, current year.....	320	2,978,019

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	28	28			
25.2 Guaranteed renewable.....	843,713	852,057		430,259	412,511
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	41,750	43,987		6,655	6,091
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	885,490	896,072	0	436,914	418,603
26. Totals (Line 24 + 25.7).....	885,490	896,072	0	436,914	418,603



LIFE INSURANCE

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		0
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....	NONE	0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		
10. Matured endowments.....		
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....			
Settled during current year:			
18.1 By payment in full.....			
18.2 By payment on compromised claims.....			
18.3 Total paid.....	NONE	0	0
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....		0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....		0	0
POLICY EXHIBIT			
20. In force December 31, prior year.....			
21. Issued during year.....			
22. Other changes to in force (net).....			
23. In force December 31, current year.....		0	0

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	NONE				
25.2 Guaranteed renewable.....					
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....					
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	0	0	0	0	0
26. Totals (Line 24 + 25.7).....	0	0	0	0	0



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	3,576
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	3,576
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	15,068
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	15,068

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	2	15,000
Settled during current year:		
18.1 By payment in full.....	2	15,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	2	15,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	2	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	25	178,062
21. Issued during year.....		
22. Other changes to in force (net).....	(4)	(20,500)
23. In force December 31, current year.....	21	157,562

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,341	4,384		5,153	4,941
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	11,788	12,419		7,553	6,913
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	16,128	16,803	0	12,707	11,854
26. Totals (Line 24 + 25.7).....	16,128	16,803	0	12,707	11,854



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	13,611
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	13,611
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	25,177
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	5,389
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	30,566

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	3	25,000
Settled during current year:		
18.1 By payment in full.....	3	25,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	3	25,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	3	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	46	520,587
21. Issued during year.....	1	15,000
22. Other changes to in force (net).....	(4)	(40,000)
23. In force December 31, current year.....	43	495,587

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	419,088	423,233		265,337	254,392
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	5,370	5,658		18	16
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	424,458	428,891	0	265,355	254,408
26. Totals (Line 24 + 25.7).....	424,458	428,891	0	265,355	254,408



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	12,539
2. Annuity considerations.....	.649
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	13,187
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	.0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	.0
8. Total (Line 6.5 plus Line 7.4).....	.0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0
14. All other benefits, except accident & health.....	
15. Total.....	.0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	.0	.0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0
POLICY EXHIBIT		
20. In force December 31, prior year.....	46	438,304
21. Issued during year.....	1	70,000
22. Other changes to in force (net).....		
23. In force December 31, current year.....	47	508,304

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,604,566	1,620,435		1,229,793	1,179,065
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	8,400	8,850		1,772	1,622
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,612,966	1,629,286	.0	1,231,565	1,180,687
26. Totals (Line 24 + 25.7).....	1,612,966	1,629,286	.0	1,231,565	1,180,687



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	50,355
2. Annuity considerations.....	400
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	50,755
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	48,270
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	13,284
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	61,553

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	12	78,084
Settled during current year:		
18.1 By payment in full.....	8	48,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	8	48,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	8	48,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	30,084
POLICY EXHIBIT		
20. In force December 31, prior year.....	234	2,037,952
21. Issued during year.....		
22. Other changes to in force (net).....	(15)	(389,903)
23. In force December 31, current year.....	219	1,648,049

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	428,317	432,553		252,871	242,440
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	7,632	8,041		278	254
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	435,948	440,593	0	253,148	242,694
26. Totals (Line 24 + 25.7).....	435,948	440,593	0	253,148	242,694



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	85,932
2. Annuity considerations.....	840
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	86,772
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	141,471
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	14,785
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	156,256

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	1	5,000
17. Incurred during current year.....	16	135,742
Settled during current year:		
18.1 By payment in full.....	17	140,742
18.2 By payment on compromised claims.....		
18.3 Total paid.....	17	140,742
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	17	140,742
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	368	4,424,244
21. Issued during year.....	1	10,000
22. Other changes to in force (net).....	(24)	(296,054)
23. In force December 31, current year.....	345	4,138,190

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....	114	117			
25.2 Guaranteed renewable.....	1,551,394	1,566,737		1,722,674	1,651,615
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	24,684	26,007		18,444	16,881
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,576,192	1,592,861	0	1,741,118	1,668,496
26. Totals (Line 24 + 25.7).....	1,576,192	1,592,861	0	1,741,118	1,668,496



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	1,244
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	1,244
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	593,001	598,865		492,507	472,191
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	4,642	4,890			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	597,642	603,756	0	492,507	472,191
26. Totals (Line 24 + 25.7).....	597,642	603,756	0	492,507	472,191



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		31,179
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		31,179
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		7,828
10. Matured endowments.....		1,852
11. Annuity benefits.....		
12. Surrender values and withdrawals for life contracts.....		4,637
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		14,317

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	2		7,791
Settled during current year:			
18.1 By payment in full.....	2		7,791
18.2 By payment on compromised claims.....			
18.3 Total paid.....	2		7,791
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	2		7,791
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	153		1,865,883
21. Issued during year.....	2		20,141
22. Other changes to in force (net).....	(6)		(66,244)
23. In force December 31, current year.....	149		1,819,780

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	4,534,397	4,579,242		3,424,411	3,283,157
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	27,462	28,934		2,009	1,839
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	4,561,859	4,608,176	0	3,426,420	3,284,996
26. Totals (Line 24 + 25.7).....	4,561,859	4,608,176	0	3,426,420	3,284,996



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	704
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	704
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....		
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	7,818	7,895		1,877	1,799
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	1,331	1,402			
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	9,148	9,297	0	1,877	1,799
26. Totals (Line 24 + 25.7).....	9,148	9,297	0	1,877	1,799



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	.657
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	.657
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	.0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	.0
8. Total (Line 6.5 plus Line 7.4).....	.0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0
14. All other benefits, except accident & health.....	
15. Total.....	.0

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	.0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....	1	6,000
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	.0	.0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	6,000
POLICY EXHIBIT		
20. In force December 31, prior year.....	1	20,000
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	1	20,000

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	150,670	152,160		143,512	137,593
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	7,309	7,701		5,060	4,631
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	157,979	159,861	.0	148,572	142,224
26. Totals (Line 24 + 25.7).....	157,979	159,861	.0	148,572	142,224



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Life and Annuities
1. Life insurance.....		22,461
2. Annuity considerations.....		
3. Deposit-type contract funds.....		
4. Other considerations.....		
5. Total (Lines 1 to 4).....		22,461
DIRECT REFUNDS TO MEMBERS		
Life Insurance:		
6.1 Paid in cash or left on deposit.....		
6.2 Applied to pay renewal premiums.....		
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....		
6.4 Other.....		
6.5 Total (Sum of Lines 6.1 to 6.4).....		0
Annuities:		
7.1 Paid in cash or left on deposit.....		
7.2 Applied to provide paid-up annuities.....		
7.3 Other.....		
7.4 Total (Sum of Lines 7.1 to 7.3).....		0
8. Total (Line 6.5 plus Line 7.4).....		0
DIRECT CLAIMS AND BENEFITS PAID		
9. Death benefits.....		35,256
10. Matured endowments.....		
11. Annuity benefits.....		28,323
12. Surrender values and withdrawals for life contracts.....		
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....		0
14. All other benefits, except accident & health.....		
15. Total.....		63,578

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....			
17. Incurred during current year.....	2		35,000
Settled during current year:			
18.1 By payment in full.....	2		35,000
18.2 By payment on compromised claims.....			
18.3 Total paid.....	2		35,000
18.4 Reduction by compromise.....			
18.5 Amount rejected.....			
18.6 Total settlements.....	2		35,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0		0
POLICY EXHIBIT			
20. In force December 31, prior year.....	61		851,477
21. Issued during year.....	1		110,000
22. Other changes to in force (net).....	(3)		(66,000)
23. In force December 31, current year.....	59		895,477

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	5,797,396	5,854,731		4,172,385	4,000,278
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	47,876	50,442		15,077	13,799
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	5,845,272	5,905,173	0	4,187,462	4,014,077
26. Totals (Line 24 + 25.7).....	5,845,272	5,905,173	0	4,187,462	4,014,077



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	18,671
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	18,671
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	5,282
10. Matured endowments.....	
11. Annuity benefits.....	372
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	5,654

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....	1	5,000
Settled during current year:		
18.1 By payment in full.....	1	5,000
18.2 By payment on compromised claims.....		
18.3 Total paid.....	1	5,000
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	28	694,000
21. Issued during year.....	1	14,627
22. Other changes to in force (net).....	(4)	(60,000)
23. In force December 31, current year.....	25	648,627

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	2,186,486	2,208,110		1,546,000	1,482,229
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	11,915	12,554		288	264
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	2,198,402	2,220,665	0	1,546,288	1,482,492
26. Totals (Line 24 + 25.7).....	2,198,402	2,220,665	0	1,546,288	1,482,492



LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0

NAIC Society Code....56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1. Life insurance.....	1,334
2. Annuity considerations.....	
3. Deposit-type contract funds.....	
4. Other considerations.....	
5. Total (Lines 1 to 4).....	1,334
DIRECT REFUNDS TO MEMBERS	
Life Insurance:	
6.1 Paid in cash or left on deposit.....	
6.2 Applied to pay renewal premiums.....	
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	
6.4 Other.....	
6.5 Total (Sum of Lines 6.1 to 6.4).....	0
Annuities:	
7.1 Paid in cash or left on deposit.....	
7.2 Applied to provide paid-up annuities.....	
7.3 Other.....	
7.4 Total (Sum of Lines 7.1 to 7.3).....	0
8. Total (Line 6.5 plus Line 7.4).....	0
DIRECT CLAIMS AND BENEFITS PAID	
9. Death benefits.....	
10. Matured endowments.....	
11. Annuity benefits.....	1,971
12. Surrender values and withdrawals for life contracts.....	
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0
14. All other benefits, except accident & health.....	
15. Total.....	1,971

DETAILS OF WRITE-INS	
1301.	
1302.	
1303.	
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0
1399. Totals (Items 1301 thru 1303 plus 1398) (Line 13 above).....	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16. Unpaid December 31, prior year.....		
17. Incurred during current year.....		
Settled during current year:		
18.1 By payment in full.....		
18.2 By payment on compromised claims.....		
18.3 Total paid.....	0	0
18.4 Reduction by compromise.....		
18.5 Amount rejected.....		
18.6 Total settlements.....	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0
POLICY EXHIBIT		
20. In force December 31, prior year.....	2	25,000
21. Issued during year.....		
22. Other changes to in force (net).....		
23. In force December 31, current year.....	2	25,000

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Collectively Renewable Certificates.....					
Other Individual Certificates:					
25.1 Non-cancelable.....					
25.2 Guaranteed renewable.....	1,371,686	1,385,252		918,074	880,204
25.3 Non-renewable for stated reasons only.....					
25.4 Other accident only.....	1,735	1,828		50	46
25.5 Medicare Title XVIII exempt from state taxes or fees.....					
25.6 All Other.....					
25.7 Totals (sum of Lines 25.1 to 25.6).....	1,373,421	1,387,080	0	918,124	880,250
26. Totals (Line 24 + 25.7).....	1,373,421	1,387,080	0	918,124	880,250

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	215,586
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	206,630
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	422,216
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	99,777
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	322,439

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2012.....	60,508	39,269		99,777
2. 2013.....	23,356	36,343		59,699
3. 2014.....	17,609	23,164		40,773
4. 2015.....	13,163	19,629		32,792
5. 2016.....	9,145	16,016		25,161
6. 2017.....	7,112	12,157		19,269
7. 2018.....	6,205	9,974		16,179
8. 2019.....	5,164	9,263		14,427
9. 2020.....	4,797	8,477		13,274
10. 2021.....	5,414	7,836		13,250
11. 2022.....	5,977	7,120		13,097
12. 2023.....	6,567	6,058		12,625
13. 2024.....	7,201	4,832		12,033
14. 2025.....	7,745	3,606		11,351
15. 2026.....	7,914	2,164		10,078
16. 2027.....	7,130	721		7,851
17. 2028.....	5,886			5,886
18. 2029.....	4,561			4,561
19. 2030.....	3,254			3,254
20. 2031.....	2,155			2,155
21. 2032.....	1,592			1,592
22. 2033.....	1,302			1,302
23. 2034.....	1,003			1,003
24. 2035.....	619			619
25. 2036.....	207			207
26. 2037.....				0
27. 2038.....				0
28. 2039.....				0
29. 2040.....				0
30. 2041.....				0
31. 2042 and Later.....				0
32. Total (Lines 1 to 31).....	215,586	206,629	0	422,215

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	45,565	2,362	47,927	0	0	1	47,928
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	3,890		3,890			0	3,890
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	8,682	667	9,349			0	9,349
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	58,137	3,029	61,166	0	0	1	61,167
9. Maximum reserve.....	54,315	2,224	56,539			0	56,539
10. Reserve objective.....	39,378	1,334	40,712			0	40,712
11. 20% of (Line 10 minus Line 8).....	(3,752)	(339)	(4,091)	(0)	(0)	(0)	(4,091)
12. Balance before transfers (Lines 8 + 11).....	54,385	2,690	57,075	0	0	0	57,076
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	(71)	(466)	(537)			0	(537)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	54,314	2,224	56,538	0	0	0	56,539

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	1,395,310	XXX	XXX	1,395,310	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	11,931,144	XXX	XXX	11,931,144	0.0004	4,772	0.0023	27,442	0.0030	35,793
3	2	High quality.....	2,057,913	XXX	XXX	2,057,913	0.0019	3,910	0.0058	11,936	0.0090	18,521
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total bonds (sum of Lines 1 through 8).....	15,384,367	XXX	XXX	15,384,367	XXX	8,682	XXX	39,378	XXX	54,315
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt obligations.....	358,073	XXX	XXX	358,073	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	358,073	XXX	XXX	358,073	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	15,742,440	XXX	XXX	15,742,440	XXX	8,682	XXX	39,378	XXX	54,315
MORTGAGE LOANS												
In good standing:												
35		Farm mortgages.....			XXX	0	(a)	0	(a)	0	(a)	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....	2,224,000		XXX	2,224,000	0.0003	667	0.0006	1,334	0.0010	2,224
39		Commercial mortgages-all other.....			XXX	0	(a)	0	(a)	0	(a)	0
40		In good standing with restructured terms.....			XXX	0	(b)	0	(b)	0	(b)	0
Overdue, not in process:												
41		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50).....	2,224,000	0	XXX	2,224,000	XXX	667	XXX	1,334	XXX	2,224
52		Schedule DA mortgages.....			XXX	0	(c)	0	(c)	0	(c)	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	2,224,000	0	XXX	2,224,000	XXX	667	XXX	1,334	XXX	2,224

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

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

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

AVR-Equity Component (Lines 1-30)
NONE

AVR-Equity Component (Lines 31-55) (Cont.)
NONE

AVR-Equity Component (Lines 56-74) (Cont.)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		Other Individual Contracts					
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written.....	10,968,166	XXX		XXX	195	XXX	9,946,979	XXX		XXX	1,020,820	XXX	172	XXX
2. Premiums earned.....	11,012,396	XXX		XXX	200	XXX	9,936,911	XXX		XXX	1,075,078	XXX	207	XXX
3. Incurred claims.....	6,897,529	62.6		0.0		0.0	6,528,120	65.7		0.0	369,409	34.4		0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	6,897,529	62.6	0	0.0	0	0.0	6,528,120	65.7	0	0.0	369,409	34.4	0	0.0
6. Increase in contract reserves.....	(91,112)	(0.8)		0.0	(126)	(63.0)	39,579	0.4		0.0	(130,552)	(12.1)	(13)	(6.3)
7. Commissions (a).....	(4,463,566)	(40.5)		0.0		0.0	(4,463,566)	(44.9)		0.0		0.0		0.0
8. Other general insurance expenses.....	8,252,382	74.9		0.0		0.0	8,232,977	82.9		0.0	19,405	1.8		0.0
9. Taxes, licenses and fees.....	412,524	3.7		0.0		0.0	411,554	4.1		0.0	970	0.1		0.0
10. Total other expenses incurred.....	4,201,340	38.2	0	0.0	0	0.0	4,180,965	42.1	0	0.0	20,375	1.9	0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	4,639	0.0	0	0.0	326	163.0	(811,753)	(8.2)	0	0.0	815,846	75.9	220	106.3
13. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds.....	4,639	0.0	0	0.0	326	163.0	(811,753)	(8.2)	0	0.0	815,846	75.9	220	106.3

DETAILS OF WRITE-INS

1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Collectively Renewable	Other Individual Contracts				
			3 Non-Cancelable	4 Guaranteed Renewable	5 Non-Renewable for Stated Reasons Only	6 Other Accident Only	7 All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums.....	778,240		23	530,754		247,371	92
2. Advance premiums.....	262,979			95,451		167,528	
3. Reserve for rate credits.....	0						
4. Total premium reserves, current year.....	1,041,219	0	23	626,205	0	414,899	92
5. Total premium reserves, prior year.....	1,085,450		28	616,137		469,158	127
6. Increase in total premium reserves.....	(44,231)	0	(5)	10,068	0	(54,259)	(35)
B. Contract Reserves:							
1. Additional reserves (a).....	524,116		313	344,935		178,794	74
2. Reserve for future contingent benefits.....	0						
3. Total contract reserves, current year.....	524,116	0	313	344,935	0	178,794	74
4. Total contract reserves, prior year.....	615,228		439	305,356		309,346	87
5. Increase in contract reserves.....	(91,112)	0	(126)	39,579	0	(130,552)	(13)
C. Claim Reserves and Liabilities:							
1. Total current year.....	1,766,521			1,608,766		157,755	
2. Total prior year.....	2,038,145			1,846,185		191,960	
3. Increase.....	(271,624)	0	0	(237,419)	0	(34,205)	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year.....	1,610,408			1,383,559		226,849	
1.2 On claims incurred during current year.....	5,558,745			5,381,981		176,764	
2. Claim Reserves and Liabilities, Dec. 31, Current Year:							
2.1 On claims incurred prior to current year.....	11,327			51		11,276	
2.2 On claims incurred during current year.....	1,755,193			1,608,714		146,479	
3. Test:							
3.1 Line 1.1 plus 2.1.....	1,621,735	0	0	1,383,610	0	238,125	0
3.2 Claim reserves and liabilities, Dec. 31, prior year.....	2,038,145			1,846,185		191,960	
3.3 Line 3.1 minus Line 3.2.....	(416,410)	0	0	(462,575)	0	46,165	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:							
1. Premiums written.....	0						
2. Premiums earned.....	0						
3. Incurred claims.....	0						
4. Commissions.....	0						
B. Reinsurance Ceded:							
1. Premiums written.....	82,797,687			82,777,687		20,000	
2. Premiums earned.....	83,832,079			83,812,079		20,000	
3. Incurred claims.....	59,923,490			59,923,490			
4. Commissions.....	16,816,967			16,816,967			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			66,821,020	66,821,020
2. Beginning claim reserves and liabilities.....			17,738,824	17,738,824
3. Ending claim reserves and liabilities.....			14,845,609	14,845,609
4. Claims paid.....	0	0	69,714,235	69,714,235
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....			59,923,490	59,923,490
10. Beginning claim reserves and liabilities.....			15,700,679	15,700,679
11. Ending claim reserves and liabilities.....			13,079,089	13,079,089
12. Claims paid.....	0	0	62,545,080	62,545,080
D. Net:				
13. Incurred claims.....	0	0	6,897,530	6,897,530
14. Beginning claim reserves and liabilities.....	0	0	2,038,145	2,038,145
15. Ending claim reserves and liabilities.....	0	0	1,766,520	1,766,520
16. Claims paid.....	0	0	7,169,155	7,169,155
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			6,897,530	6,897,530
18. Beginning reserves and liabilities.....			2,038,145	2,038,145
19. Ending reserves and liabilities.....			1,766,520	1,766,520
20. Paid claims and cost containment expenses.....	0	0	7,169,155	7,169,155

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

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

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340.....	59-2859797....	12/31/1997	Hannover Life Reassurance Company of America.....	FL.....	397,208	0
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				397,208	0
0699999	Total - Life and Annuity Non-Affiliates.....				397,208	0
0799999	Total - Life and Annuity.....				397,208	0
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
86258.....	13-2572994....	12/31/1998	General Re Life Corporation.....	CT.....	15,773	0
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				15,773	0
1399999	Total - Accident and Health Non-Affiliates.....				15,773	0
1499999	Total - Accident and Health.....				15,773	0
1599999	Total U.S.....				412,981	0
1799999	Total.....				412,981	0

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88099.....	75-1608507....	01/01/1994	Optimum Re Insurance Company.....	TX.....	YRT/I.....	3,473,467	18,880	18,151	203,909				
88099.....	75-1608507....	06/29/2009	Optimum Re Insurance Company.....	TX.....	CO/I.....	3,010,278	737,688	546,772	37,954				
88340.....	59-2859797....	12/31/1997	Hannover Life Reassurance Com. of America.....	FL.....	CO/I.....	49,208,406	13,159,333	13,659,348	978,761				
88340.....	59-2859797....	12/31/1997	Hannover Life Reassurance Com. of America.....	FL.....	ACO/I.....		2,354,125	2,568,368	35,910				
0499999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0
0699999	Total - General Account - Authorized - Non-Affiliates.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0
0799999	Total - General Account - Authorized.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0
2299999	Total - General Account - Authorized, Unauthorized and Certified.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0
4599999	Total U.S.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0
4799999	Total.....					55,692,151	16,270,026	16,792,639	1,256,534	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
86258....	13-2572994....	12/31/1998	General Re Life Corporation.....	CT.....	CO/I.....	82,706,138	4,013,343	13,663,747				
70688....	36-6071399....	12/31/2001	Transamerica Financial Life Insurance Company.....	NY.....	CO/I.....	223,286	34,423	54,530				
66346....	58-0828824....	07/07/2009	Munich American Reassurance Company.....	GA.....	YRT/I.....	210,325	33,090	28,673				
0499999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					83,139,749	4,080,856	13,746,950	0	0	0	0
0699999	Total - General Account - Authorized - Non-Affiliates.....					83,139,749	4,080,856	13,746,950	0	0	0	0
0799999	Total - General Account - Authorized.....					83,139,749	4,080,856	13,746,950	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates												
00000....	AA-1440076...	02/01/2005	Sirius International Insurance Corporation.....	SWE.....	YRT/I.....	20,000						
1299999	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....					20,000	0	0	0	0	0	0
1399999	Total - General Account - Unauthorized - Non-Affiliates.....					20,000	0	0	0	0	0	0
1499999	Total - General Account - Unauthorized.....					20,000	0	0	0	0	0	0
2299999	Total - General Account - Authorized, Unauthorized and Certified.....					83,159,749	4,080,856	13,746,950	0	0	0	0
4599999	Total - U.S.....					83,139,749	4,080,856	13,746,950	0	0	0	0
4699999	Total - Non-U.S.....					20,000	0	0	0	0	0	0
4799999	Total.....					83,159,749	4,080,856	13,746,950	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9 + 13 + 14 + 15 + 16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates																
00000.....	AA-1440076	02/01/2005	Sirius International Insurance Corporation.....	.....0	.....0	.....0	.....0	.....0	.....	.....	.....	.....0	.....0	.....0	.....0	.....0
1299999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0
1399999.	Total - General Account - Accident and Health - Non-Affiliates.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0
1499999.	Total - General Account - Accident and Health.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0
1599999.	Total - General Account.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0
2499999.	Total - Non-U.S.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0
2599999.	Total.....		.....0	.....0	.....0	.....0	.....0	.....0	.....XXX.....	.....XXX.....	.....XXX.....	.....0	.....0	.....0	.....0	.....0

Sch. S-Pt. 5
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

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

	1 2012	2 2011	3 2010	4 2009	5 2008
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	84,416	100,029	126,271	126,942	96,544
2. Commissions and reinsurance expense allowances.....	17,052	22,835	34,506	40,415	30,985
3. Contract claims.....	62,391	81,729	105,853	108,365	83,178
4. Surrender benefits and withdrawals for life contracts.....	269	257	288	222	549
5. Refunds to members.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	(1,578)	(1,997)	(2,133)	1,277	246
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	947	1,097	1,615	1,357	1,030
9. Aggregate reserves for life and accident and health contracts.....	34,098	35,676	37,672	39,805	38,529
10. Liability for deposit-type contracts.....	35				
11. Contract claims unpaid.....	13,324	16,050	18,670	23,664	20,062
12. Amounts recoverable on reinsurance.....	413	270	2,073	767	14
13. Experience rating refunds due or unpaid.....					
14. Refunds to members (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....		XXX	XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....		XXX	XXX	XXX	XXX
23. Funds deposited by and withheld from (F).....		XXX	XXX	XXX	XXX
24. Letters of credit (L).....		XXX	XXX	XXX	XXX
25. Trust agreements (T).....		XXX	XXX	XXX	XXX
26. Other (O).....		XXX	XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	22,047,668		22,047,668
2. Reinsurance (Line 16).....	476,385		476,385
3. Premiums and considerations (Line 15).....	199,492	946,923	1,146,415
4. Net credit for ceded reinsurance.....	XXX	47,458,617	47,458,617
5. All other admitted assets (balance).....	191,671		191,671
6. Total assets excluding separate accounts (Line 26).....	22,915,216	48,405,540	71,320,756
7. Separate account assets (Line 27).....			0
8. Total assets (Line 28).....	22,915,216	48,405,540	71,320,756
LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	5,352,446	34,097,831	39,450,277
10. Liability for deposit-type contracts (Line 3).....	35,015		35,015
11. Claim reserves (Line 4).....	1,789,465	13,323,543	15,113,008
12. Member refunds/reserves (Lines 5 through 6).....			0
13. Premium & annuity considerations received in advance (Line 7).....	268,258	984,166	1,252,424
14. Other contract liabilities (Line 8).....	322,437		322,437
15. Reinsurance in unauthorized companies (Line 21.2 minus inset amount).....			0
16. Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.2 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount).....			0
19. All other liabilities (balance).....	4,407,658		4,407,658
20. Total liabilities excluding Separate Accounts (Line 23).....	12,175,279	48,405,540	60,580,819
21. Separate Account liabilities (Line 24).....			0
22. Total liabilities (Line 25).....	12,175,279	48,405,540	60,580,819
23. Capital & surplus (Line 30).....	10,739,937	XXX	10,739,937
24. Total liabilities, capital & surplus (Line 31).....	22,915,216	48,405,540	71,320,756
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....		34,097,831	
26. Claim reserves.....		13,323,543	
27. Member refunds/reserves.....		0	
28. Premium & annuity considerations received in advance.....		984,166	
29. Liability for deposit-type contracts.....		0	
30. Other contract liabilities.....		0	
31. Reinsurance ceded assets.....		0	
32. Other ceded reinsurance recoverables.....		0	
33. Total ceded reinsurance recoverables.....		48,405,540	
34. Premiums and considerations.....		946,923	
35. Reinsurance in unauthorized companies.....		0	
36. Funds held under reinsurance treaties with unauthorized reinsurers.....		0	
37. Reinsurance with certified reinsurers.....		0	
38. Funds held under reinsurance treaties with certified reinsurers.....		0	
39. Other ceded reinsurance payables/offsets.....		0	
40. Total ceded reinsurance payables/offsets.....		946,923	
41. Total net credit for ceded reinsurance.....		47,458,617	

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....AL	11,680					11,680
2. Alaska.....AK	248					248
3. Arizona.....AZ	4,480	1,000				5,480
4. Arkansas.....AR	7,791					7,791
5. California.....CA	86,239					86,239
6. Colorado.....CO	6,181	2,400				8,581
7. Connecticut.....CT	2,967					2,967
8. Delaware.....DE	452					452
9. District of Columbia.....DC						0
10. Florida.....FL	103,138	10,000				113,138
11. Georgia.....GA	47,642					47,642
12. Hawaii.....HI	1,035					1,035
13. Idaho.....ID						0
14. Illinois.....IL	72,103	650		1,978		74,731
15. Indiana.....IN	207,327	319				207,645
16. Iowa.....IA	40,020					40,020
17. Kansas.....KS	51,638	11,560				63,198
18. Kentucky.....KY	41,516					41,516
19. Louisiana.....LA	31,827					31,827
20. Maine.....ME	914	10,000				10,914
21. Maryland.....MD	2,675					2,675
22. Massachusetts.....MA	7,911					7,911
23. Michigan.....MI	139,632					139,632
24. Minnesota.....MN	9,793					9,793
25. Mississippi.....MS	29,837	16,272				46,109
26. Missouri.....MO	33,114					33,114
27. Montana.....MT	580					580
28. Nebraska.....NE	34,193	10,000				44,193
29. Nevada.....NV	5,518					5,518
30. New Hampshire.....NH	1,750					1,750
31. New Jersey.....NJ	27,098					27,098
32. New Mexico.....NM	383					383
33. New York.....NY	3,653					3,653
34. North Carolina.....NC	36,943					36,943
35. North Dakota.....ND	6,675	4,000				10,675
36. Ohio.....OH	112,542	1,200				113,742
37. Oklahoma.....OK	18,680					18,680
38. Oregon.....OR	20,234					20,234
39. Pennsylvania.....PA	65,735					65,735
40. Rhode Island.....RI	3,576					3,576
41. South Carolina.....SC	13,611					13,611
42. South Dakota.....SD	12,539	649				13,187
43. Tennessee.....TN	50,355	400				50,755
44. Texas.....TX	85,932	840				86,772
45. Utah.....UT	1,244					1,244
46. Vermont.....VT	704					704
47. Virginia.....VA	31,179					31,179
48. Washington.....WA	657					657
49. West Virginia.....WV	18,671					18,671
50. Wisconsin.....WI	22,461					22,461
51. Wyoming.....WY	1,334					1,334
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	38,564					38,564
58. Aggregate Other Alien.....OT	205					205
59. Totals.....	1,555,174	69,289	0	1,978	0	1,626,441

Sch. Y-Pt. 1A
NONE

Sch. Y-Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will an actuarial opinion be filed with this statement by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
4. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
6. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

JUNE FILING

7. Will an audited financial report be filed by June 1?
8. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

AUGUST FILING

9. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

Responses

 YES

 YES

 YES

 YES

 YES

 YES

 YES

 YES

 YES

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

MARCH FILING

10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
11. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
12. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?
13. Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?
14. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
15. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?
16. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?
17. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?
18. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?
19. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?
20. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?
21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?
22. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?
23. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?
24. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?
25. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?
26. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
27. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
28. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
29. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?
30. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?
31. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
32. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?
33. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?
34. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?

 YES

 NO

 NO

 YES

 NO

 NO

 NO

 NO

 NO

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 NO

 NO

 NO

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 NO

APRIL FILING

35. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
36. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
37. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
38. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
39. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?
40. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?
41. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?

 YES

 NO

 YES

 YES

 YES

 NO

 NO

 NO

AUGUST FILING

42. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

 NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BARCODES:

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

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

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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Annual Statement for the year 2012 of the **The Order Of United Commercial Travelers Of America**
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5 Investment	6 Fraternal	7 Total
	1 Life	Accident and Health		4 Aggregate of All Other Lines of Business			
		2 Cost Containment	3 All Other				
09.304 Agent Services.....	3,958		74,752				78,710
09.305 Product Development.....	5,195		98,109				103,303
09.306 Temporary Worker Services.....	2,213		41,793				44,006
09.307 Claims Outsourcing.....	36,854		696,054				732,908
09.308 Depreciation-Leasehold Improvements.....	1,015		19,168				20,183
09.309 Records Storage.....	669		12,634			693	13,997
09.310 Charitable Contributions.....						68,725	68,725
09.397 Summary of remaining write-ins for Line 9.3.....	49,903	0	942,511	0	0	69,418	1,061,832

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Alabama



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....02/07/1995.....	.....	.....	.....07/01/1997.....	PLAN B ISSUE AGE.....	.....10,196.....	.....14,126.....	.....138.5.....	.....3.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)91.....	C.....	.....NO.....	.....346.....	.....02/07/1995.....	.....	.....	.....07/01/1997.....	PLAN C ISSUE AGE.....	.....32,469.....	.....16,030.....	.....49.4.....	.....8.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....02/07/1995.....	.....	.....	.....07/01/1997.....	PLAN F ISSUE AGE.....	.....22,259.....	.....5,283.....	.....23.7.....	.....5.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-04.....	C.....	.....NO.....	.....346.....	.....03/12/2004.....	.....	.....	.....12/31/2005.....	PLAN C ATTAINED AGE.....	.....2,164.....	.....3,900.....	.....180.2.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-04.....	F.....	.....NO.....	.....346.....	.....03/12/2004.....	.....	.....	.....12/31/2005.....	PLAN F ATTAINED AGE.....	.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AB 06.....	B.....	.....NO.....	.....346.....	.....08/20/2005.....	.....	.....	.....05/31/2010.....	PLAN B ATTAINED AGE.....	.....4,273.....	.....2,200.....	.....51.5.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AC 06.....	C.....	.....NO.....	.....346.....	.....08/20/2005.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....88,054.....	.....77,015.....	.....87.5.....	.....32.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06.....	F.....	.....NO.....	.....346.....	.....08/20/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....754,586.....	.....477,120.....	.....63.2.....	.....297.....	.....3,620.....	.....12,091.....	.....334.0.....	.....2.....
.....YES.....	MS AG 06.....	G.....	.....NO.....	.....346.....	.....08/20/2005.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....79,405.....	.....47,576.....	.....59.9.....	.....33.....	.....1,696.....	.....2,095.....	.....123.5.....	.....1.....
.....YES.....	MSAAF2010.....	F.....	.....NO.....	.....346.....	.....04/19/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....9,729.....	.....4,176.....	.....42.9.....	.....6.....
.....YES.....	MSAAG2010.....	G.....	.....NO.....	.....346.....	.....04/19/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....517.....	.....211.....	.....40.8.....	.....1.....
.....YES.....	MSAAN2010.....	N.....	.....NO.....	.....346.....	.....04/19/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....13,863.....	.....2,493.....	.....18.0.....	.....9.....
0199999.	Total Policy Experience on Individual Policies.....									.....993,406.....	.....643,250.....	.....64.8.....	.....381.....	.....29,425.....	.....21,066.....	.....71.6.....	.....19.....

360-AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Arkansas



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.02/16/1988	.....	.08/27/1991	.02/01/1992	PRE-STANDARD.....	.....4,881	.....831	.....17.0	.....1	.....	.....0.0	.....	.....
.....YES.....	MS IF 06 AR.....	F.....	.....NO.....	.....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	.....2,101,491	.....1,651,627	.....78.6	.....891	.....2,189	.....761	.....34.8	.....1
.....YES.....	MS IG 06 AR.....	G.....	.....NO.....	.....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	.....175,396	.....104,638	.....59.7	.....79	.....	.....0.0	.....	.....
.....YES.....	MSIAF2010 AR.....	F.....	.....NO.....	.....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....4,083	.....4,845	.....118.7	.....2
.....YES.....	MSIAG2010 AR.....	G.....	.....NO.....	.....34.....	.05/20/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....2,052	.....1,354	.....66.0	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....2,281,768	.....1,757,096	.....77.0	.....971	.....8,324	.....6,960	.....83.6	.....4

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Arizona



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....YES.....	MS(C) 00 AZ.....	C.....	.....NO.....	.....346.....	.....08/31/2000.....	.....	.....	.....02/03/2006.....	PLAN C ATTAINED AGE.....	.....3,423.....	.....1,665.....	.....48.6.....	.....1.....	.....	.....0.0.....	.....	.....
.....YES.....	MS(F) 00 AZ.....	F.....	.....NO.....	.....346.....	.....08/31/2000.....	.....	.....	.....02/03/2006.....	PLAN F ATTAINED AGE.....	.....8,256.....	.....17,297.....	.....209.5.....	.....3.....	.....	.....0.0.....	.....	.....
.....YES.....	MS IF 06 AZ.....	F.....	.....NO.....	.....346.....	.....02/03/2006.....	.....	.....	.....05/31/2010.....	PLAN F ISSUE AGE.....	.....2,570,351.....	.....1,748,198.....	.....68.0.....	.....904.....	.....2,261.....	.....2,692.....	.....119.1.....	.....1.....
.....YES.....	MS IG 06 AZ.....	G.....	.....NO.....	.....346.....	.....02/03/2006.....	.....	.....	.....05/31/2010.....	PLAN G ISSUE AGE.....	.....141,114.....	.....75,706.....	.....53.6.....	.....57.....	.....	.....0.0.....	.....	.....
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO.....	.....346.....	.....05/20/2010.....	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,749.....	.....2,500.....	.....90.9.....	.....1.....
.....YES.....	MSIAN2010 AZ.....	N.....	.....NO.....	.....346.....	.....05/20/2010.....	.....	.....	.....	PLAN N ISSUE AGE (2010).....	.....	.....	.....0.0.....	.....	.....1,376.....	.....222.....	.....16.1.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,723,144.....	.....1,842,866.....	.....67.7.....	.....965.....	.....6,386.....	.....5,414.....	.....84.8.....	.....3.....

360.AZ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....California



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	.....13,694	.....3,000	.....21.9	.....4	.....	.....	.....0.0	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN A ISSUE AGE.....	.....373	.....22	.....5.9	.....	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	.....4,247	.....1,405	.....33.1	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	.....29,951	.....14,637	.....48.9	.....6	.....	.....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....48,265	.....19,064	.....39.5	.....11	.....0	.....0	.....0.0	.....0

360.CA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Colorado



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012						
										11	12		14	15	16		18			
											Amount	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																				
.....YES.....	MS(D)-02 CO.....	D.....	.....NO.....	.....346.....	.....04/29/2002.....	.....	.....	.....03/15/2006.....	PLAN D ATTAINED AGE.....	.....2,655.....	.....2,959.....	.....111.5.....	.....1.....	.....	.....	.....	.....0.0.....	.....	.....
.....YES.....	MS(F)-02 CO.....	F.....	.....NO.....	.....346.....	.....04/29/2002.....	.....	.....	.....03/15/2006.....	PLAN F ATTAINED AGE.....	.....105,937.....	.....87,218.....	.....82.3.....	.....44.....	.....	.....	.....	.....0.0.....	.....	.....
.....YES.....	MS(G)-03 CO.....	G.....	.....NO.....	.....346.....	.....10/10/2003.....	.....	.....	.....03/15/2006.....	PLAN G ATTAINED AGE.....	.....19,100.....	.....9,932.....	.....52.0.....	.....10.....	.....	.....	.....	.....0.0.....	.....	.....
.....YES.....	MS AB 06 CO.....	F.....	.....NO.....	.....346.....	.....03/15/2006.....	.....	.....	.....05/31/2010.....	PLAN B ATTAINED AGE.....	.....1,713.....	.....296.....	.....17.3.....	.....1.....	.....	.....	.....	.....0.0.....	.....	.....
.....YES.....	MS AF 06 CO.....	F.....	.....NO.....	.....346.....	.....03/15/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....1,110,139.....	.....716,984.....	.....64.6.....	.....506.....	.....101,942.....	.....48,213.....	.....	.....47.3.....	.....53.....	.....
.....YES.....	MS AG 06 CO.....	G.....	.....NO.....	.....346.....	.....03/15/2006.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....336,297.....	.....221,995.....	.....66.0.....	.....179.....	.....46,303.....	.....20,415.....	.....	.....44.1.....	.....25.....	.....
.....YES.....	MS AAF2010 CO.....	F.....	.....NO.....	.....346.....	.....07/06/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....41,751.....	.....29,858.....	.....	.....71.5.....	.....37.....	.....
.....YES.....	MSAAN2010 CO.....	N.....	.....NO.....	.....346.....	.....07/06/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,876.....	.....1,305.....	.....	.....45.4.....	.....4.....	.....
0199999.	Total Policy Experience on Individual Policies.....								1,575,841.....1,039,384.....66.0.....741.....192,872.....99,791.....51.7.....119.....

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Connecticut

NAIC Group Code.....0

NAIC Company Code.....56383

Address (City, State and Zip Code).....Columbus, Ohio 43215

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

Person Completing This Exhibit.....Wakely Actuarial

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.CT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Florida



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	.....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	.....25,570	.....36,461	.....142.6	.....13	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	.....88,884	.....62,244	.....70.0	.....43	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	.....302,781	.....258,044	.....85.2	.....111	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	.....2,050,465	.....1,948,759	.....95.0	.....723	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	.....2,814,661	.....2,257,797	.....80.2	.....904	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....5,282,361	.....4,563,305	.....86.4	.....1,794	.....0	.....0	.....0.0	.....0

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Georgia



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.....05/24/1988.....	.....	.....05/23/1991.....	.....01/01/1992.....	PRE-STANDARD.....	.....1,625.....	.....690.....	.....42.5.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.....02/15/1994.....	.....	.....	.....01/13/2006.....	PLAN A ISSUE AGE.....	.....4,705.....	.....2,701.....	.....57.4.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....02/15/1994.....	.....	.....	.....01/13/2006.....	PLAN B ISSUE AGE.....	.....34,232.....	.....27,027.....	.....79.0.....	.....12.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....02/15/1994.....	.....	.....	.....01/13/2006.....	PLAN C ISSUE AGE.....	.....135,216.....	.....80,127.....	.....59.3.....	.....32.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....02/15/1994.....	.....	.....	.....01/13/2006.....	PLAN F ISSUE AGE.....	.....172,615.....	.....112,226.....	.....65.0.....	.....46.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS IC 06 GA.....	C.....	.....NO.....	.....346.....	.....01/13/2006.....	.....	.....	.....05/31/2010.....	PLAN C ISSUE AGE.....	.....7,131.....	.....1,673.....	.....23.5.....	.....2.....	.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....355,524.....	.....224,444.....	.....63.1.....	.....95.....	.....0.....	.....0.....	.....0.0.....	.....0.....

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Iowa



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....03/15/1995.....	.....	.....	.....08/03/2000.....	PLAN C ISSUE AGE.....	.....19,909.....	.....8,540.....	.....42.9.....	.....5.....	.....	.....	.....0.0.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....03/15/1995.....	.....	.....	.....08/03/2000.....	PLAN F ISSUE AGE.....	.....109,701.....	.....88,877.....	.....81.0.....	.....26.....	.....	.....	.....0.0.....	.....
.....YES.....	MS AD 06.....	D.....	.....NO.....	.....346.....	.....09/09/2005.....	.....	.....	.....05/31/2010.....	PLAN D ATTAINED AGE.....	.....1,945.....	.....3,248.....	.....167.0.....	.....1.....	.....	.....	.....0.0.....	.....
.....YES.....	MS AF 06.....	F.....	.....NO.....	.....346.....	.....09/09/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....895,695.....	.....690,063.....	.....77.0.....	.....349.....	.....40,937.....	.....29,941.....	.....73.1.....	.....18.....
.....YES.....	MS AG 08.....	G.....	.....NO.....	.....346.....	.....07/30/2008.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....84,374.....	.....79,262.....	.....93.9.....	.....42.....	.....2,264.....	.....561.....	.....24.8.....	.....1.....
.....YES.....	MSAAF2010.....	F.....	.....NO.....	.....346.....	.....05/25/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....1,888.....	.....1,705.....	.....90.3.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,111,624.....	.....869,990.....	.....78.3.....	.....423.....	.....45,089.....	.....32,207.....	.....71.4.....	.....20.....

360.1A

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Idaho



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned				16 Amount	17 Percent of Premiums Earned		
Individual Policies																			
.....YES.....	MS IE 06 ID.....	E.....NO.....346.....06/06/2006.....05/31/2010.....	PLAN E ISSUE AGE.....1,085.....13,907.....1,281.8.....0.0.....	
.....YES.....	MS IF 06 ID.....	F.....	.....NO.....	.....346.....	.....06/06/2006.....	.....	.....	.....05/31/2010.....	PLAN F ISSUE AGE.....	.....4,133,313.....	.....2,958,684.....	.....71.6.....	.....1,708.....	.....15,470.....	.....4,906.....	.....31.7.....	.....7.....
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	.....346.....	.....06/06/2006.....	.....	.....	.....05/31/2010.....	PLAN G ISSUE AGE.....	.....936,335.....	.....614,755.....	.....65.7.....	.....510.....	.....1,615.....	.....303.....	.....18.8.....	.....1.....
.....YES.....	MSIAF2010.....	F.....	.....NO.....	.....346.....	.....07/29/2010.....	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0.....	.....	.....18,790.....	.....18,325.....	.....97.5.....	.....10.....
.....YES.....	MSIAG2010.....	G.....	.....NO.....	.....346.....	.....07/29/2010.....	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....	.....	.....0.0.....	.....	.....3,840.....	.....2,299.....	.....59.9.....	.....2.....
.....YES.....	MSIAN2010.....	N.....	.....NO.....	.....346.....	.....07/29/2010.....	.....	.....	.....	PLAN N ISSUE AGE (2010).....	.....	.....	.....0.0.....	.....	.....1,450.....	.....143.....	.....9.9.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....5,070,733.....	.....3,587,346.....	.....70.7.....	.....2,218.....	.....41,165.....	.....25,976.....	.....63.1.....	.....21.....

360.ID

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Illinois



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012						
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned				
Individual Policies																				
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.....01/15/1992.....	.....	.....	.....02/05/2001.....	PLAN A ISSUE AGE.....	.....6,365.....	.....5,460.....	.....85.8.....	.....2.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....01/15/1992.....	.....	.....	.....02/05/2001.....	PLAN B ISSUE AGE.....	.....12,747.....	.....3,774.....	.....29.6.....	.....3.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....10/07/1993.....	.....	.....	.....02/05/2001.....	PLAN C ISSUE AGE.....	.....137,678.....	.....75,209.....	.....54.6.....	.....26.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....01/15/1992.....	.....	.....	.....02/05/2001.....	PLAN F ISSUE AGE.....	.....967,352.....	.....479,322.....	.....49.5.....	.....167.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.....02/05/2001.....	.....	.....	.....12/31/2005.....	PLAN F ATTAINED AGE.....	.....10,321.....	.....6,437.....	.....62.4.....	.....4.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS AC 06 IL.....	C.....	.....NO.....	.....346.....	.....09/12/2005.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....2,761.....	.....1,219.....	.....44.2.....	.....1.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS AD 06 IL.....	D.....	.....NO.....	.....346.....	.....09/12/2005.....	.....	.....	.....05/31/2010.....	PLAN D ATTAINED AGE.....	.....14,758.....	.....10,572.....	.....71.6.....	.....4.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	MS AF 06 IL.....	F.....	.....NO.....	.....346.....	.....09/12/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....2,509,354.....	.....1,886,711.....	.....75.2.....	.....962.....	.....141,499.....	.....106,011.....	.....74.9.....	.....54.....	.....	.....
.....YES.....	MS AG 06 IL.....	G.....	.....NO.....	.....346.....	.....09/12/2005.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....279,467.....	.....195,678.....	.....70.0.....	.....127.....	.....134,115.....	.....64,860.....	.....48.4.....	.....62.....	.....	.....
.....YES.....	MS AAF 2010 IL.....	F.....	.....NO.....	.....346.....	.....05/22/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....113,387.....	.....62,299.....	.....54.9.....	.....56.....	.....	.....
.....YES.....	MS AAG 2010 IL.....	G.....	.....NO.....	.....346.....	.....05/22/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....26,014.....	.....11,862.....	.....45.6.....	.....17.....	.....	.....
.....YES.....	MS AAN 2010 IL.....	N.....	.....NO.....	.....346.....	.....05/22/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....4,172.....	.....1,040.....	.....24.9.....	.....3.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....								3,940,803.....2,664,382.....67.6.....1,296.....419,187.....246,072.....58.7.....192.....

360.1L

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Indiana



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.....03/28/1994.....	.....	.....	.....10/16/2000.....	PLAN A ISSUE AGE.....	.....2,364.....	.....772.....	.....32.7.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....03/28/1994.....	.....	.....	.....10/16/2000.....	PLAN B ISSUE AGE.....	.....7,705.....	.....2,160.....	.....28.0.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....03/28/1994.....	.....	.....	.....10/16/2000.....	PLAN C ISSUE AGE.....	.....119,449.....	.....65,558.....	.....54.9.....	.....25.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....03/28/1994.....	.....	.....	.....10/16/2000.....	PLAN F ISSUE AGE.....	.....299,015.....	.....145,712.....	.....48.7.....	.....64.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-00.....	C.....	.....NO.....	.....346.....	.....10/16/2000.....	.....	.....	.....12/31/2005.....	PLAN C ATTAINED AGE.....	.....19,658.....	.....14,568.....	.....74.1.....	.....7.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(D)-00.....	D.....	.....NO.....	.....346.....	.....10/16/2000.....	.....	.....	.....12/31/2005.....	PLAN D ATTAINED AGE.....	.....5,013.....	.....3,525.....	.....70.3.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.....10/16/2000.....	.....	.....	.....12/31/2005.....	PLAN F ATTAINED AGE.....	.....248,417.....	.....141,728.....	.....57.1.....	.....91.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(G)-03.....	G.....	.....NO.....	.....346.....	.....10/10/2003.....	.....	.....	.....12/31/2005.....	PLAN G ATTAINED AGE.....	.....87,859.....	.....70,529.....	.....80.3.....	.....37.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AB 06.....	B.....	.....NO.....	.....346.....	.....12/27/2005.....	.....	.....	.....05/31/2010.....	PLAN B ATTAINED AGE.....	.....	.....	.....0.0.....	.....	.....3,226.....	.....6,280.....	.....194.7.....	.....2.....
.....YES.....	MS AC 06.....	C.....	.....NO.....	.....346.....	.....12/27/2005.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....34,804.....	.....20,099.....	.....57.7.....	.....12.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AD 06.....	D.....	.....NO.....	.....346.....	.....12/27/2005.....	.....	.....	.....05/31/2010.....	PLAN D ATTAINED AGE.....	.....3,888.....	.....2,828.....	.....72.7.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06.....	F.....	.....NO.....	.....346.....	.....12/27/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....1,749,417.....	.....1,139,653.....	.....65.1.....	.....633.....	.....43,199.....	.....17,183.....	.....39.8.....	.....20.....
.....YES.....	MS AG 06.....	G.....	.....NO.....	.....346.....	.....12/27/2006.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....1,846,508.....	.....1,277,053.....	.....69.2.....	.....834.....	.....91,453.....	.....109,166.....	.....119.4.....	.....48.....
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	.....34.....	.....05/28/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....22,001.....	.....8,351.....	.....38.0.....	.....11.....
.....YES.....	MS AAG 2010.....	G.....	.....NO.....	.....34.....	.....05/28/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....14,591.....	.....10,190.....	.....69.8.....	.....10.....
.....YES.....	MS AAN 2010.....	N.....	.....NO.....	.....34.....	.....05/28/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....1,279.....	.....359.....	.....28.1.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....4,424,097.....	.....2,884,185.....	.....65.2.....	.....1,710.....	.....175,749.....	.....151,529.....	.....86.2.....	.....91.....

360.IN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Kansas



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.10/04/1989	.....	.02/22/1991	.04/01/1992	PRE-STANDARD.....	.....16,936	.....6,050	.....35.7	.....7	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.03/25/1992	.....	.....	.11/05/2007	PLAN A ISSUE AGE.....	.....1,843	.....3,011	.....163.4	.....1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	.....358,967	.....189,055	.....52.7	.....95	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	.....155,330	.....115,680	.....74.5	.....33	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 KS.....	F.....	.....NO.....	.....346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....1,718	.....456	.....26.5	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....533,076	.....313,796	.....58.9	.....136	.....1,718	.....456	.....26.5	.....1

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.01/26/1988	.....	.02/01/1991	.01/01/1992	PRE-STANDARD.....	.....12,694	.....7,571	.....59.6	.....5	.....	.....	.....0.0	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.03/11/1992	.....	.....	.01/03/2001	PLAN A ISSUE AGE.....	.....2,518	.....450	.....17.9	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.12/02/1993	.....	.....	.01/03/2001	PLAN B ISSUE AGE.....	.....3,350	.....4,087	.....122.0	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.12/02/1993	.....	.....	.01/03/2001	PLAN C ISSUE AGE.....	.....133,664	.....54,762	.....41.0	.....29	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.05/06/1992	.....	.....	.01/03/2001	PLAN F ISSUE AGE.....	.....165,015	.....97,747	.....59.2	.....36	.....	.....	.....0.0	.....	
.....YES.....	MSAAF2010 KY.....	F.....	.....NO.....	.....346.....	.07/20/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....5,423	.....6,118	.....112.8	.....5
0199999.	Total Policy Experience on Individual Policies.....									.....317,241	.....164,617	.....51.9	.....72	.....5,423	.....6,118	.....112.8	.....5

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Louisiana



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....11/15/1993.....	.....	.....	.....05/24/2001.....	PLAN C ISSUE AGE.....	.....13,990.....	.....8,518.....	.....60.9.....	.....3.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....08/14/1992.....	.....	.....	.....05/24/2001.....	PLAN F ISSUE AGE.....	.....30,390.....	.....9,258.....	.....30.5.....	.....5.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-00 LA.....	F.....	.....NO.....	.....346.....	.....05/24/2001.....	.....	.....	.....02/20/2004.....	PLAN F ATTAINED AGE.....	.....3,840.....	.....1,916.....	.....49.9.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(G)-04 LA.....	G.....	.....NO.....	.....346.....	.....02/20/2004.....	.....	.....	.....02/16/2006.....	PLAN G ATTAINED AGE.....	.....12,242.....	.....6,104.....	.....49.9.....	.....4.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AB 06 LA.....	B.....	.....NO.....	.....346.....	.....02/16/2006.....	.....	.....	.....05/31/2010.....	PLAN B ATTAINED AGE.....	.....237.....	.....30.....	.....12.7.....	.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AC 06 LA.....	C.....	.....NO.....	.....346.....	.....02/16/2006.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....57,545.....	.....38,298.....	.....66.6.....	.....16.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AD 06 LA.....	D.....	.....NO.....	.....346.....	.....02/16/2006.....	.....	.....	.....05/31/2010.....	PLAN D ATTAINED AGE.....	.....13,678.....	.....5,936.....	.....43.4.....	.....4.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06 LA.....	F.....	.....NO.....	.....346.....	.....02/16/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....4,209,492.....	.....2,967,796.....	.....70.5.....	.....1,184.....	.....21,379.....	.....23,267.....	.....108.8.....	.....6.....
.....YES.....	MS AG 06 LA.....	G.....	.....NO.....	.....346.....	.....02/16/2006.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....414,056.....	.....238,813.....	.....57.7.....	.....128.....	.....3,222.....	.....590.....	.....18.3.....	.....1.....
.....YES.....	MSAAF2010 LA.....	F.....	.....NO.....	.....346.....	.....06/25/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....7,034.....	.....2,615.....	.....37.2.....	.....3.....
.....YES.....	MSAAG2010 LA.....	G.....	.....NO.....	.....346.....	.....06/25/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,687.....	.....962.....	.....35.8.....	.....1.....
.....YES.....	MSAAN2010 LA.....	N.....	.....NO.....	.....346.....	.....06/25/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....222.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....4,755,470.....	.....3,276,669.....	.....68.9.....	.....1,345.....	.....34,544.....	.....27,434.....	.....79.4.....	.....11.....

360.LA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
(To Be Filed by March 1)

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.MA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
(To Be Filed by March 1)
FOR THE STATE OF.....Maryland

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383
Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.MD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	12		14	15	16		18
											Amount	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
.....N/A.....	MS-88.....	P.....	NO.....	246.....	.02/21/1988	.....	.02/06/1991	.07/01/1992	PRE-STANDARD.....	3,653	127	3.5	.....	.....	.....	0.0	.....
.....YES.....	MS(A)-91.....	A.....	NO.....	346.....	.02/11/1992	.....	.....	.08/01/2000	PLAN A ISSUE AGE.....	6,346	1,422	22.4	2	.....	.....	0.0	.....
.....YES.....	MS(C)-91.....	C.....	NO.....	346.....	.08/19/1993	.....	.....	.08/01/2000	PLAN C ISSUE AGE.....	136,651	56,505	41.3	29	.....	.....	0.0	.....
.....YES.....	MS(F)-91.....	F.....	NO.....	346.....	.05/04/1992	.....	.....	.08/01/2000	PLAN F ISSUE AGE.....	47,156	12,065	25.6	9	.....	.....	0.0	.....
.....YES.....	MS(C)-00.....	C.....	NO.....	346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	20,322	8,887	43.7	6	.....	.....	0.0	.....
.....YES.....	MS(D)-00.....	D.....	NO.....	346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN D ATTAINED AGE.....	5,333	5,676	106.4	2	.....	.....	0.0	.....
.....YES.....	MS(F)-00.....	F.....	NO.....	346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	13,321	9,740	73.1	4	.....	.....	0.0	.....
.....YES.....	MS(G)-04 MI.....	G.....	NO.....	346.....	.08/05/2004	.....	.....	.12/31/2005	PLAN G ATTAINED AGE.....	2,398	486	20.3	1	.....	.....	0.0	.....
.....YES.....	MS AC 06.....	C.....	NO.....	346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	24,551	22,882	93.2	8	16,150	14,286	88.5	5
.....YES.....	MS AD 06.....	D.....	NO.....	346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	18,493	13,245	71.6	5	.....	.....	0.0	.....
.....YES.....	MS AF 06.....	F.....	NO.....	346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,038,367	664,590	64.0	340	161,730	165,318	102.2	56
.....YES.....	MS AG 06.....	G.....	NO.....	346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	721,809	519,729	72.0	262	3,906	1,251	32.0	2
.....YES.....	MSAAF2010.....	F.....	NO.....	34.....	.04/23/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	0.0	.....	12,902	7,494	58.1	6
.....YES.....	MSAAG2010.....	G.....	NO.....	34.....	.04/23/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	0.0	.....	1,585	429	27.1	1
.....YES.....	MSAAN2010.....	N.....	NO.....	34.....	.04/23/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	0.0	.....	5,492	36	0.7	3
0199999.	Total Policy Experience on Individual Policies.....									2,038,400	1,315,354	64.5	668	201,765	188,814	93.6	73

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
 (To Be Filed by March 1)
 FOR THE STATE OF.....Minnesota

NAIC Group Code.....0
 Address (City, State and Zip Code).....Columbus, Ohio 43215
 Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383
 Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.MN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Missouri



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.02/16/1998	.....	.01/23/1991	.07/30/1992	PRE-STANDARD.....	.....17,395	.....14,409	.....82.8	.....6	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.01/14/1992	.....	.....	.12/31/2005	PLAN B ISSUE AGE.....	.....10,279	.....3,644	.....35.5	.....3	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.11/10/1993	.....	.....	.12/31/2005	PLAN C ISSUE AGE.....	.....119,731	.....78,406	.....65.5	.....25	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.06/01/1992	.....	.....	.12/31/2005	PLAN F ISSUE AGE.....	.....96,261	.....43,346	.....45.0	.....21	.....	.....	.....0.0	.....
.....YES.....	MS IF 06 MO.....	F.....	.....NO.....	.....346.....	.09/21/2005	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	.....3,889	.....201	.....5.2	.....1	.....	.....	.....0.0	.....
.....YES.....	MSIAB2010.....	B.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN B ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....6,990	.....8,708	.....124.6	.....3
.....YES.....	MSIAC2010.....	C.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN C ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....15,987	.....13,426	.....84.0	.....11
.....YES.....	MSIAD2010.....	D.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN D ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....46,401	.....22,076	.....47.6	.....30
.....YES.....	MSIAF2010.....	F.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....173,407	.....114,884	.....66.3	.....103
.....YES.....	MSIAG2010.....	G.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....58,425	.....20,696	.....35.4	.....54
.....YES.....	MSIAN2010.....	N.....	.....NO.....	.....346.....	.08/10/2010	.....	.....	.....	PLAN N ISSUE AGE (2010).....	.....	.....	.....0.0	.....	.....78,690	.....45,776	.....58.2	.....79
0199999.	Total Policy Experience on Individual Policies.....									.....247,555	.....140,006	.....56.6	.....56	.....379,900	.....225,566	.....59.4	.....280

360 MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11	12		13	14	15	16		17	18
											Premiums Earned	Amount				Percent of Premiums Earned	Number of Covered Lives			Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.01/22/1988	.....	.12/26/1990	.07/01/1992	PRE-STANDARD.....	.....4,097	.....827	.....20.2	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-91MS.....	C.....	.....NO.....	.....346.....	.08/16/1996	.....	.....	.08/18/2000	PLAN C ISSUE AGE.....	.....7,629	.....4,555	.....59.7	.....2	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-91 MS.....	F.....	.....NO.....	.....346.....	.08/16/1996	.....	.....	.08/18/2000	PLAN F ISSUE AGE.....	.....80,426	.....50,792	.....63.2	.....19	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-00 MS.....	C.....	.....NO.....	.....346.....	.08/18/2000	.....	.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE.....	.....7,144	.....5,233	.....73.3	.....2	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-00 MS.....	F.....	.....NO.....	.....346.....	.08/18/2000	.....	.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE.....	.....8,275	.....2,273	.....27.5	.....2	.....	.....	.....0.0	.....	
.....YES.....	MS AB 06 MS.....	B.....	.....NO.....	.....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....2,889	.....2,978	.....103.1	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS AC 06 MS.....	C.....	.....NO.....	.....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....83,615	.....117,943	.....141.1	.....25	.....17,159	.....54,501	.....317.6	.....6
.....YES.....	MS AD 06 MS.....	D.....	.....NO.....	.....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....55,778	.....30,361	.....54.4	.....20	.....	.....	.....0.0	.....	
.....YES.....	MS AF 06 MS.....	F.....	.....NO.....	.....346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....8,447,995	.....6,320,864	.....74.8	.....2,891	.....17,704	.....13,800	.....77.9	.....6
.....YES.....	MS G 06 MS.....	G.....	.....NO.....	.....346.....	.12/14/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....173,048	.....142,892	.....82.6	.....65	.....	.....	.....0.0	.....	
.....YES.....	MSAAC2010 MS.....	C.....	.....NO.....	.....346.....	.07/21/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....75,792	.....172,189	.....227.2	.....21
.....YES.....	MSAAF2010 MS.....	F.....	.....NO.....	.....346.....	.07/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....14,254	.....24,295	.....170.4	.....4
.....YES.....	MSAAN2010 MS.....	N.....	.....NO.....	.....346.....	.07/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....1,304	.....307	.....23.5	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....8,870,896	.....6,678,718	.....75.3	.....3,028	.....126,213	.....265,092	.....210.0	.....38

360.MS

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Denise Sharif 800-848-0123
- Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Montana



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.02/22/1988	.....	.01/29/1991	.07/01/1992	PRE-STANDARD.....	.....8,997	.....2,260	.....25.1	.....2	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.06/26/1992	.....	.....	.09/01/2004	PLAN B ISSUE AGE.....	.....2,282	.....3,683	.....161.4	.....1	.....	.....0.0	.....
.....YES.....	MS AA 06 MT.....	A.....	.....NO.....	.....346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN A ATTAINED AGE.....	.....1,114	.....106	.....9.5	.....1	.....	.....0.0	.....
.....YES.....	MS AC 06 MT.....	C.....	.....NO.....	.....346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....12,651	.....6,245	.....49.4	.....6	.....8,713	.....3,581	.....41.1
.....YES.....	MS AD 06 MT.....	D.....	.....NO.....	.....346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....17,488	.....22,804	.....130.4	.....7	.....	.....0.0	.....
.....YES.....	MS AF 06 MT.....	F.....	.....NO.....	.....346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....1,596,637	.....1,092,711	.....68.4	.....711	.....145,549	.....95,933	.....65.9
.....YES.....	MS AG 06 MT.....	G.....	.....NO.....	.....346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....91,958	.....56,180	.....61.1	.....51	.....21,614	.....11,099	.....51.4
.....YES.....	MS AAF 2010 MT.....	F.....	.....NO.....	.....34.....	.07/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....6,439	.....2,672	.....41.5
.....YES.....	MS AAG 2010 MT.....	G.....	.....NO.....	.....34.....	.07/12/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....1,503	.....454	.....30.2
0199999.	Total Policy Experience on Individual Policies.....								1,731,1271,183,98968.4779183,818113,73961.985

360.MT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.....10/24/1989.....	.....	.....	.....01/01/1992.....	PRE-STANDARD.....	.....5,081.....	.....727.....	.....14.3.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.....09/14/1992.....	.....	.....	.....02/16/2001.....	PLAN A ISSUE AGE.....	.....3,114.....	.....1,005.....	.....32.3.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....07/22/1994.....	.....	.....	.....02/16/2001.....	PLAN C ISSUE AGE.....	.....48,659.....	.....31,649.....	.....65.0.....	.....9.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....07/22/1994.....	.....	.....	.....02/16/2001.....	PLAN F ISSUE AGE.....	.....102,182.....	.....63,400.....	.....62.0.....	.....18.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AC 06 NC.....	C.....	.....NO.....	.....346.....	.....01/23/2006.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....381,419.....	.....417,525.....	.....109.5.....	.....99.....	.....136,520.....	.....164,743.....	.....120.7.....	.....35.....
.....YES.....	MS AD 06 NC.....	D.....	.....NO.....	.....346.....	.....01/23/2006.....	.....	.....	.....05/31/2010.....	PLAN D ATTAINED AGE.....	.....11,374.....	.....7,026.....	.....61.8.....	.....4.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06 NC.....	F.....	.....NO.....	.....346.....	.....01/23/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....2,081,975.....	.....1,430,336.....	.....68.7.....	.....689.....	.....102,972.....	.....117,531.....	.....114.1.....	.....35.....
.....YES.....	MS AG 08 NC.....	G.....	.....NO.....	.....346.....	.....08/22/2008.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....463,563.....	.....276,404.....	.....59.6.....	.....198.....	.....67,127.....	.....35,925.....	.....53.5.....	.....34.....
.....YES.....	MS AAC 2010 NC.....	C.....	.....NO.....	.....346.....	.....06/01/2010.....	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....29,523.....	.....62,196.....	.....210.7.....	.....7.....
.....YES.....	MS AAF 2010 NC.....	F.....	.....NO.....	.....34.....	.....06/01/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....4,675.....	.....3,754.....	.....80.3.....	.....2.....
.....YES.....	MS AAG 2010 NC.....	G.....	.....NO.....	.....34.....	.....06/01/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....4,457.....	.....918.....	.....20.6.....	.....3.....
0199999.	Total Policy Experience on Individual Policies.....									.....3,097,367.....	.....2,228,072.....	.....71.9.....	.....1,019.....	.....345,274.....	.....385,067.....	.....111.5.....	.....116.....

360.NC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	..246.....	.12/30/1989	.....	.01/15/1991	.01/01/1992	PRE-STANDARD.....	.....3,185	.....965	.....30.3	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	..346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN A ISSUE AGE.....	.....2,009	.....881	.....43.9	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	..346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN B ISSUE AGE.....	.....9,530	.....4,271	.....44.8	.....3	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	..346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN C ISSUE AGE.....	.....45,541	.....20,870	.....45.8	.....12	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	..346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN F ISSUE AGE.....	.....102,576	.....54,316	.....53.0	.....22	.....	.....	.....0.0	.....	
.....YES.....	MS(F)-00.....	F.....	.....NO.....	..346.....	.08/08/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....2,020	.....2,640	.....130.7	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS AC 06 ND.....	C.....	.....NO.....	..346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....7,733	.....4,193	.....54.2	.....3	.....	.....	.....0.0	.....	
.....YES.....	MS AD 06 ND.....	D.....	.....NO.....	..346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....1,871	.....177	.....9.5	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS AF 06 ND.....	F.....	.....NO.....	..346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....3,468,404	.....2,415,913	.....69.7	.....1,498	.....531,407	.....415,715	.....78.2	.....264
.....YES.....	MSG 06 ND.....	G.....	.....NO.....	..346.....	.01/05/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....7,758	.....6,119	.....78.9	.....4	.....	.....	.....0.0	.....	
.....YES.....	MSAAF2010 ND.....	F.....	.....NO.....	..34.....	.05/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....11,717	.....7,892	.....67.4	.....6
.....YES.....	MSAAG2010 ND.....	G.....	.....NO.....	..34.....	.05/12/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....321	.....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....3,650,627	.....2,510,345	.....68.8	.....1,546	.....543,445	.....423,607	.....77.9	.....270

360.ND

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.....05/01/1989.....	.....	.....02/28/1991.....	.....05/01/1992.....	PRE-STANDARD.....	.....12,288.....	.....7,640.....	.....62.2.....	.....4.....	.....	.....	.....0.0.....	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....05/22/1995.....	.....	.....	.....10/04/2000.....	PLAN B ISSUE AGE.....	.....3,592.....	.....548.....	.....15.3.....	.....1.....	.....	.....0.0.....	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....05/22/1995.....	.....	.....	.....10/04/2000.....	PLAN C ISSUE AGE.....	.....4,243.....	.....986.....	.....23.2.....	.....1.....	.....	.....0.0.....	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....05/22/1995.....	.....	.....	.....10/04/2000.....	PLAN F ISSUE AGE.....	.....83,504.....	.....40,403.....	.....48.4.....	.....16.....	.....	.....0.0.....	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.....10/04/2000.....	.....	.....	.....01/05/2006.....	PLAN F ATTAINED AGE.....	.....29,258.....	.....34,455.....	.....117.8.....	.....11.....	.....	.....0.0.....	.....
.....YES.....	MS AA 06.....	A.....	.....NO.....	.....346.....	.....01/05/2006.....	.....	.....	.....05/31/2010.....	PLAN A ATTAINED AGE.....	.....1,983.....	.....1,140.....	.....57.5.....	.....1.....	.....	.....0.0.....	.....
.....YES.....	MS AC 06.....	C.....	.....NO.....	.....346.....	.....01/05/2006.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....7,144.....	.....1,882.....	.....26.3.....	.....2.....	.....	.....0.0.....	.....
.....YES.....	MS AF 06.....	F.....	.....NO.....	.....346.....	.....01/05/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....8,114,860.....	.....5,927,273.....	.....73.0.....	.....2,873.....	.....165,153.....	.....128,560.....	.....77.8.....	.....64.....
.....YES.....	MS AG 06.....	G.....	.....NO.....	.....346.....	.....01/05/2006.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....149,017.....	.....97,071.....	.....65.1.....	.....59.....	.....6,744.....	.....1,564.....	.....23.2.....	.....3.....
.....YES.....	MS AAF 2010 NE.....	F.....	.....NO.....	.....34.....	.....06/28/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,894.....	.....2,145.....	.....74.1.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....8,405,889.....	.....6,111,398.....	.....72.7.....	.....2,968.....	.....174,791.....	.....132,269.....	.....75.7.....	.....68.....

360.NE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.NH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....New Jersey

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.NJ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Nevada



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned				16 Amount	17 Percent of Premiums Earned		
Individual Policies																			
.....YES.....	MSE 06 NV.....	E.....NO.....346.....02/16/2007.....05/31/2010.....	PLAN E ATTAINED AGE.....2,734.....1,059.....38.7.....1.....0.0.....	
.....YES.....	MSF 06 NV.....	F.....	.....NO.....	.....346.....	.....02/16/2007.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....558,015.....	.....410,149.....	.....73.5.....	.....209.....	.....60,775.....	.....49,642.....	.....81.7.....	.....25.....
.....YES.....	MSG 06 NV.....	G.....	.....NO.....	.....346.....	.....02/16/2007.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....218,740.....	.....219,758.....	.....100.5.....	.....93.....	.....24,682.....	.....12,361.....	.....50.1.....	.....12.....
.....YES.....	MSAAF2010 NV.....	F.....	.....NO.....	.....34.....	.....06/21/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....10,286.....	.....4,487.....	.....43.6.....	.....6.....
.....YES.....	MS AAG 2010 NV.....	G.....	.....NO.....	.....34.....	.....06/21/2010.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,885.....	.....979.....	.....33.9.....	.....2.....
.....YES.....	MS AAN 2010 NV.....	N.....	.....NO.....	.....34.....	.....06/21/2010.....	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,667.....	.....579.....	.....21.7.....	.....2.....
0199999.	Total Policy Experience on Individual Policies.....									.....779,489.....	.....630,966.....	.....80.9.....	.....303.....	.....101,295.....	.....68,048.....	.....67.2.....	.....47.....

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
 (To Be Filed by March 1)
 FOR THE STATE OF.....New York

NAIC Group Code.....0
 Address (City, State and Zip Code).....Columbus, Ohio 43215
 Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383
 Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.NY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Ohio



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-88.....	P.....NO.....246.....	.01/27/1988	01/.09/1991	.01/01/1992	PRE-STANDARD.....28,87625,04586.770.0		
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.01/01/1992	.....	.....	.07/14/2000	PLAN A ISSUE AGE.....	.....5,790	.....1,425	.....24.6	.....2	.....	.....0.0	.....		
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.01/30/1992	.....	.....	.07/14/2000	PLAN B ISSUE AGE.....	.....32,650	.....20,969	.....64.2	.....8	.....	.....0.0	.....		
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.06/24/1993	.....	.....	.07/14/2000	PLAN C ISSUE AGE.....	.....420,322	.....191,028	.....45.4	.....90	.....	.....0.0	.....		
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.01/30/1992	.....	.....	.07/14/2000	PLAN F ISSUE AGE.....	.....94,399	.....46,565	.....49.3	.....20	.....	.....0.0	.....		
.....YES.....	MS(B)-00 OH.....	B.....	.....NO.....	.....346.....	.07/14/2000	.....	.....	.12/31/2005	PLAN B ATTAINED AGE.....	.....784	.....903	.....115.2	.....	.....	.....0.0	.....		
.....YES.....	MS(C)-00 OH.....	C.....	.....NO.....	.....346.....	.07/14/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....8,938	.....4,343	.....48.6	.....2	.....	.....0.0	.....		
.....YES.....	MS(F)-00 OH.....	F.....	.....NO.....	.....346.....	.07/14/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....5,487	.....1,688	.....30.8	.....1	.....	.....0.0	.....		
.....YES.....	MS AC 06 OH.....	C.....	.....NO.....	.....346.....	.09/15/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....7,234	.....4,255	.....58.8	.....2	.....	.....0.0	.....		
.....YES.....	MS AF 06 OH.....	F.....	.....NO.....	.....346.....	.09/15/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....11,622	.....7,813	.....67.2	.....3	.....	.....0.0	.....		
.....YES.....	MSAAC2010 OH.....	C.....NO.....34.....	.06/29/2010	PLAN C ATTAINED AGE (2010).....0.01,6431,01361.73		
.....YES.....	MSAAF2010 OH.....	F.....NO.....34.....	.06/29/2010	PLAN F ATTAINED AGE (2010).....0.01,19744537.21		
.....YES.....	MSAAG2010 OH.....	G.....NO.....34.....	.06/29/2010	PLAN G ATTAINED AGE (2010).....0.01,81692550.93		
.....YES.....	MSAAN2010 OH.....	N.....NO.....34.....	.06/29/2010	PLAN N ATTAINED AGE (2010).....0.02,5951,33851.66		
0199999.	Total Policy Experience on Individual Policies.....								616,102304,03449.31357,2513,72151.313		

360.OH

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012			
										11	12		14	15	16		18
											Incurred Claims	13			Incurred Claims	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	..246.....	.03/22/1998	.....	.01/12/1991	.07/01/1992	PRE-STANDARD.....	.....4,708	.....1,585	.....33.7	.....2	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	..346.....	.01/01/1992	.....	.....	.08/18/2000	PLAN A ISSUE AGE.....	.....6,808	.....2,577	.....37.9	.....4	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	..346.....	.09/23/1993	.....	.....	.08/18/2000	PLAN B ISSUE AGE.....	.....12,824	.....4,253	.....33.2	.....4	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	..346.....	.09/23/1993	.....	.....	.08/18/2000	PLAN C ISSUE AGE.....	.....203,444	.....125,150	.....61.5	.....62	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	..346.....	.04/03/1992	.....	.....	.08/18/2000	PLAN F ISSUE AGE.....	.....171,692	.....103,534	.....60.3	.....45	.....	.....	.....0.0	.....
.....YES.....	MS(A)-00.....	A.....	.....NO.....	..346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN A ATTAINED AGE.....	.....7,465	.....8,107	.....108.6	.....3	.....	.....	.....0.0	.....
.....YES.....	MS(B)-00.....	B.....	.....NO.....	..346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN B ATTAINED AGE.....	.....2,502	.....398	.....15.9	.....1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-00.....	C.....	.....NO.....	..346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....16,788	.....7,805	.....46.5	.....5	.....	.....	.....0.0	.....
.....YES.....	MS(D)-00.....	D.....	.....NO.....	..346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN D ATTAINED AGE.....	.....4,169	.....214	.....5.1	.....	.....	.....	.....0.0	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	..346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....255,906	.....197,791	.....77.3	.....75	.....	.....	.....0.0	.....
.....YES.....	MS(G)-03.....	G.....	.....NO.....	..346.....	.11/04/2003	.....	.....	.12/31/2005	PLAN G ATTAINED AGE.....	.....11,935	.....3,615	.....30.3	.....4	.....	.....	.....0.0	.....
.....YES.....	MS AA 06 OK.....	A.....	.....NO.....	..346.....	.09/23/2005	.....	.....	.05/31/2010	PLAN A ATTAINED AGE.....	.....5,209	.....4,078	.....78.3	.....2	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 OK.....	C.....	.....NO.....	..346.....	.09/23/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....9,709	.....6,075	.....62.6	.....3	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 OK.....	F.....	.....NO.....	..346.....	.09/23/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....84,741	.....46,397	.....54.8	.....27	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....797,900	.....511,579	.....64.1	.....237	......0	......0	.....0.0	......0

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Oregon



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-89.....	P.....	.....NO.....	.....246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	.....1,692	.....3,289	.....194.4	.....4	.....	.....	.....0.0	.....	
.....YES.....	MSE 06.....	E.....	.....NO.....	.....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....7,609	.....5,784	.....76.0	.....4	.....	.....	.....0.0	.....	
.....YES.....	MSF 06.....	F.....	.....NO.....	.....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....5,402,345	.....4,087,464	.....75.7	.....2,268	.....218,553	.....150,244	.....68.7	.....93
.....YES.....	MSG 06.....	G.....	.....NO.....	.....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....184,741	.....137,579	.....74.5	.....84	.....	.....	.....0.0	.....	
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	.....346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....11,480	.....10,817	.....94.2	.....6
0199999.	Total Policy Experience on Individual Policies.....									.....5,596,387	.....4,234,116	.....75.7	.....2,360	.....230,033	.....161,061	.....70.0	.....99

360.0R

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Denise Sharif 800-848-0123
- Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.06/01/1989	.....	.02/08/1991	.05/01/1992	PRE-STANDARD.....	.....3,329	.....2,112	.....63.4	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN A ISSUE AGE.....	.....5,561	.....3,397	.....61.1	.....2	.....	.....	.....0.0	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN B ISSUE AGE.....	.....48,300	.....22,463	.....46.5	.....17	.....	.....	.....0.0	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN C ISSUE AGE.....	.....745,681	.....401,241	.....53.8	.....192	.....	.....	.....0.0	.....	
.....YES.....	MS(D)-00.....	D.....	.....NO.....	.....346.....	.10/11/2001	.....	.....	.11/22/2006	PLAN D ATTAINED AGE.....	.....4,332	.....884	.....20.4	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS AB 06 PA.....	B.....	.....NO.....	.....346.....	.11/22/2006	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....2,720	.....1,817	.....66.8	.....1	.....	.....	.....0.0	.....	
.....YES.....	MS AAF 2010 PA.....	F.....	.....NO.....	.....346.....	.06/01/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....4,189	.....1,401	.....33.4	.....2
.....YES.....	MS AAN 2010 PA.....	N.....	.....NO.....	.....346.....	.06/01/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....440	.....301	.....68.4	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....809,923	.....431,914	.....53.3	.....214	.....4,629	.....1,702	.....36.8	.....3

360.PA

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Denise Sharif 800-848-0123
- Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
Individual Policies																			
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.03/14/1995	.....	.....	.09/14/2000	PLAN C ISSUE AGE.....	.....29,692	.....19,676	.....66.3	.....7	.....	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.03/14/1995	.....	.....	.09/14/2000	PLAN F ISSUE AGE.....	.....38,879	.....22,656	.....58.3	.....9	.....	.....	.....	.....0.0	.....
.....YES.....	MS(C)-00.....	C.....	.....NO.....	.....346.....	.09/14/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....2,776	.....645	.....23.2	.....1	.....	.....	.....	.....0.0	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.09/14/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....65,619	.....48,283	.....73.6	.....24	.....	.....	.....	.....0.0	.....
.....YES.....	MS AB 06 SC.....	B.....	.....NO.....	.....346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....7,304	.....4,898	.....67.1	.....3	.....	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 SC.....	C.....	.....NO.....	.....346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....5,074	.....1,809	.....35.7	.....2	.....	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 SC.....	F.....	.....NO.....	.....346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....155,223	.....85,582	.....55.1	.....64	.....	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 SC.....	G.....	.....NO.....	.....346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....23,414	.....6,072	.....25.9	.....9	.....1,554	.....1,153	.....74.2	.....1	.....
0199999.	Total Policy Experience on Individual Policies.....									.....327,981	.....189,621	.....57.8	.....119	.....1,554	.....1,153	.....74.2	.....1	.....

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....South Dakota



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.....04/25/1988.....	.....	.....02/01/1991.....	.....07/01/1992.....	PRE-STANDARD.....	.....3,099.....	.....623.....	.....20.1.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....09/20/1993.....	.....	.....	.....06/27/2000.....	PLAN B ISSUE AGE.....	.....4,451.....	.....661.....	.....14.9.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....09/20/1993.....	.....	.....	.....06/27/2000.....	PLAN F ISSUE AGE.....	.....51,273.....	.....33,089.....	.....64.5.....	.....10.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.....06/27/2000.....	.....	.....	.....12/31/2005.....	PLAN F ATTAINED AGE.....	.....149,485.....	.....94,143.....	.....63.0.....	.....49.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AC 06 SD.....	C.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....8,179.....	.....8,887.....	.....108.7.....	.....3.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06 SD.....	F.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....1,304,190.....	.....884,887.....	.....67.8.....	.....455.....	.....6,125.....	.....1,560.....	.....25.5.....	.....3.....
.....YES.....	MS AG 06 SD.....	G.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....46,920.....	.....47,099.....	.....100.4.....	.....19.....	.....2,131.....	.....1,746.....	.....81.9.....	.....1.....
.....YES.....	MS AAF 2010 SD.....	F.....	.....NO.....	.....346.....	.....04/23/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....10,315.....	.....12,304.....	.....119.3.....	.....4.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,567,597.....	.....1,069,389.....	.....68.2.....	.....538.....	.....18,571.....	.....15,610.....	.....84.1.....	.....8.....

360.SD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives
											12	13				16	17		
Individual Policies																			
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....08/02/1994.....	.....	.....	.....08/11/2000.....	PLAN B ISSUE AGE.....	.....6,474.....	.....1,521.....	.....23.5.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....08/02/1994.....	.....	.....	.....08/11/2000.....	PLAN C ISSUE AGE.....	.....72,424.....	.....59,367.....	.....82.0.....	.....16.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....08/02/1994.....	.....	.....	.....08/11/2000.....	PLAN F ISSUE AGE.....	.....188,268.....	.....130,830.....	.....69.5.....	.....45.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-00 TN.....	F.....	.....NO.....	.....346.....	.....08/11/2000.....	.....	.....	.....12/31/2005.....	PLAN F ATTAINED AGE.....	.....3,249.....	.....935.....	.....28.8.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AE 06 TN.....	F.....	.....NO.....	.....346.....	.....10/26/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....6,727.....	.....8,103.....	.....120.5.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MSAAF2010.....	F.....	.....NO.....	.....346.....	.....07/23/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,843.....	.....1,503.....	.....52.9.....	.....2.....
0199999.	Total Policy Experience on Individual Policies.....									.....277,142.....	.....200,756.....	.....72.4.....	.....66.....	.....2,843.....	.....1,503.....	.....52.9.....	.....2.....

360.TN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Texas



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11	12		13	14	15	16		17	18
											Premiums Earned	Amount				Percent of Premiums Earned	Number of Covered Lives			Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																			
.....N/A.....	MS-89-TX.....	P.....	.....NO.....	.....346.....	.....02/16/1990.....	.....	.....01/14/1991.....	.....03/01/1992.....	PRE-STANDARD.....	.....114,185.....	.....32,421.....	.....28.4.....	.....20.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(A)-91.....	A.....	.....NO.....	.....346.....	.....08/20/1992.....	.....	.....	.....11/14/2000.....	PLAN A ISSUE AGE.....	.....20,275.....	.....14,622.....	.....72.1.....	.....6.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....08/20/1992.....	.....	.....	.....11/14/2000.....	PLAN B ISSUE AGE.....	.....10,931.....	.....10,985.....	.....100.5.....	.....3.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....10/19/1993.....	.....	.....	.....11/14/2000.....	PLAN C ISSUE AGE.....	.....289,176.....	.....214,710.....	.....74.2.....	.....73.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....08/20/1992.....	.....	.....	.....11/14/2000.....	PLAN F ISSUE AGE.....	.....643,324.....	.....337,869.....	.....52.5.....	.....150.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(A)-00.....	A.....	.....NO.....	.....346.....	.....11/14/2000.....	.....	.....	.....03/03/2006.....	PLAN A ATTAINED AGE.....	.....4,528.....	.....12,013.....	.....265.3.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-00.....	F.....	.....NO.....	.....346.....	.....11/14/2000.....	.....	.....	.....03/03/2006.....	PLAN F ATTAINED AGE.....	.....7,641.....	.....2,020.....	.....26.4.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AA 06 TX.....	A.....	.....NO.....	.....346.....	.....03/03/2006.....	.....	.....	.....05/31/2010.....	PLAN A ATTAINED AGE.....	.....191,350.....	.....612,870.....	.....320.3.....	.....69.....	.....2,782.....	.....6,505.....	.....233.8.....	.....1.....
.....YES.....	MS ADC 06 TX.....	C.....	.....NO.....	.....346.....	.....03/03/2006.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....1,479.....	.....7,767.....	.....525.2.....	.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AF 06 TX.....	F.....	.....NO.....	.....346.....	.....03/03/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....3,779.....	.....10,071.....	.....266.5.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MSAAA2010 TX.....	A.....	.....NO.....	.....346.....	.....09/09/2010.....	.....	.....	.....	PLAN A ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....16,467.....	.....42,196.....	.....256.2.....	.....7.....
.....YES.....	MSAAC2010 TX.....	C.....	.....NO.....	.....346.....	.....09/09/2010.....	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....157.....	.....	.....0.0.....	.....	
.....YES.....	MSAAF2010 TX.....	F.....	.....NO.....	.....346.....	.....09/09/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....4,104.....	.....19,317.....	.....470.7.....	.....2.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,286,668.....	.....1,255,348.....	.....97.6.....	.....326.....	.....23,510.....	.....68,018.....	.....289.3.....	.....10.....

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Utah



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.02/16/1988	.....	.02/04/1991	.07/01/1992	PRE-STANDARD.....	.....3,593	.....35	.....1.0	.....1	.....	.....	.....0.0	.....	
.....YES.....	MSE 06 UT.....	E.....	.....NO.....	.....346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....401	.....270	.....67.3	.....	.....	.....	.....0.0	.....	
.....YES.....	MSF 06 UT.....	F.....	.....NO.....	.....346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....271,094	.....221,679	.....81.8	.....139	.....221,778	.....168,678	.....76.1	.....104
.....YES.....	MSG 06 UT.....	G.....	.....NO.....	.....346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....24,838	.....21,125	.....85.1	.....11	.....4,128	.....12,894	.....312.4	.....2
.....YES.....	MSAAF2010 UT.....	F.....	.....NO.....	.....34.....	.07/22/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....15,237	.....9,863	.....64.7	.....10
.....YES.....	MSAAG2010 UT.....	G.....	.....NO.....	.....34.....	.07/22/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....762	.....288	.....37.8	.....1
.....YES.....	MSAAN2010 UT.....	N.....	.....NO.....	.....34.....	.07/22/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	.....2,436	.....1,128	.....46.3	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....299,926	.....243,109	.....81.1	.....151	.....244,341	.....192,851	.....78.9	.....119

360.UT

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Denise Sharif 800-848-0123
- Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Virginia



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.....06/17/1988.....	.....	.....02/13/1991.....	.....07/01/1992.....	PRE-STANDARD.....	.....4,423.....	.....6,464.....	.....146.1.....	.....2.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(B)-91.....	B.....	.....NO.....	.....346.....	.....04/15/1994.....	.....	.....	.....01/11/2006.....	PLAN B ISSUE AGE.....	.....4,709.....	.....526.....	.....11.2.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	.....346.....	.....04/15/1994.....	.....	.....	.....01/11/2006.....	PLAN C ISSUE AGE.....	.....51,895.....	.....31,530.....	.....60.8.....	.....10.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS(F)-91.....	F.....	.....NO.....	.....346.....	.....04/15/1994.....	.....	.....	.....01/11/2006.....	PLAN F ISSUE AGE.....	.....26,831.....	.....6,979.....	.....26.0.....	.....4.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AA 06 VA.....	A.....	.....NO.....	.....346.....	.....06/18/2007.....	.....	.....	.....05/31/2010.....	PLAN A ATTAINED AGE.....	.....1,629.....	.....1,124.....	.....69.0.....	.....1.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AE 06 VA.....	E.....	.....NO.....	.....346.....	.....06/18/2007.....	.....	.....	.....05/31/2010.....	PLAN E ATTAINED AGE.....	.....69,500.....	.....41,036.....	.....59.0.....	.....37.....	.....1,241.....	.....583.....	.....47.0.....	.....1.....
.....YES.....	MS AF 06 VA.....	F.....	.....NO.....	.....346.....	.....06/18/2007.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....3,816,090.....	.....2,792,922.....	.....73.2.....	.....1,637.....	.....282,228.....	.....207,839.....	.....73.6.....	.....108.....
.....YES.....	MS AG 06 VA.....	G.....	.....NO.....	.....346.....	.....06/18/2007.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....241,641.....	.....180,806.....	.....74.8.....	.....129.....	.....19,287.....	.....8,053.....	.....41.8.....	.....11.....
.....YES.....	MSAAA2010 VA.....	A.....	.....NO.....	.....346.....	.....02/03/2011.....	.....	.....	.....	PLAN A ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....3,277.....	.....5,405.....	.....164.9.....	.....2.....
.....YES.....	MSAAF2010 VA.....	F.....	.....NO.....	.....346.....	.....02/03/2011.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....6,314.....	.....2,206.....	.....34.9.....	.....2.....
.....YES.....	MSAAG2010 VA.....	G.....	.....NO.....	.....346.....	.....02/03/2011.....	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....2,001.....	.....1,313.....	.....65.6.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....4,216,718.....	.....3,061,387.....	.....72.6.....	.....1,821.....	.....314,348.....	.....225,399.....	.....71.7.....	.....125.....

360.VA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
 (To Be Filed by March 1)
 FOR THE STATE OF.....Vermont

NAIC Group Code.....0
 Address (City, State and Zip Code).....Columbus, Ohio 43215
 Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383
 Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
NONE																	

360.VT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2012
 (To Be Filed by March 1)
 FOR THE STATE OF.....Washington

NAIC Group Code.....0
 Address (City, State and Zip Code).....Columbus, Ohio 43215
 Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383
 Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	.....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	.....1,628	.....1,872	.....115.0	.....1	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,628	.....1,872	.....115.0	.....1	.....0	.....0.0	.....0

360.WA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Wisconsin



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009			Policies Issued in 2010, 2011 & 2012				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
.....YES.....	MS-AT (BP) WI-04....	O.....	.....NO.....	.....34500.....	..04/14/2004	.....	.....	..05/31/2010	MED SUPP WI CORE & RIDERS.....	.....5,913,152	.....3,930,791	.....66.5	.....1,877	.....78,573	.....63,454	.....80.8	.....26
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	.....34500.....	..06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	.....	.....	.....0.0	.....	.....3,967	.....2,529	.....63.8	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....5,913,152	.....3,930,791	.....66.5	.....1,877	.....82,540	.....65,983	.....79.9	.....28

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Individual Policies																			
.....N/A.....	MS-89.....	P.....	.....NO.....	.....246.....	.....01/22/1988.....	.....	.....01/10/1991.....	.....08/02/1991.....	PRE-STANDARD.....	.....2,026.....	.....8,388.....	.....414.0.....	.....	.....	.....	.....0.0.....	.....	
.....YES.....	MS AA 06 WV.....	A.....	.....NO.....	.....346.....	.....06/07/2006.....	.....	.....	.....05/31/2010.....	PLAN A ATTAINED AGE.....	.....	.....	.....0.0.....	.....	.....481.....	.....366.....	.....76.1.....	.....	
.....YES.....	MS AE 06 WV.....	E.....	.....NO.....	.....346.....	.....06/07/2006.....	.....	.....	.....05/31/2010.....	PLAN E ATTAINED AGE.....	.....63,818.....	.....25,129.....	.....39.4.....	.....28.....	.....5,004.....	.....1,775.....	.....35.5.....	.....2.....
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	.....346.....	.....06/07/2006.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....1,882,845.....	.....1,223,387.....	.....65.0.....	.....743.....	.....60,847.....	.....40,658.....	.....66.8.....	.....25.....
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	.....346.....	.....06/07/2006.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....226,170.....	.....194,594.....	.....86.0.....	.....107.....	.....4,947.....	.....1,795.....	.....36.3.....	.....3.....
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	.....34.....	.....06/03/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....12,923.....	.....18,529.....	.....143.4.....	.....6.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,174,859.....	.....1,451,498.....	.....66.7.....	.....878.....	.....84,202.....	.....63,123.....	.....75.0.....	.....36.....

360 WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - 3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Wyoming



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuaries.....Telephone Number.....800-848-0123

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012						
										11 Premiums Earned	12 Incurred Claims Amount		13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims Amount		17 Percent of Premiums Earned	18 Number of Covered Lives	
											12	13				16	17			
Individual Policies																				
.....YES.....	MS AA 06 WY.....	A.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN A ATTAINED AGE.....	.....	.....	.....0.0.....	.....	.....729.....	.....16.....	.....2.2.....	.....	.....	.....
.....YES.....	MS AC 06 WY.....	C.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN C ATTAINED AGE.....	.....2,781.....	.....271.....	.....9.7.....	.....1.....	.....	.....	.....0.0.....	.....	.....	.....
.....YES.....	MS AF 06 WY.....	F.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN F ATTAINED AGE.....	.....1,334,287.....	.....881,395.....	.....66.1.....	.....544.....	.....26,941.....	.....14,375.....	.....53.4.....	.....13.....	.....	.....
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	.....346.....	.....09/01/2005.....	.....	.....	.....05/31/2010.....	PLAN G ATTAINED AGE.....	.....46,765.....	.....34,304.....	.....73.4.....	.....23.....	.....686.....	.....	.....0.0.....	.....	.....	.....
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	.....34.....	.....06/09/2010.....	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0.....	.....	.....11,229.....	.....3,282.....	.....29.2.....	.....7.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....								1,383,833.....915,970.....66.2.....568.....39,585.....17,673.....44.6.....20.....

360 WY

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Dennis Lee 800-848-0123
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
 - Contact person and phone number..... Denise Sharif 800-848-0123
- Explain any policies identified as policy type "O".

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