



ANNUAL STATEMENT

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

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period)	NAIC Company Code..... 63312	Employer's ID Number..... 13-1935920
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... December 29, 1961	Commenced Business..... August 13, 1963	
Statutory Home Office	301 East Fourth Street..... Cincinnati OH US 45202 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	301 East Fourth Street..... Cincinnati OH US..... 45202 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	513-357-3300- <i>(Area Code) (Telephone Number)</i>
Mail Address	Post Office Box 5420..... Cincinnati OH US 45202 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	301 East Fourth Street..... Cincinnati OH US 45202 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	513-357-3300- <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.gafri.com	
Statutory Statement Contact	Brian Patrick Sponaugle <i>(Name)</i> bsponaugle@gafri.com <i>(E-Mail Address)</i>	513-412-2931- <i>(Area Code) (Telephone Number) (Extension)</i> 513-412-1673- <i>(Fax Number)</i>

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. Mark Francis Muething	Secretary
3. Christopher Patrick Miliano	Treasurer	4. Richard Lee Sutton	Appointed Actuary

OTHER	
John Paul Gruber	Senior Vice President
Terry Jon Simpson #	Vice President
Adrienne Susan Kessling	Senior Vice President
Brian Patrick Sponaugle	Vice President

DIRECTORS OR TRUSTEES

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

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

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

_____ (Signature) Mark Francis Muething _____ 1. (Printed Name) Secretary _____ (Title)	_____ (Signature) Christopher Patrick Miliano _____ 2. (Printed Name) Treasurer _____ (Title)	_____ (Signature) John Paul Gruber _____ 3. (Printed Name) Senior Vice President _____ (Title)
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Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2013	b. If no	
	1. State the amendment number	_____
	2. Date filed	_____
	3. Number of pages attached	_____

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....				2,560	
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	2,560	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	2,560	0

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



DIRECT BUSINESS IN Other Alien #2 DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	58,307		(8,344)		49,963
2. Annuity considerations.....	726,467		1,350		727,817
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	784,774	0	(6,994)	0	777,780
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,330,050				1,330,050
12. Surrender values and withdrawals for life contracts.....	495,931		33,551		529,482
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,825,981	0	33,551	0	1,859,532

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	935							1	935
17. Incurred during current year.....	7	1,407,513							7	1,407,513
Settled during current year:										
18.1 By payment in full.....	8	1,408,448							8	1,408,448
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,408,448	0	0	0	0	0	0	8	1,408,448
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,408,448	0	0	0	0	0	0	8	1,408,448
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	63	20,784,963	(a)		7	15,713			70	20,800,676
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	4	(1,419,356)				62,891			4	(1,356,465)
23. In force December 31 of current year.....	67	19,365,606	0 (a)	0	7	78,604	0	0	74	19,444,210

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **ALASKA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	31,222				31,222
2. Annuity considerations.....	308,892				308,892
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	340,114	0	0	0	340,114
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	101,343				101,343
10. Matured endowments.....					0
11. Annuity benefits.....	201,559				201,559
12. Surrender values and withdrawals for life contracts.....	292,063		31,969		324,033
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	594,965	0	31,969	0	626,934

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	101,343							2	101,343
Settled during current year:										
18.1 By payment in full.....	2	101,343							2	101,343
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	101,343	0	0	0	0	0	0	2	101,343
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	101,343	0	0	0	0	0	0	2	101,343
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	55	8,827,579	(a)		1				56	8,827,579
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(125,369)							(3)	(125,369)
23. In force December 31 of current year.....	52	8,702,210	0	0	1	0	0	0	53	8,702,210

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	60,531	61,744			(227)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	60,531	61,744	0	0	(227)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	60,531	61,744	0	0	(227)

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



DIRECT BUSINESS IN THE STATE OF **ALABAMA** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	468,552				468,552
2. Annuity considerations.....	47,771,932		18,096		47,790,028
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	48,240,484	0	18,096	0	48,258,580
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	392,007		7,122		399,129
10. Matured endowments.....					0
11. Annuity benefits.....	3,844,087				3,844,087
12. Surrender values and withdrawals for life contracts.....	8,435,006		243,935		8,678,941
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	12,671,100	0	251,057	0	12,922,157

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	7	403,800			1	7,122			8	410,922
Settled during current year:										
18.1 By payment in full.....	4	392,007			1	7,122			5	399,129
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	392,007	0	0	1	7,122	0	0	5	399,129
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	392,007	0	0	1	7,122	0	0	5	399,129
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	11,793	0	0	0	0	0	0	3	11,793
POLICY EXHIBIT										
20. In force December 31, prior year.....	645	152,511,245		(a)		12,281			645	152,523,526
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(48)	(9,821,902)				(6,861)			(48)	(9,828,763)
23. In force December 31 of current year.....	597	142,689,342	0	(a)	0	5,420	0	0	597	142,694,762

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	221,073	228,275		152,149	146,718
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	221,073	228,275	0	152,149	146,718
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	221,073	228,275	0	152,149	146,718

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



DIRECT BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	416,540				416,540
2. Annuity considerations.....	20,500,582				20,500,582
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,917,122	0	0	0	20,917,122
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	510,000		140,440		650,440
10. Matured endowments.....					0
11. Annuity benefits.....	1,063,567				1,063,567
12. Surrender values and withdrawals for life contracts.....	5,027,948		37,240		5,065,188
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,601,515	0	177,680	0	6,779,194

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	1,442			1	1,442
17. Incurred during current year.....	5	510,000			33	138,998			38	648,998
Settled during current year:										
18.1 By payment in full.....	5	510,000			34	140,440			39	650,440
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	510,000	0	0	34	140,440	0	0	39	650,440
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	510,000	0	0	34	140,440	0	0	39	650,440
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	524	103,639,862		(a)		2,095,090			524	105,734,952
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(30)	(7,411,409)				(122,067)			(30)	(7,533,476)
23. In force December 31 of current year.....	495	96,238,453	0	(a)	0	1,973,023	0	0	495	98,211,476

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,064	6,977		2,604	2,508
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,064	6,977	0	2,604	2,508
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,064	6,977	0	2,604	2,508

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



DIRECT BUSINESS IN THE STATE OF **ARIZONA** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,103,841				1,103,841
2. Annuity considerations.....	40,116,464		146,003		40,262,467
3. Deposit-type contract funds.....	112,067	XXX		XXX	112,067
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,332,372	0	146,003	0	41,478,375
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,088,894				1,088,894
10. Matured endowments.....					0
11. Annuity benefits.....	7,258,036		76,733		7,334,769
12. Surrender values and withdrawals for life contracts.....	8,790,973		873,570		9,664,543
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,137,903	0	950,303	0	18,088,206

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	219,000							3	219,000
17. Incurred during current year.....	10	810,894							10	810,894
Settled during current year:										
18.1 By payment in full.....	12	928,894							12	928,894
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	928,894	0	0	0	0	0	0	12	928,894
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	928,894	0	0	0	0	0	0	12	928,894
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	101,000	0	0	0	0	0	0	1	101,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,470	301,156,291	(a)			47,197			1,470	301,203,488
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(67)	(13,713,303)				529			(67)	(13,712,774)
23. In force December 31 of current year.....	1,403	287,442,988	0	0	0	47,726	0	0	1,403	287,490,714

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,686	8,141		8,115	125,610
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,686	8,141	0	8,115	125,610
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,686	8,141	0	8,115	125,610

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,821,652				10,821,652
2. Annuity considerations.....	199,586,162		4,675,253		204,261,415
3. Deposit-type contract funds.....	295,921	XXX		XXX	295,921
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	210,703,735	0	4,675,253	0	215,378,988
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,471,598				7,471,598
10. Matured endowments.....	3,400				3,400
11. Annuity benefits.....	33,185,931		1,501,297		34,687,228
12. Surrender values and withdrawals for life contracts.....	68,729,961		17,422,274		86,152,235
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	109,390,890	0	18,923,571	0	128,314,461

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	16	486,244							16	486,244
17. Incurred during current year.....	76	7,925,171							76	7,925,171
Settled during current year:										
18.1 By payment in full.....	84	7,321,598							84	7,321,598
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	84	7,321,598	0	0	0	0	0	0	84	7,321,598
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	2	363,817							2	363,817
18.6 Total settlements.....	86	7,685,415	0	0	0	0	0	0	86	7,685,415
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	726,000	0	0	0	0	0	0	6	726,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	14,416	3,277,150,540		(a)		83,439			14,416	3,277,233,979
21. Issued during year.....	10	890,000							10	890,000
22. Other changes to in force (Net).....	(848)	(180,042,894)				830			(848)	(180,042,064)
23. In force December 31 of current year.....	13,578	3,097,997,647	0	(a)	0	84,269	0	0	13,578	3,098,081,916

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	(6,685)	(6,811)		17,405	47,898
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	(6,685)	(6,811)	0	17,405	47,898
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	(6,685)	(6,811)	0	17,405	47,898

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



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **COLORADO** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	676,092				676,092
2. Annuity considerations.....	27,829,715		25,550		27,855,265
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	28,505,806	0	25,550	0	28,531,356
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	350,000		26,595		376,595
10. Matured endowments.....					0
11. Annuity benefits.....	4,023,353				4,023,353
12. Surrender values and withdrawals for life contracts.....	3,642,138		266,092		3,908,229
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,015,490	0	292,687	0	8,308,177

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	101,000			1	1,224			2	102,224
17. Incurred during current year.....	7	1,860,000			6	25,371			13	1,885,371
Settled during current year:										
18.1 By payment in full.....	5	350,000			7	26,595			12	376,595
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	350,000	0	0	7	26,595	0	0	12	376,595
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	350,000	0	0	7	26,595	0	0	12	376,595
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	1,611,000	0	0	0	0	0	0	3	1,611,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	896	199,534,989	(a)			854,961			896	200,389,950
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(38)	(6,125,895)				(14,039)			(38)	(6,139,934)
23. In force December 31 of current year.....	858	193,409,094	0	(a)	0	840,922	0	0	858	194,250,016

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	133,388	136,321		65,114	428,058
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	133,388	136,321	0	65,114	428,058
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	133,388	136,321	0	65,114	428,058

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



DIRECT BUSINESS IN THE STATE OF **CONNECTICUT** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	818,893				818,893
2. Annuity considerations.....	99,195,243		60,916		99,256,159
3. Deposit-type contract funds.....	374,811	XXX		XXX	374,811
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	100,388,947	0	60,916	0	100,449,863
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	526,316		574,807		1,101,123
10. Matured endowments.....			147		147
11. Annuity benefits.....	9,748,836		149,764		9,898,600
12. Surrender values and withdrawals for life contracts.....	14,144,761		169,694		14,314,454
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	24,419,912	0	894,412	0	25,314,324

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	7,700							1	7,700
17. Incurred during current year.....	18	534,316			104	574,954			122	1,109,270
Settled during current year:										
18.1 By payment in full.....	16	526,316			104	574,954			120	1,101,270
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	526,316	0	0	104	574,954	0	0	120	1,101,270
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	526,316	0	0	104	574,954	0	0	120	1,101,270
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	15,700	0	0	0	0	0	0	3	15,700
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,479	222,424,882	(a)		1	7,013,609			1,480	229,438,491
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(96)	(13,650,263)				(537,761)			(96)	(14,188,024)
23. In force December 31 of current year.....	1,383	208,774,619	0	(a)	1	6,475,848	0	0	1,384	215,250,467

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,755	8,712		10,000	7,293
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,755	8,712	0	10,000	7,293
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,755	8,712	0	10,000	7,293

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	69,572				69,572
2. Annuity considerations.....	2,355,251		1,100		2,356,351
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,424,823	0	1,100	0	2,425,923
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	376,759		5,083		381,842
12. Surrender values and withdrawals for life contracts.....	367,772		4,091		371,863
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	744,530	0	9,174	0	753,705

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	121	17,364,027	(a)		No. of Pol.				121	17,364,027
21. Issued during year.....	2	75,000							2	75,000
22. Other changes to in force (Net).....	(15)	(2,563,255)							(15)	(2,563,255)
23. In force December 31 of current year.....	108	14,875,772	0 (a)	0	0	0	0	0	108	14,875,772

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	138,327				138,327
2. Annuity considerations.....	8,573,067				8,573,067
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,711,394	0	0	0	8,711,394
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	350,000				350,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,051,953				1,051,953
12. Surrender values and withdrawals for life contracts.....	1,484,731		8,989		1,493,720
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,886,684	0	8,989	0	2,895,673

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	350,000							4	350,000
Settled during current year:										
18.1 By payment in full.....	4	350,000							4	350,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	350,000	0	0	0	0	0	0	4	350,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	350,000	0	0	0	0	0	0	4	350,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	166	42,525,836	(a)		No. of Pol.				166	42,525,836
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(488,493)							(6)	(488,493)
23. In force December 31 of current year.....	160	42,037,343	0	0	0	0	0	0	160	42,037,343

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,170,012				4,170,012
2. Annuity considerations.....	265,305,438		2,005,667		267,311,105
3. Deposit-type contract funds.....	823,128	XXX		XXX	823,128
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	270,298,578	0	2,005,667	0	272,304,245
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,218,176		3,959		7,222,135
10. Matured endowments.....					0
11. Annuity benefits.....	30,709,185		266,972		30,976,157
12. Surrender values and withdrawals for life contracts.....	61,532,622		4,792,547		66,325,169
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	99,459,982	0	5,063,479	0	104,523,461

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	797,367							10	797,367
17. Incurred during current year.....	53	7,189,546			1	3,959			54	7,193,505
Settled during current year:										
18.1 By payment in full.....	55	7,218,176			1	3,959			56	7,222,135
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	55	7,218,176	0	0	1	3,959	0	0	56	7,222,135
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	68,178							1	68,178
18.6 Total settlements.....	56	7,286,354	0	0	1	3,959	0	0	57	7,290,313
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	700,559	0	0	0	0	0	0	7	700,559
POLICY EXHIBIT										
20. In force December 31, prior year.....	5,669	1,146,484,769	(a)		1	274,428			5,670	1,146,759,197
21. Issued during year.....	7	135,000							7	135,000
22. Other changes to in force (Net).....	(349)	(59,004,129)				(1,333)			(349)	(59,005,462)
23. In force December 31 of current year.....	5,327	1,087,615,640	0	(a)	1	273,095	0	0	5,328	1,087,888,735

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					(30)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	710,462	715,540		482,157	531,912
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	710,462	715,540	0	482,157	531,912
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	710,462	715,540	0	482,157	531,882

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



DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,028,542				2,028,542
2. Annuity considerations.....	62,790,337		12,250		62,802,587
3. Deposit-type contract funds.....	286,438	XXX		XXX	286,438
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	65,105,317	0	12,250	0	65,117,567
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,180,940				2,180,940
10. Matured endowments.....					0
11. Annuity benefits.....	5,000,819		3,972		5,004,791
12. Surrender values and withdrawals for life contracts.....	10,459,765		217,152		10,676,917
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,641,524	0	221,124	0	17,862,648

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	1,201,551							4	1,201,551
17. Incurred during current year.....	24	2,427,789							24	2,427,789
Settled during current year:										
18.1 By payment in full.....	21	2,180,940							21	2,180,940
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	2,180,940	0	0	0	0	0	0	21	2,180,940
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	2,180,940	0	0	0	0	0	0	21	2,180,940
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	1,448,400	0	0	0	0	0	0	7	1,448,400
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,655	519,441,485		(a)		162,155			2,655	519,603,640
21. Issued during year.....	1	135,000							1	135,000
22. Other changes to in force (Net).....	(147)	(28,977,475)				2,070			(147)	(28,975,405)
23. In force December 31 of current year.....	2,509	490,599,010	0	(a)	0	164,225	0	0	2,509	490,763,235

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	137,617	141,712		55,853	55,294
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	137,617	141,712	0	55,853	55,294
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	137,617	141,712	0	55,853	55,294

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	53,525,852		(8,344)		53,517,508
2. Annuity considerations.....	2,682,898,170		21,989,423		2,704,887,593
3. Deposit-type contract funds.....	11,188,901	XXX		XXX	11,188,901
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,747,612,923	0	21,981,079	0	2,769,594,002
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	54,976,631		1,892,927		56,869,558
10. Matured endowments.....	180,636		147		180,783
11. Annuity benefits.....	394,965,136		4,544,431		399,509,567
12. Surrender values and withdrawals for life contracts.....	693,063,279		55,732,936		748,796,216
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,143,185,682	0	62,170,441	0	1,205,356,123

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	97	8,009,102			6	23,716			103	8,032,818
17. Incurred during current year.....	1,056	57,122,112			342	1,853,170			1,398	58,975,282
Settled during current year:										
18.1 By payment in full.....	1,054	55,092,554			347	1,875,387			1,401	56,967,941
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1,054	55,092,554	0	0	347	1,875,387	0	0	1,401	56,967,941
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	5	539,493							5	539,493
18.6 Total settlements.....	1,059	55,632,046	0	0	347	1,875,387	0	0	1,406	57,507,434
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	94	9,499,168	0	0	1	1,499	0	0	95	9,500,667
POLICY EXHIBIT										
20. In force December 31, prior year.....	80,727	15,253,208,244		(a)	14	27,339,396			80,741	15,280,547,640
21. Issued during year.....	61	2,576,000							61	2,576,000
22. Other changes to in force (Net).....	(4,711)	(839,833,558)				(1,601,041)			(4,711)	(841,434,599)
23. In force December 31 of current year.....	76,077	14,415,950,686	0	(a)	14	25,738,355	0	0	76,091	14,441,689,042

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	79,495	79,635			48,129
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,951,841	12,080,665		6,992,972	7,664,296
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,951,841	12,080,665	0	6,992,972	7,664,296
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,031,336	12,160,301	0	6,992,972	7,712,426

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	174,698				174,698
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	174,698	0	0	0	174,698
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	100,000				100,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	34,222				34,222
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	134,222	0	0	0	134,222

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	1	100,000							1	100,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	100,000	0	0	0	0	0	0	1	100,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	224	40,877,682		(a)					224	40,877,682
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(12)	(2,494,435)							(12)	(2,494,435)
23. In force December 31 of current year.....	213	38,408,247	0	(a)	0	0	0	0	213	38,408,247

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	403,652				403,652
2. Annuity considerations.....	3,843,582		533,040		4,376,622
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,247,234	0	533,040	0	4,780,274
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	82,932				82,932
10. Matured endowments.....					0
11. Annuity benefits.....	2,659,790		79,177		2,738,966
12. Surrender values and withdrawals for life contracts.....	3,240,678		2,279,889		5,520,567
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,983,400	0	2,359,065	0	8,342,466

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	82,932							3	82,932
Settled during current year:										
18.1 By payment in full.....	3	82,932							3	82,932
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	82,932	0	0	0	0	0	0	3	82,932
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	82,932	0	0	0	0	0	0	3	82,932
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	524	77,986,356	(a)		No. of Pol.				524	77,986,356
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(29)	(2,853,486)							(29)	(2,853,486)
23. In force December 31 of current year.....	496	75,157,871	0	(a)	0	0	0	0	496	75,157,871

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		137			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....		137	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		137	0	0	0

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	265,805				265,805
2. Annuity considerations.....	15,257,751		588		15,258,338
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,523,556	0	588	0	15,524,143
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	101,827				101,827
10. Matured endowments.....					0
11. Annuity benefits.....	5,037,370		39,019		5,076,390
12. Surrender values and withdrawals for life contracts.....	5,641,383		194,891		5,836,273
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,780,580	0	233,910	0	11,014,490

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	25,110							4	25,110
17. Incurred during current year.....	2	92,717							2	92,717
Settled during current year:										
18.1 By payment in full.....	2	101,827							2	101,827
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	101,827	0	0	0	0	0	0	2	101,827
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	101,827	0	0	0	0	0	0	2	101,827
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	16,000	0	0	0	0	0	0	4	16,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	400	54,857,750	(a)			1,802			400	54,859,552
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(24)	(2,841,601)				18			(24)	(2,841,583)
23. In force December 31 of current year.....	376	52,016,149	0	(a)	0	1,820	0	0	376	52,017,969

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	507,067	512,160		443,592	432,800
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	507,067	512,160	0	443,592	432,800
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	507,067	512,160	0	443,592	432,800

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



DIRECT BUSINESS IN THE STATE OF **IDAHO** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	194,367				194,367
2. Annuity considerations.....	12,282,129		33,405		12,315,534
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,476,496	0	33,405	0	12,509,901
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	119,728				119,728
10. Matured endowments.....					0
11. Annuity benefits.....	3,335,318				3,335,318
12. Surrender values and withdrawals for life contracts.....	4,780,367		385,366		5,165,733
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,235,412	0	385,366	0	8,620,778

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	124,728							6	124,728
Settled during current year:										
18.1 By payment in full.....	5	119,728							5	119,728
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	119,728	0	0	0	0	0	0	5	119,728
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	119,728	0	0	0	0	0	0	5	119,728
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	295	68,996,954		(a)		4,687			295	69,001,641
21. Issued during year.....	1	20,000							1	20,000
22. Other changes to in force (Net).....	(15)	(2,284,153)				47			(15)	(2,284,106)
23. In force December 31 of current year.....	281	66,732,800	0	(a)	0	4,734	0	0	281	66,737,534

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,913,045				1,913,045
2. Annuity considerations.....	102,193,121		217,143		102,410,264
3. Deposit-type contract funds.....	281,306	XXX		XXX	281,306
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	104,387,472	0	217,143	0	104,604,616
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,870,746				3,870,746
10. Matured endowments.....					0
11. Annuity benefits.....	14,187,987		77,840		14,265,827
12. Surrender values and withdrawals for life contracts.....	24,842,839		468,161		25,311,001
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	42,901,572	0	546,001	0	43,447,573

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	1,210,514							6	1,210,514
17. Incurred during current year.....	9	2,660,232							9	2,660,232
Settled during current year:										
18.1 By payment in full.....	15	3,870,746							15	3,870,746
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	3,870,746	0	0	0	0	0	0	15	3,870,746
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	3,870,746	0	0	0	0	0	0	15	3,870,746
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,996	597,903,107	(a)		1	11,171			1,997	597,914,278
21. Issued during year.....	4	110,000							4	110,000
22. Other changes to in force (Net).....	(95)	(36,405,682)				(6,930)			(95)	(36,412,612)
23. In force December 31 of current year.....	1,905	561,607,425	0	(a)	1	4,241	0	0	1,906	561,611,666

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,404	1,404			(4)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	186,999	193,260		99,703	(141,537)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	186,999	193,260	0	99,703	(141,537)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	188,403	194,664	0	99,703	(141,541)

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	549,417				549,417
2. Annuity considerations.....	75,835,395		55,358		75,890,753
3. Deposit-type contract funds.....	217,988	XXX		XXX	217,988
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	76,602,800	0	55,358	0	76,658,157
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	128,318				128,318
10. Matured endowments.....					0
11. Annuity benefits.....	8,804,253		217,723		9,021,975
12. Surrender values and withdrawals for life contracts.....	27,456,155		765,979		28,222,134
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	36,388,725	0	983,702	0	37,372,427

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	21,525							3	21,525
17. Incurred during current year.....	4	207,793							4	207,793
Settled during current year:										
18.1 By payment in full.....	7	229,318							7	229,318
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	229,318	0	0	0	0	0	0	7	229,318
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	229,318	0	0	0	0	0	0	7	229,318
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	817	168,810,298	(a)		1	13,200			818	168,823,498
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(38)	(6,762,316)				133			(38)	(6,762,183)
23. In force December 31 of current year.....	779	162,047,982	0 (a)	0	1	13,333	0	0	780	162,061,315

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	376,955	373,855		299,018	297,431
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	376,955	373,855	0	299,018	297,431
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	376,955	373,855	0	299,018	297,431

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



DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	439,779				439,779
2. Annuity considerations.....	15,971,854		1,000		15,972,854
3. Deposit-type contract funds.....	153,336	XXX		XXX	153,336
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,564,969	0	1,000	0	16,565,969
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	328,593				328,593
10. Matured endowments.....					0
11. Annuity benefits.....	3,064,314				3,064,314
12. Surrender values and withdrawals for life contracts.....	4,719,552		69,140		4,788,692
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,112,458	0	69,140	0	8,181,598

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	429,593							6	429,593
Settled during current year:										
18.1 By payment in full.....	5	328,593							5	328,593
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	328,593	0	0	0	0	0	0	5	328,593
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	328,593	0	0	0	0	0	0	5	328,593
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	101,000	0	0	0	0	0	0	1	101,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	490	112,518,950		(a)					490	112,518,950
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(24)	(4,279,768)							(24)	(4,279,768)
23. In force December 31 of current year.....	467	108,249,182	0	(a)	0	0	0	0	467	108,249,182

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	480,779	486,884		386,567	450,581
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	480,779	486,884	0	386,567	450,581
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	480,779	486,884	0	386,567	450,581

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



DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	493,112				493,112
2. Annuity considerations.....	52,525,786		559,693		53,085,479
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	53,018,898	0	559,693	0	53,578,591
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	370,000				370,000
10. Matured endowments.....					0
11. Annuity benefits.....	4,570,563		37,226		4,607,789
12. Surrender values and withdrawals for life contracts.....	12,299,707		192,194		12,491,901
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,240,269	0	229,420	0	17,469,689

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	6	320,000							6	320,000
Settled during current year:										
18.1 By payment in full.....	7	370,000							7	370,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	370,000	0	0	0	0	0	0	7	370,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	370,000	0	0	0	0	0	0	7	370,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	734	144,727,467	(a)			14,339			734	144,741,806
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(54)	(9,921,240)				144			(54)	(9,921,096)
23. In force December 31 of current year.....	681	134,816,227	0	0	0	14,483	0	0	681	134,830,710

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,145,613	1,153,746		800,195	783,036
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,145,613	1,153,746	0	800,195	783,036
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,145,613	1,153,746	0	800,195	783,036

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



DIRECT BUSINESS IN THE STATE OF **LOUISIANA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	545,963				545,963
2. Annuity considerations.....	49,965,064		3,000		49,968,064
3. Deposit-type contract funds.....	283,802	XXX		XXX	283,802
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,794,830	0	3,000	0	50,797,830
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	432,063		273,197		705,260
10. Matured endowments.....					0
11. Annuity benefits.....	3,714,367		23,408		3,737,775
12. Surrender values and withdrawals for life contracts.....	4,777,707		15,845		4,793,552
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,924,137	0	312,451	0	9,236,587

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	250,000			4	21,050			6	271,050
17. Incurred during current year.....	6	242,063			48	253,646			54	495,709
Settled during current year:										
18.1 By payment in full.....	7	489,563			51	273,197			58	762,760
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	489,563	0	0	51	273,197	0	0	58	762,760
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	489,563	0	0	51	273,197	0	0	58	762,760
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	1	1,499	0	0	2	3,999
POLICY EXHIBIT										
20. In force December 31, prior year.....	840	148,976,045		(a)		4,091,306			840	153,067,351
21. Issued during year.....	1	17,000							1	17,000
22. Other changes to in force (Net).....	(43)	(9,988,406)				(240,913)			(43)	(10,229,319)
23. In force December 31 of current year.....	798	139,004,639	0	(a)	0	3,850,393	0	0	798	142,855,032

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	60	60			(72)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	60	60	0	0	(72)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	60	60	0	0	(72)

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,025,924				1,025,924
2. Annuity considerations.....	48,482,441		4,683,827		53,166,268
3. Deposit-type contract funds.....	1,205,043	XXX		XXX	1,205,043
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,713,408	0	4,683,827	0	55,397,235
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,557,312		148,686		1,705,998
10. Matured endowments.....					0
11. Annuity benefits.....	15,205,840		141,281		15,347,121
12. Surrender values and withdrawals for life contracts.....	17,456,659		2,997,267		20,453,925
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	34,219,811	0	3,287,234	0	37,507,045

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,134							2	1,134
17. Incurred during current year.....	6	1,573,179			24	148,686			30	1,721,865
Settled during current year:										
18.1 By payment in full.....	7	1,557,312			24	148,686			31	1,705,998
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	1,557,312	0	0	24	148,686	0	0	31	1,705,998
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	1,557,312	0	0	24	148,686	0	0	31	1,705,998
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	17,000	0	0	0	0	0	0	1	17,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,353	287,465,338		(a)		1,377,925			1,353	288,843,263
21. Issued during year.....	1	40,000							1	40,000
22. Other changes to in force (Net).....	(69)	(12,918,888)				(136,202)			(69)	(13,055,090)
23. In force December 31 of current year.....	1,285	274,586,450	0	(a)	0	1,241,723	0	0	1,285	275,828,173

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		7,312	7,779		(55)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....		7,312	7,779	0	(55)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		7,312	7,779	0	(55)

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



DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,406,939				1,406,939
2. Annuity considerations.....	53,202,576		650		53,203,226
3. Deposit-type contract funds.....	503,542	XXX		XXX	503,542
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	55,113,057	0	650	0	55,113,707
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	805,005		10,282		815,287
10. Matured endowments.....					0
11. Annuity benefits.....	5,940,235				5,940,235
12. Surrender values and withdrawals for life contracts.....	8,070,043		77,590		8,147,633
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	14,815,283	0	87,872	0	14,903,154

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	7	805,005			1	3,345			8	808,350
Settled during current year:										
18.1 By payment in full.....	7	805,005			1	3,345			8	808,350
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	805,005	0	0	1	3,345	0	0	8	808,350
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	805,005	0	0	1	3,345	0	0	8	808,350
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,758	404,812,588		(a)		3,317			1,758	404,815,905
21. Issued during year.....	1	8,000							1	8,000
22. Other changes to in force (Net).....	(91)	(19,520,101)				(3,317)			(91)	(19,523,418)
23. In force December 31 of current year.....	1,668	385,300,487	0	(a)	0	0	0	0	1,668	385,300,487

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,129	6,252		7,009	6,969
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,129	6,252	0	7,009	6,969
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,129	6,252	0	7,009	6,969

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	233,749				233,749
2. Annuity considerations.....	14,605,185		644,028		15,249,213
3. Deposit-type contract funds.....	183,846	XXX		XXX	183,846
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,022,781	0	644,028	0	15,666,809
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	230,000				230,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,566,050		2,869		2,568,918
12. Surrender values and withdrawals for life contracts.....	987,843		352,792		1,340,635
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,783,893	0	355,660	0	4,139,553

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	235,000							6	235,000
Settled during current year:										
18.1 By payment in full.....	5	230,000							5	230,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	230,000	0	0	0	0	0	0	5	230,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	230,000	0	0	0	0	0	0	5	230,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	476	79,215,842	(a)			51,402			476	79,267,244
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(4,799,255)				467			(25)	(4,798,788)
23. In force December 31 of current year.....	451	74,416,587	0	0	0	51,869	0	0	451	74,468,456

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,813	5,825		4,946	5,024
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,813	5,825	0	4,946	5,024
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,813	5,825	0	4,946	5,024

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



DIRECT BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	591,673				591,673
2. Annuity considerations.....	140,624,549		661,199		141,285,748
3. Deposit-type contract funds.....	293,056	XXX		XXX	293,056
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	141,509,277	0	661,199	0	142,170,476
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	314,248				314,248
10. Matured endowments.....	73,372				73,372
11. Annuity benefits.....	29,644,019		1,204		29,645,222
12. Surrender values and withdrawals for life contracts.....	56,665,617		2,232,691		58,898,308
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	86,697,255	0	2,233,894	0	88,931,149

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	200,000							1	200,000
17. Incurred during current year.....	6	1,737,620							6	1,737,620
Settled during current year:										
18.1 By payment in full.....	5	387,620							5	387,620
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	387,620	0	0	0	0	0	0	5	387,620
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	387,620	0	0	0	0	0	0	5	387,620
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	1,550,000	0	0	0	0	0	0	2	1,550,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	813	168,521,941	(a)		1	6,102			814	168,528,043
21. Issued during year.....	1	7,000							1	7,000
22. Other changes to in force (Net).....	(39)	(7,276,384)				61			(39)	(7,276,323)
23. In force December 31 of current year.....	775	161,252,557	0	0	1	6,163	0	0	776	161,258,720

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	15,814	15,686		3,679	3,794
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	15,814	15,686	0	3,679	3,794
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,814	15,686	0	3,679	3,794

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0084

NAIC Company Code....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	758,561				758,561
2. Annuity considerations.....	50,667,471		39,560		50,707,031
3. Deposit-type contract funds.....	125,343	XXX		XXX	125,343
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	51,551,375	0	39,560	0	51,590,935
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	573,373				573,373
10. Matured endowments.....	10,102				10,102
11. Annuity benefits.....	11,658,692				11,658,692
12. Surrender values and withdrawals for life contracts.....	11,367,731		205,697		11,573,428
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,609,898	0	205,697	0	23,815,596

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,581							1	2,581
17. Incurred during current year.....	34	1,333,914							34	1,333,914
Settled during current year:										
18.1 By payment in full.....	32	583,475							32	583,475
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	32	583,475	0	0	0	0	0	0	32	583,475
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	32	583,475	0	0	0	0	0	0	32	583,475
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	753,020	0	0	0	0	0	0	3	753,020
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,116	197,102,641		(a)					1,116	197,102,641
21. Issued during year.....	1	20,000							1	20,000
22. Other changes to in force (Net).....	(69)	(7,747,885)							(69)	(7,747,885)
23. In force December 31 of current year.....	1,048	189,374,756	0	(a)	0	0	0	0	1,048	189,374,756

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	214	214			(1)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,059	2,155		710	710
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,059	2,155	0	710	710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,273	2,369	0	710	709

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	674,455				674,455
2. Annuity considerations.....	40,749,427		27,320		40,776,747
3. Deposit-type contract funds.....	73,464	XXX		XXX	73,464
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,497,346	0	27,320	0	41,524,666
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	300,000		20,574		320,574
10. Matured endowments.....					0
11. Annuity benefits.....	5,411,211		14,428		5,425,639
12. Surrender values and withdrawals for life contracts.....	11,738,191		333,525		12,071,716
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	17,449,402	0	368,526	0	17,817,929

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	3	200,000			2	20,574			5	220,574
Settled during current year:										
18.1 By payment in full.....	4	300,000			2	20,574			6	320,574
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	300,000	0	0	2	20,574	0	0	6	320,574
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	300,000	0	0	2	20,574	0	0	6	320,574
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,031	206,557,808	(a)			340,229			1,031	206,898,037
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(65)	(15,072,672)				(16,747)			(65)	(15,089,419)
23. In force December 31 of current year.....	967	191,535,136	0	(a)	0	323,482	0	0	967	191,858,618

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,320	1,209			(4)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	619,730	628,333		337,735	330,239
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	619,730	628,333	0	337,735	330,239
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	621,050	629,542	0	337,735	330,235

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	310,305				310,305
2. Annuity considerations.....	29,300,419		10,768		29,311,187
3. Deposit-type contract funds.....	35,860	XXX		XXX	35,860
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	29,646,583	0	10,768	0	29,657,351
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	251,000				251,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,258,202				1,258,202
12. Surrender values and withdrawals for life contracts.....	2,923,325		34,151		2,957,475
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	4,432,526	0	34,151	0	4,466,677

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	301,000							4	301,000
Settled during current year:										
18.1 By payment in full.....	3	251,000							3	251,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	251,000	0	0	0	0	0	0	3	251,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	251,000	0	0	0	0	0	0	3	251,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	494	95,325,288	(a)			39,978			494	95,365,266
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(32)	(5,147,145)				669			(32)	(5,146,476)
23. In force December 31 of current year.....	462	90,178,143	0	(a)	0	40,647	0	0	462	90,218,790

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	21,073	21,009		26,013	25,605
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	21,073	21,009	0	26,013	25,605
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,073	21,009	0	26,013	25,605

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	30,485				30,485
2. Annuity considerations.....	3,323,368		3,588		3,326,956
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,353,853	0	3,588	0	3,357,441
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	698,722				698,722
12. Surrender values and withdrawals for life contracts.....	1,443,494		15,681		1,459,175
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,142,217	0	15,681	0	2,157,898

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	49	6,914,684	(a)			8,808			49	6,923,492
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(545,629)				89			(2)	(545,540)
23. In force December 31 of current year.....	47	6,369,054	0	0	0	8,897	0	0	47	6,377,951

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		10,162		456	414
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....		10,162	0	456	414
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		10,162	0	456	414

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,072,079				2,072,079
2. Annuity considerations.....	125,178,471		406,634		125,585,104
3. Deposit-type contract funds.....	319,623	XXX		XXX	319,623
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,570,172	0	406,634	0	127,976,805
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,438,774		6,992		2,445,766
10. Matured endowments.....					0
11. Annuity benefits.....	8,162,856		68,674		8,231,530
12. Surrender values and withdrawals for life contracts.....	18,043,428		1,188,412		19,231,840
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	28,645,058	0	1,264,078	0	29,909,136

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	7	27,312							7	27,312
17. Incurred during current year.....	176	2,689,389			1	6,992			177	2,696,381
Settled during current year:										
18.1 By payment in full.....	168	2,488,774			1	6,992			169	2,495,766
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	168	2,488,774	0	0	1	6,992	0	0	169	2,495,766
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	168	2,488,774	0	0	1	6,992	0	0	169	2,495,766
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	15	227,927	0	0	0	0	0	0	15	227,927
POLICY EXHIBIT										
20. In force December 31, prior year.....	5,083	545,630,427	(a)			34,950			5,083	545,665,377
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(299)	(24,714,280)				(6,685)			(299)	(24,720,965)
23. In force December 31 of current year.....	4,784	520,916,146	0	(a)	0	28,265	0	0	4,784	520,944,411

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,267	1,267			(4)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,157,524	2,174,808		895,583	943,985
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,157,524	2,174,808	0	895,583	943,985
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,158,791	2,176,075	0	895,583	943,981

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	89,109				89,109
2. Annuity considerations.....	3,573,331		300		3,573,631
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,662,441	0	300	0	3,662,741
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	207,937				207,937
12. Surrender values and withdrawals for life contracts.....	245,912		1,507		247,419
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	453,849	0	1,507	0	455,356

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	90	24,143,065	(a)		No. of Pol.				90	24,143,065
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(302,768)							(3)	(302,768)
23. In force December 31 of current year.....	87	23,840,297	0	0	0	0	0	0	87	23,840,297

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
NONE					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	253,266				253,266
2. Annuity considerations.....	8,981,016		12,576		8,993,592
3. Deposit-type contract funds.....	96,204	XXX		XXX	96,204
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,330,486	0	12,576	0	9,343,062
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,602,907				1,602,907
10. Matured endowments.....					0
11. Annuity benefits.....	2,067,733				2,067,733
12. Surrender values and withdrawals for life contracts.....	2,720,833		123,065		2,843,898
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,391,473	0	123,065	0	6,514,538

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	1,602,907							3	1,602,907
Settled during current year:										
18.1 By payment in full.....	3	1,602,907							3	1,602,907
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	1,602,907	0	0	0	0	0	0	3	1,602,907
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	1,602,907	0	0	0	0	0	0	3	1,602,907
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	264	65,155,965	(a)		No. of Pol.				264	65,155,965
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(4,643,622)							(16)	(4,643,622)
23. In force December 31 of current year.....	248	60,512,343	0	(a)	0	0	0	0	248	60,512,343

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	146,689	147,366		56,544	52,058
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	146,689	147,366	0	56,544	52,058
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	146,689	147,366	0	56,544	52,058

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	152,328				152,328
2. Annuity considerations.....	21,178,690		159,646		21,338,336
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,331,019	0	159,646	0	21,490,665
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	325,032		15,263		340,295
10. Matured endowments.....					0
11. Annuity benefits.....	3,703,836		1,410		3,705,245
12. Surrender values and withdrawals for life contracts.....	4,409,655		119,305		4,528,960
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,438,523	0	135,978	0	8,574,501

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,500							1	2,500
17. Incurred during current year.....	4	322,532			2	15,263			6	337,795
Settled during current year:										
18.1 By payment in full.....	5	325,032			2	15,263			7	340,295
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	325,032	0	0	2	15,263	0	0	7	340,295
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	325,032	0	0	2	15,263	0	0	7	340,295
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	268	51,212,136		(a)		31,348			268	51,243,484
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(278,581)				(15,000)			(12)	(293,581)
23. In force December 31 of current year.....	256	50,933,555	0	(a)	0	16,348	0	0	256	50,949,903

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	104,465	105,399		7,845	7,296
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	104,465	105,399	0	7,845	7,296
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	104,465	105,399	0	7,845	7,296

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



DIRECT BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,867,148				1,867,148
2. Annuity considerations.....	108,826,083		1,403,971		110,230,055
3. Deposit-type contract funds.....	426,899	XXX		XXX	426,899
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	111,120,131	0	1,403,971	0	112,524,102
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,066,508				3,066,508
10. Matured endowments.....	1,840				1,840
11. Annuity benefits.....	13,280,136		260,241		13,540,377
12. Surrender values and withdrawals for life contracts.....	17,584,307		3,018,745		20,603,053
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	33,932,792	0	3,278,987	0	37,211,779

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	2,045,008							6	2,045,008
17. Incurred during current year.....	14	1,129,340							14	1,129,340
Settled during current year:										
18.1 By payment in full.....	18	3,068,348							18	3,068,348
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	3,068,348	0	0	0	0	0	0	18	3,068,348
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	3,068,348	0	0	0	0	0	0	18	3,068,348
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	106,000	0	0	0	0	0	0	2	106,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,378	458,328,474	(a)		1	208,978			2,379	458,537,452
21. Issued during year.....	3	57,000							3	57,000
22. Other changes to in force (Net).....	(157)	(34,723,337)				(53,526)			(157)	(34,776,863)
23. In force December 31 of current year.....	2,224	423,662,137	0	0	1	155,452	0	0	2,225	423,817,589

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,744	5,825		61	69
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,744	5,825	0	61	69
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,744	5,825	0	61	69

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	454,042				454,042
2. Annuity considerations.....	8,029,236		21,931		8,051,168
3. Deposit-type contract funds.....	224,920	XXX		XXX	224,920
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,708,198	0	21,931	0	8,730,130
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	157,077				157,077
10. Matured endowments.....					0
11. Annuity benefits.....	1,059,439		24,442		1,083,881
12. Surrender values and withdrawals for life contracts.....	855,583		56,034		911,617
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,072,099	0	80,476	0	2,152,575

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	223,895							3	223,895
Settled during current year:										
18.1 By payment in full.....	2	157,077							2	157,077
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	157,077	0	0	0	0	0	0	2	157,077
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	157,077	0	0	0	0	0	0	2	157,077
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	66,818	0	0	0	0	0	0	1	66,818
POLICY EXHIBIT										
20. In force December 31, prior year.....	526	124,598,257	(a)			2,937			526	124,601,194
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(44)	(7,795,490)				30			(44)	(7,795,460)
23. In force December 31 of current year.....	482	116,802,766	0	0	0	2,967	0	0	482	116,805,733

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	100	100			(7,466)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	100	100	0	0	(7,466)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	100	100	0	0	(7,466)

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	676,365				676,365
2. Annuity considerations.....	19,607,461		66,173		19,673,633
3. Deposit-type contract funds.....	30,785	XXX		XXX	30,785
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,314,611	0	66,173	0	20,380,784
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,035,920				1,035,920
10. Matured endowments.....					0
11. Annuity benefits.....	2,456,213		30,216		2,486,428
12. Surrender values and withdrawals for life contracts.....	4,011,090		380,367		4,391,457
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,503,222	0	410,583	0	7,913,805

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	13	1,245,920							13	1,245,920
Settled during current year:										
18.1 By payment in full.....	13	1,245,920							13	1,245,920
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	1,245,920	0	0	0	0	0	0	13	1,245,920
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	1,245,920	0	0	0	0	0	0	13	1,245,920
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	933	194,317,447		(a)		234			933	194,317,681
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(64)	(14,482,648)							(64)	(14,482,648)
23. In force December 31 of current year.....	870	179,934,799	0	(a)	0	234	0	0	870	179,935,033

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,257	6,262		6,938	2,510
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,257	6,262	0	6,938	2,510
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,257	6,262	0	6,938	2,510

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



DIRECT BUSINESS IN THE STATE OF **NEW YORK** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	398,424				398,424
2. Annuity considerations.....	20,191,857		17,098		20,208,955
3. Deposit-type contract funds.....	94,857	XXX		XXX	94,857
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,685,138	0	17,098	0	20,702,236
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	50,000		10,750		60,750
10. Matured endowments.....					0
11. Annuity benefits.....	3,169,845				3,169,845
12. Surrender values and withdrawals for life contracts.....	5,527,289		29,734		5,557,023
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,747,134	0	40,484	0	8,787,618

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	165,750							4	165,750
Settled during current year:										
18.1 By payment in full.....	2	60,750							2	60,750
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	60,750	0	0	0	0	0	0	2	60,750
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	5,000							1	5,000
18.6 Total settlements.....	3	65,750	0	0	0	0	0	0	3	65,750
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	333	79,908,540		(a)		84,247			333	79,992,787
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(1,355,796)				5,067			(5)	(1,350,729)
23. In force December 31 of current year.....	328	78,552,744	0	(a)	0	89,314	0	0	328	78,642,058

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,527	6,527		2,167	(13,867)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,527	6,527	0	2,167	(13,867)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,527	6,527	0	2,167	(13,867)

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,333,961				1,333,961
2. Annuity considerations.....	153,818,400		1,700,662		155,519,062
3. Deposit-type contract funds.....	811,955	XXX		XXX	811,955
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	155,964,316	0	1,700,662	0	157,664,979
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,658,448				1,658,448
10. Matured endowments.....					0
11. Annuity benefits.....	19,672,436		255,018		19,927,454
12. Surrender values and withdrawals for life contracts.....	61,774,726		4,361,879		66,136,606
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	83,105,610	0	4,616,897	0	87,722,507

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	12	1,658,607							12	1,658,607
Settled during current year:										
18.1 By payment in full.....	12	1,733,607							12	1,733,607
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,733,607	0	0	0	0	0	0	12	1,733,607
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,733,607	0	0	0	0	0	0	12	1,733,607
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,727	386,573,579	(a)			4,605			1,727	386,578,184
21. Issued during year.....	4	290,000							4	290,000
22. Other changes to in force (Net).....	(113)	(30,254,533)				44			(113)	(30,254,489)
23. In force December 31 of current year.....	1,618	356,609,047	0	0	0	4,649	0	0	1,618	356,613,696

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	317	318			(1)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	123,493	128,277		90,130	88,031
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	123,493	128,277	0	90,130	88,031
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	123,811	128,595	0	90,130	88,030

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



DIRECT BUSINESS IN THE STATE OF **OKLAHOMA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,072,183				1,072,183
2. Annuity considerations.....	20,366,744		132,200		20,498,944
3. Deposit-type contract funds.....	443,953	XXX		XXX	443,953
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,882,880	0	132,200	0	22,015,080
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,733,607		23,508		1,757,115
10. Matured endowments.....					0
11. Annuity benefits.....	2,399,276				2,399,276
12. Surrender values and withdrawals for life contracts.....	5,783,089		336,268		6,119,357
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	9,915,973	0	359,776	0	10,275,749

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	250,000							1	250,000
17. Incurred during current year.....	6	505,510			4	23,508			10	529,018
Settled during current year:										
18.1 By payment in full.....	7	755,510			4	23,508			11	779,018
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	755,510	0	0	4	23,508	0	0	11	779,018
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	755,510	0	0	4	23,508	0	0	11	779,018
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,533	268,171,956	(a)			213,021			1,533	268,384,977
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(84)	(12,042,776)				(21,336)			(84)	(12,064,112)
23. In force December 31 of current year.....	1,449	256,129,180	0	(a)	0	191,685	0	0	1,449	256,320,865

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	395,006	394,697		277,300	273,394
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	395,006	394,697	0	277,300	273,394
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	395,006	394,697	0	277,300	273,394

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



DIRECT BUSINESS IN THE STATE OF **OREGON** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	304,231				304,231
2. Annuity considerations.....	23,165,237		103,694		23,268,931
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	23,469,468	0	103,694	0	23,573,162
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,401,213				1,401,213
10. Matured endowments.....	12,922				12,922
11. Annuity benefits.....	6,219,866		7,176		6,227,041
12. Surrender values and withdrawals for life contracts.....	15,858,353		737,559		16,595,912
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,492,354	0	744,734	0	24,237,088

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	5,546							6	5,546
17. Incurred during current year.....	366	2,229,292							366	2,229,292
Settled during current year:										
18.1 By payment in full.....	363	2,221,292							363	2,221,292
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	363	2,221,292	0	0	0	0	0	0	363	2,221,292
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	363	2,221,292	0	0	0	0	0	0	363	2,221,292
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	13,546	0	0	0	0	0	0	9	13,546
POLICY EXHIBIT										
20. In force December 31, prior year.....	6,668	92,377,786		(a)		13,302			6,668	92,391,088
21. Issued during year.....	1	5,000							1	5,000
22. Other changes to in force (Net).....	(415)	(6,399,634)				133			(415)	(6,399,501)
23. In force December 31 of current year.....	6,254	85,983,152	0	(a)	0	13,435	0	0	6,254	85,996,587

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	4,590	4,590			(14)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	93,148	96,825		20,543	20,498
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	93,148	96,825	0	20,543	20,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	97,737	101,415	0	20,543	20,485

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	58,307		(8,344)		49,963
2. Annuity considerations.....	726,467		1,350		727,817
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	784,774	0	(6,994)	0	777,780
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,330,050				1,330,050
12. Surrender values and withdrawals for life contracts.....	495,931		33,551		529,482
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,825,981	0	33,551	0	1,859,532

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	935							1	935
17. Incurred during current year.....	7	1,407,513							7	1,407,513
Settled during current year:										
18.1 By payment in full.....	8	1,408,448							8	1,408,448
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,408,448	0	0	0	0	0	0	8	1,408,448
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,408,448	0	0	0	0	0	0	8	1,408,448
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	63	20,784,963		(a)	7	15,713			70	20,800,676
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	4	(1,419,356)				62,891			4	(1,356,465)
23. In force December 31 of current year.....	67	19,365,606	0	(a)	7	78,604	0	0	74	19,444,210

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....				2,560	
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	2,560	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	2,560	0

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,310,388				2,310,388
2. Annuity considerations.....	158,048,909		65,014		158,113,923
3. Deposit-type contract funds.....	1,258,490	XXX		XXX	1,258,490
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	161,617,788	0	65,014	0	161,682,802
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,312,667		3,148		1,315,815
10. Matured endowments.....					0
11. Annuity benefits.....	19,596,562		1,085		19,597,647
12. Surrender values and withdrawals for life contracts.....	32,233,892		114,666		32,348,558
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	53,143,121	0	118,899	0	53,262,020

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....					1	3,148			1	3,148
Settled during current year:										
18.1 By payment in full.....					1	3,148			1	3,148
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	1	3,148	0	0	1	3,148
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	1	3,148	0	0	1	3,148
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	3,458	741,590,317		(a)		33,681			3,458	741,623,998
21. Issued during year.....	4	125,000							4	125,000
22. Other changes to in force (Net).....	(184)	(37,271,536)				(2,817)			(184)	(37,274,353)
23. In force December 31 of current year.....	3,278	704,443,781	0	(a)	0	30,864	0	0	3,278	704,474,645

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	58,009	57,383		17,853	17,185
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	58,009	57,383	0	17,853	17,185
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	58,009	57,383	0	17,853	17,185

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,133				5,133
2. Annuity considerations.....	50,000				50,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	55,133	0	0	0	55,133
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,224				6,224
12. Surrender values and withdrawals for life contracts.....	39,112		37,500		76,612
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	45,337	0	37,500	0	82,837

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	40,000							1	40,000
Settled during current year:										
18.1 By payment in full.....	1	40,000							1	40,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	40,000	0	0	0	0	0	0	1	40,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	40,000	0	0	0	0	0	0	1	40,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	12	490,114		(a)					12	490,114
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(202,114)							(2)	(202,114)
23. In force December 31 of current year.....	10	288,000	0	(a)	0	0	0	0	10	288,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **RHODE ISLAND** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	140,199				140,199
2. Annuity considerations.....	12,345,331		1,347,415		13,692,746
3. Deposit-type contract funds.....	68,748	XXX		XXX	68,748
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,554,278	0	1,347,415	0	13,901,693
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	40,000		22,912		62,912
10. Matured endowments.....					0
11. Annuity benefits.....	3,389,561		11,461		3,401,022
12. Surrender values and withdrawals for life contracts.....	2,611,598		822,606		3,434,204
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,041,158	0	856,980	0	6,898,138

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	101,000							1	101,000
17. Incurred during current year.....	14	628,500			4	22,912			18	651,412
Settled during current year:										
18.1 By payment in full.....	12	619,000			4	22,912			16	641,912
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	619,000	0	0	4	22,912	0	0	16	641,912
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	619,000	0	0	4	22,912	0	0	16	641,912
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	110,500	0	0	0	0	0	0	3	110,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	219	37,418,238		(a)		59,714			219	37,477,952
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(2,981,758)				(22,484)			(13)	(3,004,242)
23. In force December 31 of current year.....	206	34,436,480	0	(a)	0	37,230	0	0	206	34,473,710

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,809	14,753		5,148	(39,874)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,809	14,753	0	5,148	(39,874)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,809	14,753	0	5,148	(39,874)

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	914,288				914,288
2. Annuity considerations.....	71,015,499		55,097		71,070,596
3. Deposit-type contract funds.....	307,405	XXX		XXX	307,405
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	72,237,192	0	55,097	0	72,292,289
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	626,416		11,213		637,629
10. Matured endowments.....					0
11. Annuity benefits.....	4,844,065				4,844,065
12. Surrender values and withdrawals for life contracts.....	10,361,606		307,104		10,668,709
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	15,832,087	0	318,317	0	16,150,403

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	107,363			2	11,213			4	118,576
Settled during current year:										
18.1 By payment in full.....	2	107,363			2	11,213			4	118,576
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	107,363	0	0	2	11,213	0	0	4	118,576
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	107,363	0	0	2	11,213	0	0	4	118,576
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,252	215,380,536	(a)			48,017			1,252	215,428,553
21. Issued during year.....	2	16,000							2	16,000
22. Other changes to in force (Net).....	(74)	(13,777,499)				(10,624)			(74)	(13,788,123)
23. In force December 31 of current year.....	1,180	201,619,037	0	0	0	37,393	0	0	1,180	201,656,430

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,211,399	1,216,979		784,304	761,210
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,211,399	1,216,979	0	784,304	761,210
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,211,399	1,216,979	0	784,304	761,210

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



DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	87,113				87,113
2. Annuity considerations.....	2,273,147		41,121		2,314,268
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,360,260	0	41,121	0	2,401,381
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	100,000				100,000
10. Matured endowments.....					0
11. Annuity benefits.....	943,936		2,312		946,248
12. Surrender values and withdrawals for life contracts.....	1,156,134		139,975		1,296,109
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,200,070	0	142,287	0	2,342,357

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	31,978							2	31,978
17. Incurred during current year.....	15	2,153,912							15	2,153,912
Settled during current year:										
18.1 By payment in full.....	15	2,100,890							15	2,100,890
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	2,100,890	0	0	0	0	0	0	15	2,100,890
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	2,100,890	0	0	0	0	0	0	15	2,100,890
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	85,000	0	0	0	0	0	0	2	85,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	122	25,947,744	(a)		No. of Pol.				122	25,947,744
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(558,000)							(6)	(558,000)
23. In force December 31 of current year.....	116	25,389,744	0	0	0	0	0	0	116	25,389,744

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,018	11,016		755	750
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,018	11,016	0	755	750
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,018	11,016	0	755	750

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	948,593				948,593
2. Annuity considerations.....	95,149,484		80,036		95,229,519
3. Deposit-type contract funds.....	9,620	XXX		XXX	9,620
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	96,107,697	0	80,036	0	96,187,733
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,100,890		564,980		2,665,870
10. Matured endowments.....					0
11. Annuity benefits.....	9,105,368		207,035		9,312,403
12. Surrender values and withdrawals for life contracts.....	10,406,241		608,990		11,015,231
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	21,612,499	0	1,381,005	0	22,993,504

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	62,287							5	62,287
17. Incurred during current year.....	45	4,886,549			103	564,980			148	5,451,530
Settled during current year:										
18.1 By payment in full.....	42	4,032,483			103	564,980			145	4,597,464
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	42	4,032,483	0	0	103	564,980	0	0	145	4,597,464
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	42	4,032,483	0	0	103	564,980	0	0	145	4,597,464
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	916,353	0	0	0	0	0	0	8	916,353
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,341	337,861,142		(a)		9,794,973			1,341	347,656,115
21. Issued during year.....	2	55,000							2	55,000
22. Other changes to in force (Net).....	(63)	(13,104,644)				(446,229)			(63)	(13,550,873)
23. In force December 31 of current year.....	1,280	324,811,498	0	(a)	0	9,348,744	0	0	1,280	334,160,242

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....			972		(3)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,005,806	1,012,887		715,305	766,069
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,005,806	1,012,887	0	715,305	766,069
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,005,806	1,013,859	0	715,305	766,066

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,570,525				5,570,525
2. Annuity considerations.....	111,110,648		1,311,659		112,422,307
3. Deposit-type contract funds.....	1,302,731	XXX		XXX	1,302,731
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	117,983,903	0	1,311,659	0	119,295,562
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	4,049,351				4,049,351
10. Matured endowments.....	79,000				79,000
11. Annuity benefits.....	18,995,760		328,652		19,324,412
12. Surrender values and withdrawals for life contracts.....	28,303,027		4,792,506		33,095,534
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	51,427,139	0	5,121,158	0	56,548,297

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	19,368							3	19,368
Settled during current year:										
18.1 By payment in full.....	3	19,368							3	19,368
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	19,368	0	0	0	0	0	0	3	19,368
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	19,368	0	0	0	0	0	0	3	19,368
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	7,136	1,545,306,011	(a)			138,857			7,136	1,545,444,868
21. Issued during year.....	6	286,000							6	286,000
22. Other changes to in force (Net).....	(461)	(96,391,877)				10,489			(461)	(96,381,388)
23. In force December 31 of current year.....	6,681	1,449,200,135	0	0	0	149,346	0	0	6,681	1,449,349,481

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					(19)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	466,859	467,256		324,884	320,773
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	466,859	467,256	0	324,884	320,773
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	466,859	467,256	0	324,884	320,753

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



DIRECT BUSINESS IN THE STATE OF **UTAH** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	283,021				283,021
2. Annuity considerations.....	36,833,677		7,900		36,841,577
3. Deposit-type contract funds.....	76,963	XXX		XXX	76,963
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	37,193,661	0	7,900	0	37,201,561
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....	5,063,997				5,063,997
12. Surrender values and withdrawals for life contracts.....	13,151,226		82,116		13,233,342
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,225,223	0	82,116	0	18,307,339

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	355,500							6	355,500
17. Incurred during current year.....	22	1,700,605							22	1,700,605
Settled during current year:										
18.1 By payment in full.....	22	1,574,556							22	1,574,556
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	22	1,574,556	0	0	0	0	0	0	22	1,574,556
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	102,498							1	102,498
18.6 Total settlements.....	23	1,677,053	0	0	0	0	0	0	23	1,677,053
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	379,052	0	0	0	0	0	0	5	379,052
POLICY EXHIBIT										
20. In force December 31, prior year.....	338	89,013,325		(a)					338	89,013,325
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(7,348,609)							(15)	(7,348,609)
23. In force December 31 of current year.....	323	81,664,716	0	(a)	0	0	0	0	323	81,664,716

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	121,913	121,957		59,085	57,531
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	121,913	121,957	0	59,085	57,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	121,913	121,957	0	59,085	57,531

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,032,499				2,032,499
2. Annuity considerations.....	78,130,093		61,896		78,191,989
3. Deposit-type contract funds.....	88,783	XXX		XXX	88,783
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	80,251,375	0	61,896	0	80,313,271
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,567,566		28,499		1,596,065
10. Matured endowments.....					0
11. Annuity benefits.....	5,676,529		22,068		5,698,598
12. Surrender values and withdrawals for life contracts.....	7,566,639		285,827		7,852,466
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	14,810,735	0	336,394	0	15,147,128

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....					5	28,499			5	28,499
Settled during current year:										
18.1 By payment in full.....					5	28,499			5	28,499
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	5	28,499	0	0	5	28,499
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	5	28,499	0	0	5	28,499
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,734	591,153,825	(a)			119,081			2,734	591,272,906
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(123)	(21,214,165)				(26,548)			(123)	(21,240,713)
23. In force December 31 of current year.....	2,611	569,939,660	0	0	0	92,533	0	0	2,611	570,032,193

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	4,549	3,417			(11)
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	374,583	378,077		80,669	372,868
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	374,583	378,077	0	80,669	372,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	379,133	381,495	0	80,669	372,858

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,391				7,391
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,391	0	0	0	7,391
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	321				321
12. Surrender values and withdrawals for life contracts.....	75,832				75,832
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	76,153	0	0	0	76,153

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	9	2,535,000	(a)		No. of Pol.				9	2,535,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(400,000)							(2)	(400,000)
23. In force December 31 of current year.....	7	2,135,000	0	0	0	0	0	0	7	2,135,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	87,418				87,418
2. Annuity considerations.....	6,863,058		48,734		6,911,792
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,950,475	0	48,734	0	6,999,210
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	18,459				18,459
10. Matured endowments.....					0
11. Annuity benefits.....	1,760,759				1,760,759
12. Surrender values and withdrawals for life contracts.....	671,748		85,912		757,660
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,450,966	0	85,912	0	2,536,878

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	350,000							1	350,000
17. Incurred during current year.....	11	433,782							11	433,782
Settled during current year:										
18.1 By payment in full.....	11	778,782							11	778,782
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	778,782	0	0	0	0	0	0	11	778,782
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	778,782	0	0	0	0	0	0	11	778,782
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	127	21,594,170		(a)		12,734			127	21,606,904
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(996,845)				127			(10)	(996,718)
23. In force December 31 of current year.....	117	20,597,325	0	(a)	0	12,861	0	0	117	20,610,186

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,390	20,399			(59)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,390	20,399	0	0	(59)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,390	20,399	0	0	(59)

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	889,576				889,576
2. Annuity considerations.....	59,466,820		516,465		59,983,285
3. Deposit-type contract funds.....	351,915	XXX		XXX	351,915
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	60,708,310	0	516,465	0	61,224,776
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	786,850				786,850
10. Matured endowments.....					0
11. Annuity benefits.....	40,434,757		645,978		41,080,736
12. Surrender values and withdrawals for life contracts.....	57,759,293		3,257,953		61,017,246
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	98,980,900	0	3,903,931	0	102,884,832

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	2,709							2	2,709
17. Incurred during current year.....	20	1,412,745							20	1,412,745
Settled during current year:										
18.1 By payment in full.....	21	1,065,454							21	1,065,454
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	1,065,454	0	0	0	0	0	0	21	1,065,454
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	1,065,454	0	0	0	0	0	0	21	1,065,454
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	350,000	0	0	0	0	0	0	1	350,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,543	281,466,542	(a)			9,010			1,543	281,475,552
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(110)	(22,482,130)				6,474			(110)	(22,475,656)
23. In force December 31 of current year.....	1,433	258,984,412	0	0	0	15,484	0	0	1,433	258,999,896

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	339,531	357,231		141,884	216,410
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	339,531	357,231	0	141,884	216,410
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	339,531	357,231	0	141,884	216,410

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	537,363				537,363
2. Annuity considerations.....	39,796,053		7,048		39,803,101
3. Deposit-type contract funds.....	26,099	XXX		XXX	26,099
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	40,359,516	0	7,048	0	40,366,564
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,139,927				1,139,927
10. Matured endowments.....					0
11. Annuity benefits.....	5,680,637		40,670		5,721,306
12. Surrender values and withdrawals for life contracts.....	7,352,581		92,806		7,445,386
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	14,173,144	0	133,476	0	14,306,619

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	600							1	600
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....	1	600							1	600
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	600	0	0	0	0	0	0	1	600
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	600	0	0	0	0	0	0	1	600
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	819	155,933,941		(a)					819	155,933,941
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(56)	(10,036,625)							(56)	(10,036,625)
23. In force December 31 of current year.....	764	145,922,316	0	(a)	0	0	0	0	764	145,922,316

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	65,834	66,245			48,219
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	622,330	633,082		293,929	278,433
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	622,330	633,082	0	293,929	278,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	688,164	699,327	0	293,929	326,652

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	164,571				164,571
2. Annuity considerations.....	13,262,876				13,262,876
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,427,447	0	0	0	13,427,447
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	600				600
10. Matured endowments.....					0
11. Annuity benefits.....	1,156,904				1,156,904
12. Surrender values and withdrawals for life contracts.....	2,311,946		25,702		2,337,648
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,469,450	0	25,702	0	3,495,152

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifis.	4 Amount	5 No. of Certifis.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	165	26,252,502		(a)					165	26,252,502
21. Issued during year.....	1	30,000							1	30,000
22. Other changes to in force (Net).....	(8)	(776,471)							(8)	(776,471)
23. In force December 31 of current year.....	158	25,506,030	0	(a)	0	0	0	0	158	25,506,030

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,651	5,647		6,466	6,489
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,651	5,647	0	6,466	6,489
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,651	5,647	0	6,466	6,489

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



DIRECT BUSINESS IN THE STATE OF **WYOMING** DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	55,959				55,959
2. Annuity considerations.....	1,746,379		1,800		1,748,179
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,802,338	0	1,800	0	1,804,138
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	359,120				359,120
12. Surrender values and withdrawals for life contracts.....	398,957		4,433		403,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	758,078	0	4,433	0	762,511

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	80	17,430,000	(a)			6,568			80	17,436,568
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(1,095,031)				66			(3)	(1,094,965)
23. In force December 31 of current year.....	77	16,334,969	0	0	0	6,634	0	0	77	16,341,603

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

ACCIDENT AND HEALTH INSURANCE

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

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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	41,452,956
2. Current year's realized pre-tax capital gains/(losses) of \$....36,275,174 transferred into the reserve net of taxes of \$.... 12,696,311.....	23,578,863
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	20,258,518
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	85,290,337
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	9,244,845
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	76,045,492

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.....	6,593,838	2,651,006		9,244,844
2. 2013.....	5,974,624	5,031,105	1,575,126	12,580,855
3. 2014.....	5,372,730	4,296,611	3,240,464	12,909,805
4. 2015.....	4,326,859	3,424,345	2,941,206	10,692,410
5. 2016.....	3,639,049	2,531,777	2,342,421	8,513,247
6. 2017.....	3,134,333	1,586,116	1,727,031	6,447,480
7. 2018.....	2,681,255	1,011,823	1,075,387	4,768,465
8. 2019.....	2,167,571	832,301	697,694	3,697,566
9. 2020.....	1,594,490	638,514	611,674	2,844,678
10. 2021.....	1,203,715	444,974	513,814	2,162,503
11. 2022.....	968,016	237,658	420,562	1,626,236
12. 2023.....	778,900	125,292	321,635	1,225,827
13. 2024.....	612,560	115,986	270,384	998,930
14. 2025.....	471,609	106,436	272,209	850,254
15. 2026.....	347,958	96,395	276,465	720,818
16. 2027.....	268,141	84,152	284,318	636,611
17. 2028.....	219,385	75,338	280,971	575,694
18. 2029.....	168,854	66,040	293,277	528,171
19. 2030.....	137,001	56,496	297,362	490,859
20. 2031.....	128,336	47,686	310,650	486,672
21. 2032.....	123,254	36,674	317,512	477,440
22. 2033.....	119,554	28,846	330,106	478,506
23. 2034.....	113,131	22,979	322,995	459,105
24. 2035.....	100,004	16,623	296,443	413,070
25. 2036.....	84,227	10,267	267,113	361,607
26. 2037.....	64,555	3,422	244,556	312,533
27. 2038.....	39,829		212,450	252,279
28. 2039.....	16,179		179,466	195,645
29. 2040.....	3,127		142,218	145,345
30. 2041.....	(128)		104,970	104,842
31. 2042 and Later.....			88,040	88,040
32. Total (Lines 1 to 31).....	41,452,956	23,578,862	20,258,518	85,290,336

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	0	2,325,304	2,325,305	7,619,634	12,663,289	20,282,923	22,608,227
2. Realized capital gains/(losses) net of taxes - General Account.....	(4,214,536)	(111,646)	(4,326,182)	19,250,317	71,091	19,321,408	14,995,226
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	21,943,202		21,943,202	7,041,877	8,769,600	15,811,477	37,754,679
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.....	18,265,986	1,487,499	19,753,485			0	19,753,485
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	35,994,652	3,701,157	39,695,810	33,911,828	21,503,980	55,415,808	95,111,617
9. Maximum reserve.....	91,156,326	4,487,110	95,643,436	34,446,168	19,593,254	54,039,422	149,682,858
10. Reserve objective.....	64,270,977	2,834,672	67,105,649	34,368,990	19,593,254	53,962,244	121,067,893
11. 20% of (Line 10 minus Line 8).....	5,655,265	(173,297)	5,481,968	91,432	(382,145)	(290,713)	5,191,255
12. Balance before transfers (Lines 8 + 11).....	41,649,917	3,527,860	45,177,777	34,003,260	21,121,835	55,125,095	100,302,872
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0		(1,528,580)	(1,528,580)	(1,528,580)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	41,649,917	3,527,860	45,177,777	34,003,260	19,593,255	53,596,515	98,774,292

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.....	47,533,141	XXX	XXX	47,533,141	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	10,552,858,271	XXX	XXX	10,552,858,271	0.0004	4,221,143	0.0023	24,271,574	0.0030	31,658,575
3	2	High quality.....	3,220,677,973	XXX	XXX	3,220,677,973	0.0019	6,119,288	0.0058	18,679,932	0.0090	28,986,102
4	3	Medium quality.....	420,435,842	XXX	XXX	420,435,842	0.0093	3,910,053	0.0230	9,670,024	0.0340	14,294,819
5	4	Low quality.....	137,273,005	XXX	XXX	137,273,005	0.0213	2,923,915	0.0530	7,275,469	0.0750	10,295,475
6	5	Lower quality.....	23,207,842	XXX	XXX	23,207,842	0.0432	1,002,579	0.1100	2,552,863	0.1700	3,945,333
7	6	In or near default.....	6,679,890	XXX	XXX	6,679,890	0.0000	0	0.2000	1,335,978	0.2000	1,335,978
8		Total unrated multi-class securities acquired by conversion.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total bonds (sum of Lines 1 through 8).....	14,408,665,964	XXX	XXX	14,408,665,964	XXX	18,176,979	XXX	63,785,841	XXX	90,516,282
PREFERRED STOCKS												
10	1	Highest quality.....	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....	4,995,801	XXX	XXX	4,995,801	0.0019	9,492	0.0058	28,976	0.0090	44,962
12	3	Medium quality.....	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....	15,146	XXX	XXX	15,146	0.0213	323	0.0530	803	0.0750	1,136
14	5	Lower quality.....	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	5,010,947	XXX	XXX	5,010,947	XXX	9,815	XXX	29,778	XXX	46,098
SHORT-TERM BONDS												
18		Exempt obligations.....	258,355,566	XXX	XXX	258,355,566	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	73,990,000	XXX	XXX	73,990,000	0.0004	29,596	0.0023	170,177	0.0030	221,970
20	2	High quality.....	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	332,345,566	XXX	XXX	332,345,566	XXX	29,596	XXX	170,177	XXX	221,970

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.....	123,991,971	XXX	XXX	123,991,971	0.0004	49,597	0.0023	285,182	0.0030	371,976
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.....	123,991,971	XXX	XXX	123,991,971	XXX	49,597	XXX	285,182	XXX	371,976
34		TOTAL (Lines 9 + 17 + 25 + 33).....	14,870,014,448	XXX	XXX	14,870,014,448	XXX	18,265,986	XXX	64,270,977	XXX	91,156,326
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.....	1,344,200		XXX	1,344,200	0.0013	1,747	0.0030	4,033	0.0040	5,377
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....	471,180,075		XXX	471,180,075	(a).....	1,507,776	(a).....	2,827,080	(a).....	4,476,211
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.....	613,659		XXX	613,659	0.0025	1,534	0.0058	3,559	0.0090	5,523
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).....	473,137,934	0	XXX	473,137,934	XXX	1,511,058	XXX	2,834,672	XXX	4,487,110
52		Schedule DA mortgages.....			XXX	0	(c).....	0	(c).....	0	(c).....	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	473,137,934	0	XXX	473,137,934	XXX	1,511,058	XXX	2,834,672	XXX	4,487,110

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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.

ASSET VALUATION RESERVE
 Basic Contribution, Reserve Objective and Maximum Reserve Calculations
 Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		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)
COMMON STOCK												
1		Unaffiliated public.....	160,585,247	XXX	XXX	160,585,247	0.0000	0	(d).....0.1768	28,391,472	(d).....0.1768	28,391,472
2		Unaffiliated private.....	36,555,450	XXX	XXX	36,555,450	0.0000	0	.....0.1600	5,848,872	.....0.1600	5,848,872
3		Federal Home Loan Bank.....	25,725,800	XXX	XXX	25,725,800	0.0000	0	.....0.0050	128,629	.....0.0080	205,806
4		Affiliated life with AVR.....	190,304,018	XXX	XXX	190,304,018	0.0000	0	.....0.0000	0	.....0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....	0	XXX		0	XXX		.....XXX		.....XXX	
6		Fixed income highest quality.....	0	XXX		0	XXX		.....XXX		.....XXX	
7		Fixed income high quality.....	0	XXX		0	XXX		.....XXX		.....XXX	
8		Fixed income medium quality.....	0	XXX		0	XXX		.....XXX		.....XXX	
9		Fixed income low quality.....	0	XXX		0	XXX		.....XXX		.....XXX	
10		Fixed income lower quality.....	0	XXX		0	XXX		.....XXX		.....XXX	
11		Fixed income in or near default.....	0	XXX		0	XXX		.....XXX		.....XXX	
12		Unaffiliated common stock public.....	0			0	0.0000	0	(d).....0	0	(d).....0	0
13		Unaffiliated common stock private.....	0			0	0.0000	0	.....0.1600	0	.....0.1600	0
14		Mortgage loans.....	0			0	(c).....	0	(c).....0	0	(c).....	0
15		Real estate.....	0			0	(e).....	0	(e).....0	0	(e).....	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....	0	XXX	XXX	0	0.0000	0	.....0.1300	0	.....0.1300	0
17		Affiliated - all other.....	0	XXX	XXX	0	0.0000	0	.....0.1600	0	.....0.1600	0
18		Total common stock (sum of Lines 1 through 17).....	413,170,515	0	0	413,170,515	XXX	0	.....XXX	34,368,973	.....XXX	34,446,150
REAL ESTATE												
19		Home office property (General Account only).....	0			0	0.0000	0	.....0.0750	0	.....0.0750	0
20		Investment properties.....	83,097,329			83,097,329	0.0000	0	.....0.0750	6,232,300	.....0.0750	6,232,300
21		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	.....0.1100	0	.....0.1100	0
22		Total real estate (sum of Lines 19 through 21).....	83,097,329	0	0	83,097,329	XXX	0	.....XXX	6,232,300	.....XXX	6,232,300
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt obligations.....	0	XXX	XXX	0	0.0000	0	.....0.0000	0	.....0.0000	0
24	1	Highest quality.....	0	XXX	XXX	0	0.0004	0	.....0.0023	0	.....0.0030	0
25	2	High quality.....	0	XXX	XXX	0	0.0019	0	.....0.0058	0	.....0.0090	0
26	3	Medium quality.....	0	XXX	XXX	0	0.0093	0	.....0.0230	0	.....0.0340	0
27	4	Low quality.....	0	XXX	XXX	0	0.0213	0	.....0.0530	0	.....0.0750	0
28	5	Lower quality.....	0	XXX	XXX	0	0.0432	0	.....0.1100	0	.....0.1700	0
29	6	In or near default.....	0	XXX	XXX	0	0.0000	0	.....0.2000	0	.....0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29).....	0	XXX	XXX	0	XXX	0	.....XXX	0	.....XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC 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)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
31	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with preferred stock characteristics (sum of Lines 31 through 37).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
NONE												
In Good Standing:												
39		Farm mortgages.....			XXX	0	(a).....	0	(a).....	0	(a).....	0
40		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other.....			XXX	0	(a).....	0	(a).....	0	(a).....	0
44		In good standing with restructured terms.....			XXX	0	(b).....	0	(b).....	0	(b).....	0
Overdue, Not in Process:												
45		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
47		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of foreclosure:												
50		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
52		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with mortgage loan characteristics (sum of Lines 39 through 54).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		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)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
56		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
57		Unaffiliated private.....	47,857,933	XXX	XXX	47,857,933	0.0000	0	0.1600	7,657,269	0.1600	7,657,269
58		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated other - all other.....	19,657,519	XXX	XXX	19,657,519	0.0000	0	0.1600	3,145,203	0.1600	3,145,203
61		Total with common stock characteristics (sum of Lines 56 through 60).....	67,515,452	XXX	XXX	67,515,452	XXX	0	XXX	10,802,472	XXX	10,802,472
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
62		Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0
63		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
64		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
65		Total with real estate characteristics (Lines 62 through 64).....	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
66		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
68		State low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
69		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
70		Total LIHTC.....	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
71		Other invested assets - Schedule BA.....	19,680,633	XXX		19,680,633	0.0000	0	0.1300	2,558,482	0.1300	2,558,482
72		Other short-term invested assets - Schedule DA.....		XXX		0	0.0000	0	0.1300	0	0.1300	0
73		Total all other (sum of Lines 71 + 72).....	19,680,633	XXX	0	19,680,633	XXX	0	XXX	2,558,482	XXX	2,558,482
74		Total other invested assets - Schedule BA & DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73).....	87,196,085	0	0	87,196,085	XXX	0	XXX	13,360,955	XXX	13,360,955

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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.

(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(e) Determined using same factors and breakdowns used for directly owned real estate.

**AVR-Replications (Synthetic) Assets
NONE**

**Sch. F
NONE**

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
			3	4	5	6	7	8	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	Amount	%	Amount	%	Amount	%	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	5,067,428	XXX		XXX		XXX		XXX		XXX	5,067,428	XXX		XXX		XXX		XXX
2. Premiums earned.....	5,350,223	XXX		XXX		XXX		XXX		XXX	5,350,223	XXX		XXX		XXX		XXX
3. Incurred claims.....	3,533,250	66.0		0.0		0.0		0.0		0.0	3,533,250	66.0		0.0		0.0		0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	3,533,250	66.0	0	0.0	0	0.0	0	0.0	0	0.0	3,533,250	66.0	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves.....	(219,885)	(4.1)		0.0		0.0		0.0		0.0	(219,885)	(4.1)		0.0		0.0		0.0
7. Commissions (a).....	875,269	16.4		0.0		0.0		0.0		0.0	875,269	16.4		0.0		0.0		0.0
8. Other general insurance expenses.....	351,180	6.6		0.0		0.0		0.0		0.0	351,180	6.6		0.0		0.0		0.0
9. Taxes, licenses and fees.....	199,101	3.7		0.0		0.0		0.0		0.0	199,101	3.7		0.0		0.0		0.0
10. Total other expenses incurred.....	1,425,550	26.6		0.0		0.0		0.0		0.0	1,425,550	26.6		0.0		0.0		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	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	611,308	11.4		0.0		0.0		0.0		0.0	611,308	11.4		0.0		0.0		0.0
13. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds.....	611,308	11.4		0.0		0.0		0.0		0.0	611,308	11.4		0.0		0.0		0.0
DETAILS OF WRITE-INS																		
1101.		0.0		0.0		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		0.0		0.0
1103.		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	0								
2. Advance premiums.....	182					182			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	182	0	0	0	0	182	0	0	0
5. Total premium reserves, prior year.....	407,135					407,135			
6. Increase in total premium reserves.....	(406,953)	0	0	0	0	(406,953)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	0								
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	219,885					219,885			
5. Increase in contract reserves.....	(219,885)	0	0	0	0	(219,885)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	0								
2. Total prior year.....	1,050,295					1,050,295			
3. Increase.....	(1,050,295)	0	0	0	0	(1,050,295)	0	0	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.....	636,366					636,366			
1.2 On claims incurred during current year.....	3,947,179					3,947,179			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	0								
2.2 On claims incurred during current year.....	0								
3. Test:									
3.1 Lines 1.1 and 2.1.....	636,366	0	0	0	0	636,366	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,050,295					1,050,295			
3.3 Line 3.1 minus Line 3.2.....	(413,929)	0	0	0	0	(413,929)	0	0	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.....	7,006,272	79,495				6,926,777			
2. Premiums earned.....	6,746,720	77,514				6,669,206			
3. Incurred claims.....	4,731,013	48,129				4,682,884			
4. Commissions.....	843,589					843,589			

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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	(25,000)		8,289,262	8,264,262
2. Beginning claim reserves and liabilities.....	25,000		2,183,942	2,208,942
3. Ending claim reserves and liabilities.....			2,969,958	2,969,958
4. Claims paid.....	0	0	7,503,246	7,503,246
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.....			4,731,013	4,731,013
10. Beginning claim reserves and liabilities.....			1,158,647	1,158,647
11. Ending claim reserves and liabilities.....			5,456,106	5,456,106
12. Claims paid.....	0	0	433,554	433,554
D. Net:				
13. Incurred claims.....	(25,000)	0	3,558,249	3,533,249
14. Beginning claim reserves and liabilities.....	25,000	0	1,025,295	1,050,295
15. Ending claim reserves and liabilities.....	0	0	(2,486,148)	(2,486,148)
16. Claims paid.....	0	0	7,069,692	7,069,692
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....	(25,000)		3,558,250	3,533,250
18. Beginning reserves and liabilities.....	25,000		1,025,295	1,050,295
19. Ending reserves and liabilities.....			(2,486,147)	(2,486,147)
20. Paid claims and cost containment expenses.....	0	0	7,069,692	7,069,692

SCHEDULE S - PART 1 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
73814.....	66-0258488....	01/27/2006	Triple - S Vida Incorporated.....	PR.....	CO/I.....	783,500	400,383	2,831			
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	ACO/I.....		186,472,635	195,022,084	5,121,347		
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/I.....	489,737,000	139,297,383	145,212,591			
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	ACO/I.....		4,202,446	64,437	64,133		
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	19,826,000	1,423,433	5,952,795			
67903.....	23-1335885....	08/31/2012	Provident American Life & Health Insurance Company.....	OH.....	CO/I.....	12,120,000	2,062,986	2,526,733	63,000		
88366.....	59-2760189....	08/31/2012	American Retirement Life Insurance Company.....	OH.....	CO/I.....	1,018,000	630,226	629,377	3,000		
65722.....	63-0343428....	01/01/2007	Loyal American Life Insurance Company.....	OH.....	ACO/I.....		49,583,850	47,643	109,326		
62200.....	95-2496321....	06/30/2011	Great American Life Assurance Company.....	OH.....	ACO/I.....		3,877,065	29,000	101,635		
62200.....	95-2496321....	06/30/2011	Great American Life Assurance Company.....	OH.....	CO/I.....	5,050,000	5,519,573				
0499999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					528,534,500	393,469,980	349,487,491	5,462,441	0	0
0699999.	Total - General Account - Non-Affiliates.....					528,534,500	393,469,980	349,487,491	5,462,441	0	0
0799999.	Total - General Account.....					528,534,500	393,469,980	349,487,491	5,462,441	0	0
1599999.	Total U.S.....					528,534,500	393,469,980	349,487,491	5,462,441	0	0
1799999.	Total.....					528,534,500	393,469,980	349,487,491	5,462,441	0	0

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Affiliates - U.S. Affiliates											
16691.....	31-0501234....	01/01/1974	Great American Insurance Company.....	OH.....	CO/l.....	.....	.....1,319	.....5,630	.....	.....	.....
0199999.	Total - Affiliates - U.S. Affiliates.....										
0399999.	Total - Affiliates.....										
0799999.	Total - U.S.....										
0999999.	Total.....										

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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						
86231.....	39-0989781....	01/01/1982	Transamerica Life Insurance Company.....	IA.....	.....50,000	.....
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	.....12,500	.....312,500
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	.....12,500	.....312,500
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Co.....	CO.....	.....93,300	.....393,300
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America.....	CT.....	.....87,500	.....312,500
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Co.....	CO.....	.....1,993,151	.....5,799,336
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	.....	.....30,000
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	CO.....	.....	.....60,000
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Co.....	CO.....	.....	.....30,000
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	.....	.....120,000
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	.....318,724	.....102,536
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	.....	.....1,701,080
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....2,567,675	.....9,173,752
0699999	Total - Life and Annuity Non-Affiliates.....				.....2,567,675	.....9,173,752
0799999	Total - Life and Annuity.....				.....2,567,675	.....9,173,752
Accident and Health - Affiliates - U.S. Affiliates						
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	.....2,464,746	.....740,158
0899999	Total - Accident and Health Affiliates - U.S. Affiliates.....				.....2,464,746	.....740,158
1099999	Total - Accident and Health Affiliates.....				.....2,464,746	.....740,158
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America.....	CT.....	.....21,401	.....31,996
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....21,401	.....31,996
1399999	Total - Accident and Health Non-Affiliates.....				.....21,401	.....31,996
1499999	Total - Accident and Health.....				.....2,486,147	.....772,154
1599999	Total U.S.....				.....5,053,822	.....9,945,906
1799999	Total.....				.....5,053,822	.....9,945,906

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....	01/01/1982	Optimum Re Ins Co.....	TX.....	YRT/I.....	100,000	1,227	1,123	1,919				
87572.....	23-2038295....	01/01/1973	Scottish Re, Inc.....	DE.....	DIS/I.....								
87572.....	23-2038295....	01/01/1983	Scottish Re, Inc.....	DE.....	CO/I.....	4,592,963	67,039	80,523	26,143				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health of America Inc.....	CT.....	DIS/I.....			2	540				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health of America, Inc.....	CT.....	YRT/I.....	397,300	13,208	16,273	15,900				
82627.....	06-0839705....	01/01/1973	Swiss Re Life & Health of America, Inc.....	CT.....	YRT/I.....	93,750	3,844	3,552	122,207				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health of America, Inc.....	CT.....	CO/I.....	22,309,658	375,213	449,012	8,372				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health of America, Inc.....	CT.....	DIS/I.....		56,466	51,683					
86231.....	39-0989781....	01/01/1982	Transamerica Life Insurance Company.....	IA.....	MCO/I.....	2,926,000	1,022	1,396			1,181,178		
86231.....	39-0989781....	01/01/1982	Transamerica Life Insurance Company.....	IA.....	YRT/I.....	350,000			33,359				
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	CO/I.....	79,566,486	253,890	235,660	332,775				
86258.....	13-2572994....	07/01/1999	General Re Life Corporation.....	CT.....	DIS/I.....		107,798	109,949	38,448				
86258.....	13-2572994....	10/01/2003	General Re Life Corporation.....	CT.....	YRT/I.....	232,633	414	376	6,326				
97071.....	13-3126819....	01/01/2000	Generali USA Life Reassurance Co.....	MO.....	CO/I.....	7,230,628	384,177	365,873	28,001				
97071.....	13-3126819....	01/01/2008	Generali USA Life Reassurance Co.....	MO.....	CAT/I.....				135,000				
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	192,874,754	1,162,055	1,105,298	499,709				
88340.....	59-2859797....	01/01/2000	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	9,250,000	1,295,848	1,184,979	56,526				
88340.....	59-2859797....	12/31/2002	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	816,260,763	53,456,116	51,948,378	5,983,957				
88340.....	59-2859797....	10/01/2003	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	48,754,510	27,692	26,475	247,600				
88340.....	59-2859797....	07/01/2008	Hannover Life Reassurance Company of America.....	FL.....	COMB/I.....	1,527,473,000	22,049,000	21,689,000	9,484,228		20,441,773		
88099.....	75-1608507....	11/09/2004	Optimum Re Ins. Co.....	TX.....	YRT/i.....	881,031	342	311	5,228				
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	CO/I.....	164,517,410	1,222,595	1,155,565	501,480				
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	CO/I.....	182,977,308	4,304,588	4,057,927	254,311				
93572.....	43-1235868....	10/01/2003	RGA Reinsurance Company.....	MO.....	YRT/I.....	2,691,713	3,156	3,001	34,637				
87572.....	23-2038295....	01/01/2003	Scottish Re, Inc.....	DE.....	CO/I.....	358,012,951	8,528,068	8,041,385	499,099				
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Co.....	CO.....	YRT/I.....	78,121,766	42,880	42,108	414,712				
68713.....	84-0499703....	01/01/1999	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	507,911,393	11,864,740	12,504,229	1,455,429				
68713.....	84-0499703....	04/01/1999	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	7,761,028	41,274	46,047	42,367				
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	5,246,767,499	187,112,239	187,887,724	13,205,782				
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Co.....	CO.....	CO/I.....	185,238,421	4,357,923	4,173,041	302,921				
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America, Inc.....	CT.....	CO/I.....	142,917,409	971,655	709,504	393,018				
82627.....	06-0839705....	01/01/1998	Swiss Re Life and Health of America, Inc.....	CT.....	YRT/I.....	28,614,192	16,892	229,795	154,056				
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	CO/I.....	719,376,862	17,123,723	16,147,609	1,015,681				
86231.....	39-0989781....	10/01/2003	Transamerica Life Insurance Company.....	IA.....	YRT/I.....	1,899,790	3,398	3,179	56,097				
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	ACO/I.....		4,193,477	4,443,319	1,215				
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	ACO/G.....		2,594,092	2,648,634					
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	CO/I.....	23,249,140	16,677,718	17,714,240	22,052				

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		
67989.....	46-0260270....	09/01/1996	American Memorial Life Ins Co.....	SD.....	CO/G.....	.....22,942,095	.....16,615,398	.....17,523,191	.....(7,509)	.....	.....	.....	.....
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Co.	GA.....	CO/I.....	.....	.....	.....	.....38,107	.....	.....	.....	.....
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	.....354,048,972	.....117,351,299	.....	.....121,232,213	.....	.....	.....	.....
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....0
0799999.	Total - General Account - Authorized.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....0
2299999.	Total - General Account - Authorized, Unauthorized and Certified.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....0
4599999.	Total U.S.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....0
4799999.	Total.....					.....10,740,341,425	.....472,280,466	.....354,600,361	.....156,641,906	.....0	.....0	.....21,622,951	.....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 - Affiliates - U.S. Affiliates												
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	CO/i.....	2,678,837	750,471	20,772,395				
63479.....	58-0869673....	12/31/2009	United Teachers Associates Insurance Company.....	TX.....	CO/g.....	81,616	4,955	2,227,917				
0199999	Total - General Account - Authorized - Affiliates - U.S. Affiliates.....					2,760,453	755,426	23,000,312	0	0	0	0
0399999	Total - General Account - Authorized - Affiliates.....					2,760,453	755,426	23,000,312	0	0	0	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
82627.....	06-0839705....	10/01/1972	Swiss Re Life & Health of America.....	CT.....	OTH/i.....	4,048		16,169				
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/i.....	4,241,771	314,814	519,129				
0499999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					4,245,819	314,814	535,298	0	0	0	0
0699999	Total - General Account - Authorized - Non-Affiliates.....					4,245,819	314,814	535,298	0	0	0	0
0799999	Total - General Account - Authorized.....					7,006,272	1,070,240	23,535,610	0	0	0	0
2299999	Total - General Account - Authorized, Unauthorized and Certified.....					7,006,272	1,070,240	23,535,610	0	0	0	0
4599999	Total - U.S.....					7,006,272	1,070,240	23,535,610	0	0	0	0
4799999	Total.....					7,006,272	1,070,240	23,535,610	0	0	0	0

**Sch. S-Pt. 4
NONE**

**Sch. S-Pt. 5
NONE**

**Sch. S-Pt. 5
NONE**

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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.....	163,648	41,183	59,693	190,282	62,426
2. Commissions and reinsurance expense allowances.....	9,685	7,592	11,997	19,735	12,044
3. Contract claims.....	39,700	46,684	37,598	51,600	39,410
4. Surrender benefits and withdrawals for life contracts.....	3,907	2,168	1,820	2,124	1,381
5. Dividends to policyholders.....	79				
6. Reserve adjustments on reinsurance ceded.....	(822)	(266)	(205)	(358)	281
7. Increase in aggregate reserves for life and accident and health contracts.....	122,221	(63,390)	(47,007)	147,664	31,678
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	3,055				
9. Aggregate reserves for life and accident and health contracts.....	496,886	374,666	438,056	485,063	337,399
10. Liability for deposit-type contracts.....	86	73	123	116	108
11. Contract claims unpaid.....	9,946	7,073	3,801	8,033	4,107
12. Amounts recoverable on reinsurance.....	5,054	11,277	5,433	5,291	2,559
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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).....	16,096,561,865		16,096,561,865
2. Reinsurance (Line 16).....	9,822,895	(9,822,895)	0
3. Premiums and considerations (Line 15).....	12,447,164	3,054,698	15,501,862
4. Net credit for ceded reinsurance.....	XXX	513,600,419	513,600,419
5. All other admitted assets (balance).....	389,778,509		389,778,509
6. Total assets excluding Separate Accounts (Line 26).....	16,508,610,432	506,832,222	17,015,442,654
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	16,508,610,432	506,832,222	17,015,442,654
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	14,123,605,167	496,886,315	14,620,491,482
10. Liability for deposit-type contracts (Line 3).....	673,225,388		673,225,388
11. Claim reserves (Line 4).....	99,363,089	9,945,907	109,308,996
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	322,094		322,094
14. Other contract liabilities (Line 9).....	82,427,975		82,427,975
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	254,920,608		254,920,608
20. Total liabilities excluding Separate Accounts (Line 26).....	15,233,864,320	506,832,222	15,740,696,542
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	15,233,864,320	506,832,222	15,740,696,542
23. Capital & surplus (Line 38).....	1,274,746,112	XXX	1,274,746,112
24. Total liabilities, capital & surplus (Line 39).....	16,508,610,432	506,832,222	17,015,442,654
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	496,886,315		
26. Claim reserves.....	9,945,907		
27. Policyholder dividends/reserves.....			0
28. Premium & annuity considerations received in advance.....			0
29. Liability for deposit-type contracts.....			0
30. Other contract liabilities.....			0
31. Reinsurance ceded assets.....	9,822,895		
32. Other ceded reinsurance recoverables.....			0
33. Total ceded reinsurance recoverables.....	516,655,117		
34. Premiums and considerations.....	3,054,698		
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.....	3,054,698		
41. Total net credit for ceded reinsurance.....	513,600,419		

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
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	468,552	47,790,028		4,710		48,263,290
2. Alaska.....AK	31,222	308,892	357	60,531		401,002
3. Arizona.....AZ	1,103,841	40,262,467		4,661	112,067	41,483,036
4. Arkansas.....AR	416,540	20,500,582		4,574		20,921,696
5. California.....CA	10,821,652	204,261,415	625	(12,911)	295,921	215,366,702
6. Colorado.....CO	676,092	27,855,265		104,222		28,635,578
7. Connecticut.....CT	818,893	99,256,159	686	7,391	374,811	100,457,939
8. Delaware.....DE	138,327	8,573,067				8,711,394
9. District of Columbia.....DC	69,572	2,356,351				2,425,923
10. Florida.....FL	4,170,012	267,311,105		29,283	823,128	272,333,528
11. Georgia.....GA	2,028,542	62,802,587	244	70,840	286,438	65,188,651
12. Hawaii.....HI	403,652	4,376,622				4,780,274
13. Idaho.....ID	194,367	12,315,534				12,509,901
14. Illinois.....IL	1,913,045	102,410,264		89,769	281,306	104,694,385
15. Indiana.....IN	549,417	75,890,753		1,844	217,988	76,660,001
16. Iowa.....IA	265,805	15,258,338		2,227		15,526,370
17. Kansas.....KS	439,779	15,972,854		43,951	153,336	16,609,920
18. Kentucky.....KY	493,112	53,085,479		3,664		53,582,256
19. Louisiana.....LA	545,963	49,968,064			283,802	50,797,830
20. Maine.....ME	233,749	15,249,213	252	3,467	183,846	15,670,528
21. Maryland.....MD	1,406,939	53,203,226			503,542	55,113,707
22. Massachusetts.....MA	1,025,924	53,166,268		7,312	1,205,043	55,404,547
23. Michigan.....MI	591,673	141,285,748	110	2,683	293,056	142,173,269
24. Minnesota.....MN	758,561	50,707,031		214	125,343	51,591,149
25. Mississippi.....MS	310,305	29,311,187			35,860	29,657,351
26. Missouri.....MO	674,455	40,776,747		102,173	73,464	41,626,839
27. Montana.....MT	30,485	3,326,956		6,987		3,364,428
28. Nebraska.....NE	253,266	8,993,592		54,790	96,204	9,397,852
29. Nevada.....NV	676,365	19,673,633			30,785	20,380,784
30. New Hampshire.....NH	152,328	21,338,336		82,606		21,573,270
31. New Jersey.....NJ	1,867,148	110,230,055	671	2,491	426,899	112,527,265
32. New Mexico.....NM	454,042	8,051,168			224,920	8,730,130
33. New York.....NY	398,424	20,208,955	460	1,765	94,857	20,704,461
34. North Carolina.....NC	2,072,079	125,585,104	30	885,268	319,623	128,862,103
35. North Dakota.....ND	89,109	3,573,631				3,662,741
36. Ohio.....OH	1,333,961	155,519,062	38	317	811,955	157,665,334
37. Oklahoma.....OK	1,072,183	20,498,944		1,856	443,953	22,016,936
38. Oregon.....OR	304,231	23,268,931	139	69,670		23,642,971
39. Pennsylvania.....PA	2,310,388	158,113,923		5,354	1,258,490	161,688,156
40. Rhode Island.....RI	140,199	13,692,746		7,292	68,748	13,908,985
41. South Carolina.....SC	914,288	71,070,596		3,392	307,405	72,295,681
42. South Dakota.....SD	87,113	2,314,268		6,732		2,408,113
43. Tennessee.....TN	948,593	95,229,519		83,562	9,620	96,271,294
44. Texas.....TX	5,570,525	112,422,307	224	1,623	1,302,731	119,297,409
45. Utah.....UT	283,021	36,841,577			76,963	37,201,561
46. Vermont.....VT	87,418	6,911,792		20,390		7,019,600
47. Virginia.....VA	2,032,499	78,191,989	102	269,254	88,783	80,582,627
48. Washington.....WA	889,576	59,983,285		339,427	351,915	61,564,203
49. West Virginia.....WV	164,571	13,262,876				13,427,447
50. Wisconsin.....WI	537,363	39,803,101		345,751	26,099	40,712,314
51. Wyoming.....WY	55,959	1,748,179				1,804,138
52. American Samoa.....AS						0
53. Guam.....GU	174,698					174,698
54. Puerto Rico.....PR	5,133	50,000				55,133
55. US Virgin Islands.....VI	7,391					7,391
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	5,202					5,202
58. Aggregate Other Alien.....OT	49,963	727,817				777,780
59. Totals.....	53,517,508	2,704,887,593	3,938	2,719,131	11,188,901	2,772,317,071

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc.	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0996797				American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.000	American Financial Group, Inc.	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	65.000	American Financial Group, Inc.	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-6000765				American Premier Underwriters, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			37-1094159				Cal Coal, Inc.	IL	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1665396				Pennsylvania Lehigh Oil & Gas Holding LLC	PA	NIA	Lehigh Valley Railroad Company	Ownership	100.000	American Financial Group, Inc.	
			20-1548213				Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1852532				Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1480078				Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			13-6021353				The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1236926				PCC Real Estate, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			76-0080537				PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1388401				PCC Maryland Realty Corp.	MD	NIA	PCC Technical Industries, Inc.	Ownership	100.000	American Financial Group, Inc.	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-1537928				Penn Towers, Inc.	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.	Ownership	66.670	American Financial Group, Inc.	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	83.000	American Financial Group, Inc.	
			23-1707450				Terminal Realty Penn Co.	DC	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
							GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-1446308				Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
							Lease & Loan Insurance Services Limited	GBR	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
							Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			91-1242743				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			91-1508644											

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084	American Financial Group, Inc.	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.000	American Financial Group, Inc.	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1733037				Flextech Holding Co., Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0606803				GAI Holding Bermuda Ltd.	BMU	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0556144				GAI Indemnity, Ltd.	GBR	IA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	
							Marketform Group Limited	GBR	NIA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	
							Marketform Holdings Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
							Caduceus Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0412245				Lavenham Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Gabinete Marketform SL	ESP	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Australia Pty Limited	AUS	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Studio Marketform SRL	ITA	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Management Services Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Managing Agency Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0431601				Sampford Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Trust Company Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
			06-1356481				Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	1
			31-1475936				AAG Holding Company, Inc.	OH	UDP	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			58-646032				Great American Financial Statutory Trust IV	CT	NIA	AAG Holding Company, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	63312	13-1935920				Great American Life Insurance Company	OH		AAG Holding Company, Inc.	Ownership	100.000	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	DS	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	DS	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
0084	American Financial Group, Inc.	93661	31-1021738				Annuity Investors Life Insurance Company	OH	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	DS	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			27-0513333				Bay Bridge Marina Management, LLC	MD	DS	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			20-1246122				Brothers Management, LLC	FL	DS	Great American Life Insurance Company	Ownership	99.000	American Financial Group, Inc.	
			45-3988240				FT Liquidation, LLC	OH	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			20-4604276				GALIC - Bay Bridge Marina, LLC	MD	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			45-5565693				GALIC-Sorrento, LLC	FL	DS	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			45-3829557				GALIC - Stoneleigh, LLC	FL	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-1391777				GALIC Brothers, Inc.	OH	DS	Great American Life Insurance Company	Ownership	80.000	American Financial Group, Inc.	
			45-1144095				GALIC Pointe, LLC	FL	DS	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			26-3260520				Manhattan National Holding Corporation	OH	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	67083	45-0252531				Manhattan National Life Insurance Company	IL	DS	Manhattan National Holding Corporation	Ownership	100.000	American Financial Group, Inc.	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
			52-2179330				Skipjack Marina Corp.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			74-2180806				United Teacher Associates, Ltd.....	TX.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	1.....
0084.....	American Financial Group, Inc.....	63479.....	58-0869673				United Teacher Associates Insurance Company.....	TX.....	IA.....	United Teacher Associates, Ltd.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-1422717				AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			34-1017531				Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			34-1880408				Ceres Administrators, L.L.C.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			34-1947043				Ceres Sales, LLC.....	DE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			34-1920479				HealthMark Sales, LLC.....	DE.....	NIA.....	Ceres Sales, LLC.....	Ownership.....	100.000	American Financial Group, Inc.....	
			47-0717079				Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	71404.....	47-0463747				Continental General Insurance Company.....	OH.....	IA.....	Continental General Corporation.....	Ownership.....	100.000	American Financial Group, Inc.....	
			47-0562685				Continental Print & Photo Co.....	NE.....	NIA.....	Continental General Corporation.....	Ownership.....	100.000	American Financial Group, Inc.....	
			34-1947042				QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-1395344				Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			42-1575938				Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			27-3062314				Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			45-4110027				Unites States Commodities Producers LLC.....	MT.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	75.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	14084.....	27-4395897				Livestock Market Enhancement Risk Retention Group	NV.....	IA.....	Unites States Commodities Producers LLC.....	Ownership.....	1.000	American Financial Group, Inc.....	2.....
			27-2354685				United States Livestock Producers, LLC.....	NV.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	75.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	14084.....	27-4395897				Livestock Market Enhancement Risk Retention Group	NV.....	IA.....	United States Livestock Producers, LLC.....	Ownership.....	99.000	American Financial Group, Inc.....	2.....
0084.....	American Financial Group, Inc.....	35351.....	31-0912199				American Empire Surplus Lines Insurance Company	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	37990.....	31-0973761				American Empire Insurance Company.....	OH.....	IA.....	American Empire Surplus Lines Insurance Company	Ownership.....	100.000	American Financial Group, Inc.....	
			59-1671722				American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
							GAI Australia Pty Ltd.....	AUS.....	NIA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
							Great American International Insurance Limited.....	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	23418.....	73-0556513				Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	15380.....	73-1406844				Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	13794.....	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	23426.....	73-0773259				Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			98-0627464				Premier International Insurance Company.....	TCA.....	IA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	16691.....	31-0501234				Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			45-2969767				Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	37.500	American Financial Group, Inc.....	2.....

53.2

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
			26-4391696				Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	37.500	American Financial Group, Inc	2
			31-1463075				American Signature Underwriters, Inc	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			59-2840291				Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	80.000	American Financial Group, Inc	
			20-5173494				Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc	
			20-5173589				Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	100.000	American Financial Group, Inc	
			25-1754638				Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc	
			59-2840294				Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc	
			20-4498054				Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	1
			31-1277904				Crop Managers Insurance Agency, Inc	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-0589001				Dempsey & Siders Agency, Inc	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-1341668				Eden Park Insurance Brokers, Inc	CA	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
							El Aguila, Compañía de Seguros, S.A. de C.V.	MEX	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
							Financidora de Primas Condor, S.A. de C.V.	MEX	NIA	El Aguila, Compañía de Seguros, S.A. de C.V.	Ownership	99.000	American Financial Group, Inc	
			39-1404033				Farmers Crop Insurance Alliance, Inc	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			13-3628555				FCIA Management Company, Inc	NY	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
							Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management		American Financial Group, Inc	3
			31-1753938				GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-1765544				GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	100.000	American Financial Group, Inc	
							GAI Warranty Company of Canada Inc	CAN	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			45-5565693				GALIC-Sorrento, LLC	FL	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc	2
			45-1144095				GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc	2
			61-1329718				Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			74-2693636				Great American Agency of Texas, Inc	TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	26832	95-1542353				Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	26344	15-6020948				Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	39896	61-0983091				Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-1228726				Great American Claims Services, Inc	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	10646	36-4079497				Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	37532	31-0954439				Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	41858	31-1036473				Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-1652643				Great American Insurance Agency, Inc	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	22136	13-5539046				Great American Insurance Company of New York	NY	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
0084	American Financial Group, Inc	38024	31-0974853				Great American Lloyd's Insurance Company	TX	IA	Great American Insurance Company	Other		American Financial Group, Inc	4
			31-1073664				Great American Lloyd's, Inc	TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	
			31-0856644				Great American Management Services, Inc	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc	

53.3

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084	American Financial Group, Inc.	38580	31-1288778				Great American Protection Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-0918893				Great American Re Inc.	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	31135	31-1209419				Great American Security Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	33723	31-1237970				Great American Spirit Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
							Insurance (GB) Limited	GBR	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			59-1263251				Key Largo Group, Inc.	FL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			34-1607394		0001301106	NASDAQ	National Interstate Corporation	OH	NIA	Great American Insurance Company	Ownership	51.900	American Financial Group, Inc.	
			34-1899058				American Highways Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			31-1548235				Explorer RV Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			98-0191335				Hudson Indemnity, Ltd.	CYM	IA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			66-0660039				Hudson Management Group, Ltd.	VIR	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			34-1607396				National Interstate Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			36-4670968				Commercial For Hire Transportation Purchasing Group	SC	NIA	National Interstate Insurance Agency, Inc.	Management		American Financial Group, Inc.	
0084	American Financial Group, Inc.	32620	34-1607395				National Interstate Insurance Company	OH	IA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
							National Interstate Insurance Company of Hawaii, Inc.	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	11051	99-0345306				Triumphe Casualty Company	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	41106	95-3623282				Vanliner Group, Inc.	DE	NIA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			43-1415856				TransProtection Service Company	MO	NIA	Vanliner Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			43-1254631				Vanliner Insurance Company	MO	IA	Vanliner Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	21172	86-0114294				Vanliner Reinsurance Limited	BMU	IA	Vanliner Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			20-5546054				Safety Claims and Litigation Services, LLC	MT	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
							Penn Central U.K. Limited	GBR	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			27-2226948				Pinecrest Place LLC	FL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			871850814				PLLS Canada Insurance Brokers Inc.	CAN	NIA	Great American Insurance Company	Ownership	49.000	American Financial Group, Inc.	
			31-1293064				Professional Risk Brokers, Inc.	IL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			72-1331800				Strategic Comp Holdings, L.L.C.	LA	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			36-4517754				Strategic Comp Services, L.L.C.	LA	NIA	Strategic Comp Holdings, L.L.C.	Ownership	100.000	American Financial Group, Inc.	
			32-0050970				Strategic Comp, L.L.C.	LA	NIA	Strategic Comp Holdings, L.L.C.	Ownership	100.000	American Financial Group, Inc.	
			31-0686194				One East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0883227				Pioneer Carpet Mills, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1737792				Superior NWN of Ohio, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1119320				TEJ Holdings, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0728327				Three East Fourth, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	

53.4

Asterisk Explanation

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
1	Another affiliated company owns 1% or less of the shares.													
2	The entity is owned by more than one company within the AFG Group.													
3	Great American Insurance Company is the majority member of the Association.													
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.													

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	31-1544320	American Financial Group, Inc.	175,000,000				112,347,608				287,347,608	
00000	41-2112001	APU Holding Company	20,000,000								20,000,000	
00000		GAI Insurance Company, Ltd.	(5,000,000)								(5,000,000)	
22179	95-2801326	Republic Indemnity Company of America	(12,500,000)						*		(12,500,000)	(26,128,425)
43753	31-1054123	Republic Indemnity Company of California	(2,500,000)						*		(2,500,000)	
00000		Lloyd's Syndicate 2468 (United Kingdom)									0	(3,104,000)
00000	98-0412245	Lavenham Underwriting Limited									0	11,632,124
00000	98-0431601	Sampford Underwriting Limited									0	12,381,893
00000	31-1475936	AAG Holding Company, Inc.		(60,147,872)							(60,147,872)	
63312	13-1935920	Great American Life Insurance Company	1,885,155	50,789,156			(112,347,608)				(59,673,297)	25,057,661
00000	36-3383108	Consolidated Financial Corporation	(1,885,155)								(1,885,155)	
00000		GALIC - Sorrento, LLC		13,670,529							13,670,529	
00000	45-1144095	GALIC Pointe, LLC		500,000							500,000	
00000	20-3568924	Loyal American Holding Corporation		(59,952,628)							(59,952,628)	
65722	63-0343428	Loyal American Life Insurance Company	12,435,975	49,393,882							61,829,857	
00000	45-4121852	GALAC Holding Company	(7,044,302)	8,248,382							1,204,080	
62200	95-2496321	Great American Life Assurance Company	(5,391,673)	2,404,000							(2,987,673)	
63479	58-0869673	United Teacher Associates Insurance Company									0	(25,057,661)
88366	59-2760189	American Retirement Life Insurance Company		54,236							54,236	
00000	34-1017531	Ceres Group, Inc.		(3,320)							(3,320)	
65269	75-2305400	United Benefit Life Insurance Company		3,320							3,320	
00000	42-1575938	Great American Holding, Inc.	91,826,280	(50,000)							91,776,280	
00000	27-2354685	United States Livestock Producers, LLC		(65,300)							(65,300)	
14084	27-4395897	Livestock Market Enhancement Risk Retention Group		65,300							65,300	
35351	31-0912199	American Empire Surplus Lines Insurance Company	(7,000,000)						*		(7,000,000)	8,633,000
37990	31-0973761	American Empire Insurance Company	(3,000,000)						*		(3,000,000)	2,000
00000		Great American International Insurance Limited (Ireland)	(1,826,280)								(1,826,280)	6,677,000
23418	73-0556513	Mid-Continent Casualty Company	(80,000,000)						*		(80,000,000)	(4,353,000)
00000		Premier International Insurance Company (Turks and Caicos)		50,000							50,000	
16691	31-0501234	Great American Insurance Company	(145,809,400)	(32,009,685)					*		(177,819,085)	(1,965,017)
00000	13-3628555	FCIA Management Company, Inc.	(110,600)								(110,600)	
00000	31-1765544	GAI Warranty Company of Florida									0	5,929,000
37532	31-0954439	Great American E & S Insurance Company		10,000,000					*		10,000,000	
41858	31-1036473	Great American Fidelity Insurance Company		10,000,000					*		10,000,000	
38024	31-0974853	Great American Lloyd's Insurance Company									0	2,403,000
00000		Insurance (GB) Limited (United Kingdom)									0	194,000
00000	59-1263251	Key Largo Group, Inc.	(100,000)	(150,000)							(250,000)	
00000	34-1607394	National Interstate Corporation	35,520,000								35,520,000	
00000	98-0191335	Hudson Indemnity, Ltd (Cayman Islands)									0	(205,006,000)
32620	34-1607395	National Interstate Insurance Company	(39,300,000)						*		(39,300,000)	181,317,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.	(1,100,000)						*		(1,100,000)	8,067,000

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
41106.....	95-3623282.....	Triumphe Casualty Company.....	(1,600,000)						*		(1,600,000)	182,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	(18,000,000)						*		(18,000,000)	5,361,000
00000.....	27-2226948.....	Pinecrest Place LLC.....		200,000							200,000	
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	(4,500,000)								(4,500,000)	
00000.....	72-1331800.....	Strategic Comp Holdings, L.L.C.....		7,000,000							7,000,000	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	2,222,575

Pooling Information

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

54.1

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

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

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES

JUNE FILING

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

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	WAIVED
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The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

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

APRIL FILING

40. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
43. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
46. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
47. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION

AUGUST FILING

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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.



* 6 3 3 1 2 2 0 1 2 2 2 2 0 0 0 0 0 *

12. NOT APPLICABLE



* 6 3 3 1 2 2 0 1 2 4 2 0 0 0 0 0 0 *

13.

14. NOT APPLICABLE



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

15. NOT APPLICABLE



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

16.

17.

18. NOT APPLICABLE



* 6 3 3 1 2 2 0 1 2 4 4 3 0 0 0 0 0 *

19. NOT APPLICABLE



* 6 3 3 1 2 2 0 1 2 4 4 4 0 0 0 0 0 *

20. NOT APPLICABLE



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

21.

22. NOT APPLICABLE



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

23. NOT APPLICABLE



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

24. NOT APPLICABLE



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

25.

26. NOT APPLICABLE



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

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

27. NOT APPLICABLE



28. NOT APPLICABLE



29. NOT APPLICABLE



30. NOT APPLICABLE



31. NOT APPLICABLE



32. NOT APPLICABLE



33. NOT APPLICABLE



34. NOT APPLICABLE



35.

36. NOT APPLICABLE



37. NOT APPLICABLE



38. NOT APPLICABLE



39. NOT APPLICABLE



40.

41.

42. NOT APPLICABLE



43.

44.

45.

46. NOT APPLICABLE



47. NOT APPLICABLE



48.

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Inventory and prepaid assets on real estate holdings.....	3,884,657	3,884,657	0	
2505. Accounts receivable.....	1,059,756	798,519	261,237	
2597. Summary of remaining write-ins for Line 25.....	4,944,412	4,683,175	261,237	0

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Miscellaneous income.....	364,206	28,509
08.397	Summary of remaining write-ins for Line 8.3.....	364,206	28,509

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
08.304. Miscellaneous income.....	364,206			364,206								
08.397. Summary of remaining write-ins for Line 8.3.....	364,206	0	0	364,206	0	0	0	0	0	0	0	0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Alaska



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPB0001.....	B.....	.....NO.....	...34000.....	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....9,108	.....6,897	.....75.7	.....3	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....75,167	.....59,039	.....78.5	.....33	.....39,741	.....38,976	.....98.1	.....14
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....39,808	.....20,148	.....50.6	.....12	.....9,032	.....2,208	.....24.4	.....3
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	03/11/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....50,056	.....17,245	.....34.5	.....17	.....7	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....174,139	.....103,329	.....59.3	.....65	.....48,780	.....41,184	.....84.4	.....17

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....American Samoa



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	12/24/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....25,096	.....15,994	.....63.7	.....10	.....1,915	.....1,749	.....91.3	.....1		
0199999.	Total Policy Experience on Individual Policies.....									.....25,096	.....15,994	.....63.7	.....10	.....1,915	.....1,749	.....91.3	.....1		

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....District of Columbia



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Delaware



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPA0001.....	A.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....5	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPB0001.....	B.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....5,338	.....6,613	.....123.9	.....2	.....2,260	.....161	.....7.1	.....1	.....	.....
.....YES.....	1MSPC0001.....	C.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....44,467	.....59,001	.....132.7	.....14	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....242,025	.....191,463	.....79.1	.....99	.....8,689	.....8,305	.....95.6	.....3	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....276,510	.....161,872	.....58.5	.....91	.....2,986	.....733	.....24.6	.....1	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	.....34000.....	10/19/2006	10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....104,754	.....63,712	.....60.8	.....39	.....5,074	.....1,133	.....22.3	.....2	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....673,099	.....482,661	.....71.7	.....245	.....19,009	.....10,332	.....54.4	.....7	.....	.....

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	02/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,718	.....303	.....8.1	.....2	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....8,359	.....1,912	.....22.9	.....3	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....34,534	.....17,560	.....50.8	.....12	- .....	- .....	.....0.0	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....46,611	.....19,775	.....42.4	.....17	.....0	.....0	.....0.0	.....	.....	.....0

360

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Guam



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Hawaii



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	02/24/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/24/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....425,087	.....320,962	.....75.5	.....162	.....74,689	.....59,023	.....79.0	.....33	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/24/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....9,644	.....53,600	.....555.8	.....5	.....5,810	.....5,662	.....97.4	.....3	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....434,731	.....374,562	.....86.2	.....167	.....80,500	.....64,685	.....80.4	.....36	.....	.....

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	02/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....614	.....5,757	.....937.3	.....	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	02/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....72,045	.....36,732	.....51.0	.....27	.....18,608	.....14,626	.....78.6	.....7
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	02/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,265	.....4,380	.....193.4	.....1	- .....	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....74,924	.....46,870	.....62.6	.....28	.....18,608	.....14,626	.....78.6	.....7

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPA0001.....	A.....	.....NO.....	...34000.....	12/14/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,022	.....203	.....6.7	.....2	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	12/14/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....99,401	.....77,883	.....78.4	.....49	.....8,309	.....3,466	.....41.7	.....4
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	12/14/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....205,371	.....151,344	.....73.7	.....90	.....16,050	.....7,863	.....49.0	.....7
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	12/14/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....41,656	.....43,008	.....103.2	.....22	.....1,962	.....253	.....12.9	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....349,450	.....272,438	.....78.0	.....163	.....26,321	.....11,582	.....44.0	.....12

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	12/19/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....38,444	.....21,383	.....55.6	.....16	.....12,097	.....5,659	.....46.8	.....4
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	12/19/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....187,052	.....140,585	.....75.2	.....73	.....45,273	.....56,716	.....125.3	.....21
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	12/19/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....106,862	.....82,530	.....77.2	.....49	.....47,816	.....37,357	.....78.1	.....21
0199999.	Total Policy Experience on Individual Policies.....									.....332,357	.....244,498	.....73.6	.....138	.....105,185	.....99,732	.....94.8	.....46

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPB0001.....	B.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....11,868	.....6,879	.....58.0	.....3	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....9,256	.....1,994	.....21.5	.....3	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....54,870	.....28,215	.....51.4	.....20	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....745,021	.....488,586	.....65.6	.....271	.....167,898	.....142,238	.....84.7	.....63
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....152,854	.....123,045	.....80.5	.....59	.....15,055	.....5,561	.....36.9	.....5
0199999.	Total Policy Experience on Individual Policies.....									.....973,869	.....648,720	.....66.6	.....356	.....183,529	.....147,799	.....80.5	.....68

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Maine



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	10/04/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....6,482	.....3,028	.....46.7	.....2	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	10/04/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....6,339	.....768	.....12.1	.....2	- .....	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....12,821	.....3,796	.....29.6	.....4	.....0	.....0	.....0.0	.....0

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	10/22/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....8,095	.....1,751	.....21.6	.....3	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	10/22/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....323,133	.....212,229	.....65.7	.....108	.....52,880	.....43,884	.....83.0	.....20	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	10/22/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....144,541	.....87,991	.....60.9	.....54	.....8,342	.....1,626	.....19.5	.....3	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....475,770	.....301,971	.....63.5	.....165	.....61,221	.....45,511	.....74.3	.....23	.....	.....

360

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Northern Mariana Islands



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																										
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	04/27/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....16,916	.....24,009	.....141.9	.....4	- .....	- .....	.....0.0	.....								
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	04/27/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,809	.....1,175	.....64.9	.....1	- .....	- .....	.....0.0	.....								
0199999.	Total Policy Experience on Individual Policies.....									.....18,726	.....25,184	.....134.5	.....5	.....0	.....0	.....0.0	.....0	

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																										
.....YES.....	1MSPA0001.....	A.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....531	.....664	.....125.1	.....	- .....	- .....	.....0.0	.....								
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34060.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....25,728	.....19,950	.....77.5	.....8	.....2,638	.....436	.....16.5	.....1
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....43,177	.....30,637	.....71.0	.....15	.....5,841	.....3,110	.....53.2	.....3
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....922,291	.....600,846	.....65.1	.....334	.....56,385	.....22,668	.....40.2	.....20
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....231,834	.....137,047	.....59.1	.....94	.....8,017	.....5,448	.....68.0	.....4
0199999.	Total Policy Experience on Individual Policies.....									.....1,223,562	.....789,144	.....64.5	.....451	.....72,881	.....31,662	.....43.4	.....28	

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPA0001.....	A.....	.....NO.....	...34000.....	10/18/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	10/18/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	10/18/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....41,368	.....28,731	.....69.5	.....14	.....30,899	.....13,507	.....43.7	.....10	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	10/18/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....18,727	.....7,060	.....37.7	.....7	.....1,889	.....94	.....5.0	.....1	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....60,095	.....35,791	.....59.6	.....21	.....32,787	.....13,601	.....41.5	.....11	.....	.....

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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	Inurred Claims Amount				Percent of Premiums Earned	Number of Covered Lives			Premiums Earned	Inurred Claims Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																			
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	12/06/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,078	.....2,439	.....59.8	.....2	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	12/06/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....17,658	.....5,593	.....31.7	.....7	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	12/06/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....7	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....21,743	.....8,032	.....36.9	.....9	.....0	.....0	.....0.0	.....0

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....New Mexico



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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		
NONE																		

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	09/26/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	09/26/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,410	.....456	.....13.4	.....1	- .....	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....3,410	.....456	.....13.4	.....1	.....0	.....0	.....0.0	.....0

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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		
NONE																		

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	01/23/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....12,106	.....3,633	.....30.0	.....3	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	01/23/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....38,247	.....47,945	.....125.4	.....14	.....5	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	01/23/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....54,875	.....34,705	.....63.2	.....18	.....6,268	.....3,072	.....49.0	.....2
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	01/23/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....20,323	.....8,243	.....40.6	.....6	- .....	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....125,551	.....94,527	.....75.3	.....41	.....6,273	.....3,072	.....49.0	.....2

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPA0001.....	A.....	.....NO.....	...34060.....	04/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,119	.....6,941	.....327.6	.....1	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	04/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,958	.....803	.....27.1	.....1	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	04/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,808	.....3,114	.....64.8	.....2	.....212	.....1,844	.....871.1	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	04/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....272,371	.....187,004	.....68.7	.....108	.....52,770	.....27,637	.....52.4	.....22
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	04/26/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....58,016	.....48,796	.....84.1	.....26	.....10,570	.....13,098	.....123.9	.....5
0199999.	Total Policy Experience on Individual Policies.....									.....340,271	.....246,658	.....72.5	.....138	.....63,551	.....42,579	.....67.0	.....27

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	01/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....27,444	.....17,325	.....63.1	.....12	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	01/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,192	.....1,625	.....74.1	.....1	- .....	- .....	.....0.0	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....29,636	.....18,950	.....63.9	.....13	.....0	.....0	.....0.0	.....	.....	.....0

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																									
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34060.....	09/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,772	.....1,338	.....75.5	.....1	.....3,401	.....678	.....19.9	.....1
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34060.....	09/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,438	- .....	.....0.0	.....1	.....32,559	.....12,707	.....39.0	.....14
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34060.....	09/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,822	.....13	.....0.7	.....1	.....10,031	.....2,635	.....26.3	.....4
0199999.	Total Policy Experience on Individual Policies.....									.....6,033	.....1,351	.....22.4	.....3	.....45,992	.....16,020	.....34.8	.....19

360

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Puerto Rico



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Rhode Island



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																				
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	12/05/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....		
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	12/05/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	.....2,431	.....209	.....8.6	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....0	.....0	.....0.0	.....0	.....2,431	.....209	.....8.6	.....1

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPB0001.....	B.....	.....NO.....	...34000.....	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,520	.....3,777	.....107.3	.....2	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,696	.....216	.....8.0	.....1	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....39,787	.....49,197	.....123.7	.....17	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....430,977	.....297,857	.....69.1	.....151	.....63,232	.....47,488	.....75.1	.....24
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....598,154	.....351,070	.....58.7	.....253	.....73,233	.....35,072	.....47.9	.....36
0199999.	Total Policy Experience on Individual Policies.....									.....1,075,133	.....702,117	.....65.3	.....424	.....136,465	.....82,561	.....60.5	.....60

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	02/13/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	- .....	- .....	.....0.0	.....	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	02/13/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,326	.....5,150	.....154.8	.....1	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/13/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....625,961	.....439,506	.....70.2	.....222	.....140,263	.....115,876	.....82.6	.....49	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/13/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....125,856	.....91,889	.....73.0	.....52	.....32,383	.....21,464	.....66.3	.....16	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....755,143	.....536,546	.....71.1	.....275	.....172,646	.....137,340	.....79.6	.....65	.....	.....

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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
Individual Policies																			
.....YES.....	1MSPA0001.....	A.....	.....NO.....	...34060.....	01/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....26,647	.....21,327	.....80.0	.....9	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPC0001.....	C.....	.....NO.....	...34000.....	01/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,678	.....4,867	.....104.0	.....1	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	01/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....22,642	.....11,137	.....49.2	.....10	- .....	- .....	.....0.0	.....	
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	01/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....313,356	.....232,640	.....74.2	.....110	.....21,492	.....10,494	.....48.8	.....9
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	01/09/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....66,620	.....32,668	.....49.0	.....26	.....7	- .....	.....0.0	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....433,944	.....302,638	.....69.7	.....156	.....21,499	.....10,494	.....48.8	.....9

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPD0001.....	D.....	.....NO.....	...34000.....	01/24/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,158	.....138	.....4.4	.....1	- .....	- .....	.....0.0	.....	.....	.....
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	01/24/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....51,982	.....27,718	.....53.3	.....19	.....9,489	.....1,624	.....17.1	.....4	.....	.....
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	01/24/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....50,740	.....26,623	.....52.5	.....21	.....1,782	.....264	.....14.8	.....1	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....105,880	.....54,479	.....51.5	.....41	.....11,271	.....1,888	.....16.7	.....5	.....	.....

360

GENERAL INTERROGATORIES

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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																			
.....YES.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	02/04/2009	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,425	.....6,302	.....142.4	.....2	.....40,248	.....16,803	.....41.7	.....17
.....YES.....	1MSPG0001.....	G.....	.....NO.....	...34000.....	02/04/2009	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	-	-	.....0.0	.....	.....63,402	.....27,101	.....42.7	.....26
0199999.	Total Policy Experience on Individual Policies.....									.....4,425	.....6,302	.....142.4	.....2	.....103,650	.....43,904	.....42.4	.....43

360

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....U.S. Virgin Islands



NAIC Group Code.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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
NONE																			

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSP-WI.....	O.....	.....NO.....	...34060.....	03/30/2009			05/31/2010	MEDICARE SUPPLEMENT.....	.....179,496	.....124,182	.....69.2	.....69	.....171,390	.....93,157	.....54.4	.....65
0199999.	Total Policy Experience on Individual Policies.....									.....179,496	.....124,182	.....69.2	.....69	.....171,390	.....93,157	.....54.4	.....65

360

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

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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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.....	1MSPF0001.....	F.....	.....NO.....	...34000.....	10/29/2007	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....5,605	.....3,747	.....66.8	.....2	- .....	- .....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....								.....5,605	.....3,747	.....66.8	.....2	.....0	.....0	.....0.0	.....0	.....0

360

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..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- 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.....0084
 Address (City, State and Zip Code).....
 Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

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 None	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	
NONE																	

360

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.....
 - 2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address.....
 - 3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE



SCHEDULE O SUPPLEMENT

For the year ended December 31, 2012
(To Be Filed March 1)

Of The....GREAT AMERICAN LIFE INSURANCE COMPANY

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

NAIC Group Code.....0084

NAIC Company Code.....63312

Employer's ID Number.....13-1935920

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2008	2 2009	3 2010	4 2011	5 2012 (a)
1. Prior.....	110	110	110	110	110
2. 2008.....	1	1	1	1	1
3. 2009.....	XXX				
4. 2010.....	XXX	XXX			
5. 2011.....	XXX	XXX	XXX		
6. 2012.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....	3,888	3,888	3,887	3,887	3,887
2. 2008.....	943	1,210	1,212	1,216	1,220
3. 2009.....	XXX	5,613	6,368	6,389	6,389
4. 2010.....	XXX	XXX	9,465	10,309	10,309
5. 2011.....	XXX	XXX	XXX	7,628	8,261
6. 2012.....	XXX	XXX	XXX	XXX	3,947

Section C - Credit Accident and Health

1. Prior.....					
2. 2008.....					
3. 2009.....	XXX	NONE			
4. 2010.....	XXX	XXX			
5. 2011.....	XXX	XXX	XXX		
6. 2012.....	XXX	XXX	XXX	XXX	

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

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. Prior.....					
2. 2008.....					
3. 2009.....	XXX				
4. 2010.....	XXX	XXX			
5. 2011.....	XXX	XXX	XXX		
6. 2012.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2008.....					
3. 2009.....	XXX				
4. 2010.....	XXX	XXX			
5. 2011.....	XXX	XXX	XXX		
6. 2012.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2008.....					
3. 2009.....	XXX				
4. 2010.....	XXX	XXX			
5. 2011.....	XXX	XXX	XXX		
6. 2012.....	XXX	XXX	XXX	XXX	

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. 2008.....	249	249	249	XXX	XXX
2. 2009.....	XXX				XXX
3. 2010.....	XXX	XXX			
4. 2011.....	XXX	XXX	XXX		
5. 2012.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2008.....	2,734	1,232	1,212	XXX	XXX
2. 2009.....	XXX	6,670	6,602	6,371	XXX
3. 2010.....	XXX	XXX	10,511	10,544	10,309
4. 2011.....	XXX	XXX	XXX	8,443	8,261
5. 2012.....	XXX	XXX	XXX	XXX	3,947

Section C - Credit Accident and Health

1. 2008.....				XXX	XXX
2. 2009.....	XXX	NONE			XXX
3. 2010.....	XXX	XXX			
4. 2011.....	XXX	XXX	XXX		
5. 2012.....	XXX	XXX	XXX	XXX	

Annual Statement for the year 2012 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2008	2 2009	3 2010	4 2011	5 2012
1. 2008.....	249	249	249		
2. 2009.....	XXX				
3. 2010.....	XXX	XXX			
4. 2011.....	XXX	XXX	XXX		
5. 2012.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2008.....	2,734	1,232	1,212		
2. 2009.....	XXX	6,670	6,388	6,371	
3. 2010.....	XXX	XXX	10,511	10,544	10,309
4. 2011.....	XXX	XXX	XXX	8,443	8,261
5. 2012.....	XXX	XXX	XXX	XXX	3,947

Section C - Credit Accident and Health

1. 2008.....					
2. 2009.....	XXX	NONE			
3. 2010.....	XXX	XXX			
4. 2011.....	XXX	XXX	XXX		
5. 2012.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Standard Factor.....	6,426
3. Individual annuity.....	Standard Factor.....	90,787
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Standard Factor.....	29
7. Group annuities.....	Standard Factor.....	2,121
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....		
11. Total.....		99,363

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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