
AMENDED FILING EXPLANATION

Subsequent to filing the 2012 Statutory Annual Statement, the Company identified an error in the calculation of reserves on certain specified disease contracts due to missing reserve factors on policies in excess of thirty years in duration. SSAP No. 3 *Accounting Changes and Corrections of Errors*, requires that corrections of errors related to prior periods be reported as adjustments to unassigned surplus.

The Company corrected this error in 2012 by increasing future policy benefit reserves by \$3,802,922 and recording an adjustment to unassigned surplus in the accompanying financial statements, net of applicable federal income taxes, of \$411,084. As a result of this correction, total capital and surplus for 2012 has been reduced by \$3,391,838.

As a result, the following pages were amended: 2, 3, 4, 6, 11, 14, 18, 19, 21,22, 23, 37, 38, 39, and 41.



ANNUAL STATEMENT

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

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 65722	Employer's ID Number..... 63-0343428
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... May 18, 1955	Commenced Business..... July 4, 1955	
Statutory Home Office	1300 East Ninth Street..... Cleveland OH US 44114 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	
Main Administrative Office	11200 Lakeline Blvd., Suite 100..... Austin TX US..... 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	(512)451-2224 <i>(Area Code) (Telephone Number)</i>
Mail Address	11200 Lakeline Blvd., Suite 100..... Austin TX US 78717 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i>	
Primary Location of Books and Records	11200 Lakeline Blvd., Suite 100..... Austin TX US 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i>	(512)451-2224 <i>(Area Code) (Telephone Number)</i>
Internet Web Site Address	www.loyalamerican.com	
Statutory Statement Contact	Jesse Navarrete <i>(Name)</i> CSBFinRpt@cigna.com <i>(E-Mail Address)</i>	512-807-4801 <i>(Area Code) (Telephone Number) (Extension)</i> (512) 467-1399 <i>(Fax Number)</i>

OFFICERS

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

OTHER

Paul Adolph Severt	Chief Financial Officer	Tracy Eugene Maples	Chief Actuary
David Lawrence Chambers	Vice President	Michael Kenneth Brown #	Vice President
Maureen Hardiman Ryan #	Assistant Treasurer	Barry Richard McHale #	Assistant Treasurer

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This _____ day of August 2013

a. Is this an original filing? Yes [] No [x]
b. If no

1. State the amendment number	1
2. Date filed	08/15/2013
3. Number of pages attached	15

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	284,395,193	XXX	7,030,402	XXX		XXX	794,393	XXX	21,038,819	XXX	254,424,725	XXX	446,723	XXX		XXX	660,131	XXX
2. Premiums earned.....	271,595,697	XXX	6,833,151	XXX		XXX	739,662	XXX	20,872,835	XXX	242,190,853	XXX	308,989	XXX		XXX	650,207	XXX
3. Incurred claims.....	143,641,641	52.9	2,218,617	32.5		0.0	354,636	47.9	13,936,017	66.8	126,500,722	52.2	140,314	45.4		0.0	491,335	75.6
4. Cost containment expenses.....	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).....	143,641,641	52.9	2,218,617	32.5		0.0	354,636	47.9	13,936,017	66.8	126,500,722	52.2	140,314	45.4		0.0	491,335	75.6
6. Increase in contract reserves.....	59,966,884	22.1	3,598,318	52.7		0.0	113,216	15.3	4,244,278	20.3	51,933,791	21.4	561	0.2		0.0	76,720	11.8
7. Commissions (a).....	23,419,070	8.6	125,621	1.8		0.0	(12,215)	(1.7)	27,660	0.1	23,275,917	9.6	1,191	0.4		0.0	896	0.1
8. Other general insurance expenses.....	13,548,340	5.0	175,947	2.6		0.0	47,393	6.4	48,183	0.2	13,229,169	5.5	44,130	14.3		0.0	3,518	0.5
9. Taxes, licenses and fees.....	4,674,472	1.7	50,348	0.7		0.0	2,918	0.4	19	0.0	4,621,167	1.9	20	0.0		0.0		0.0
10. Total other expenses incurred.....	41,641,882	15.3	351,916	5.2		0.0	38,096	5.2	75,862	0.4	41,126,253	17.0	45,341	14.7		0.0	4,414	0.7
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
12. Gain from underwriting before dividends or refunds.....	26,345,290	9.7	664,300	9.7		0.0	233,714	31.6	2,616,678	12.5	22,630,087	9.3	122,773	39.7		0.0	77,738	12.0
13. Dividends or refunds.....	0	0.0	0	0.0		0.0	0	0.0	0	0.0	0	0.0	0	0.0		0.0	0	0.0
14. Gain from underwriting after dividends or refunds.....	26,345,290	9.7	664,300	9.7		0.0	233,714	31.6	2,616,678	12.5	22,630,087	9.3	122,773	39.7		0.0	77,738	12.0

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
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

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

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.....	17,400,616	202,950		60,626	166,025	16,823,357	137,734		9,924
2. Advance premiums.....	2,768,910	48,520		10,567	11,925	2,686,333	10,239		1,326
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	20,169,526	251,470	0	71,193	177,950	19,509,690	147,973	0	11,250
5. Total premium reserves, prior year.....	5,802,630	8,124		6,690	42	5,787,774			
6. Increase in total premium reserves.....	14,366,896	243,346	0	64,503	177,908	13,721,916	147,973	0	11,250
B. Contract Reserves:									
1. Additional reserves (a).....	76,435,266	3,758,180		362,152	4,244,323	67,993,330	561		76,720
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	76,435,266	3,758,180	0	362,152	4,244,323	67,993,330	561	0	76,720
4. Total contract reserves, prior year.....	12,665,460	159,862		248,936	45	12,256,617			
5. Increase in contract reserves.....	63,769,806	3,598,318	0	113,216	4,244,278	55,736,713	561	0	76,720
C. Claim Reserves and Liabilities:									
1. Total current year.....	80,062,619	2,225,307		340,671	13,936,111	62,928,881	140,314		491,335
2. Total prior year.....	8,773,121	40,997		12,558	93	8,719,473			
3. Increase.....	71,289,498	2,184,310	0	328,113	13,936,018	54,209,408	140,314	0	491,335

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

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1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	6,674,097	673		520		6,672,904			
1.2 On claims incurred during current year.....	65,678,046	33,634		26,003		65,618,409			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	25,694,323	329,639		29,680	13,078,255	11,771,118	15,750		469,881
2.2 On claims incurred during current year.....	54,368,296	1,895,668		310,990	857,855	51,157,764	124,564		21,455
3. Test:									
3.1 Lines 1.1 and 2.1.....	32,368,420	330,312	0	30,200	13,078,255	18,444,022	15,750	0	469,881
3.2 Claim reserves and liabilities, December 31, prior year.....	32,553,058	76,209		12,558	14,240,537	17,732,230			491,524
3.3 Line 3.1 minus Line 3.2.....	(184,638)	254,103	0	17,642	(1,162,282)	711,792	15,750	0	(21,643)

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	175,436,466	6,911,781		760,318	21,038,430	145,619,083	446,723		660,131
2. Premiums earned.....	162,674,189	6,713,913		705,220	20,872,446	133,423,414	308,989		650,207
3. Incurred claims.....	70,800,758	2,185,659		323,600	13,936,007	53,723,843	140,314		491,335
4. Commissions.....	5,613,273	165,717		(15,357)	27,651	5,433,175	1,191		896
B. Reinsurance Ceded:									
1. Premiums written.....	12,552,632	1,802,817				10,749,815			
2. Premiums earned.....	12,549,091	1,802,958				10,746,133			
3. Incurred claims.....	6,007,962	817,692				5,190,270			
4. Commissions.....	3,965,272	789,118				3,176,154			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	2,484		78,846,356	78,848,840
2. Beginning claim reserves and liabilities.....	76		13,607,880	13,607,956
3. Ending claim reserves and liabilities.....	27		13,423,459	13,423,486
4. Claims paid.....	2,533	0	79,030,777	79,033,310
B. Assumed Reinsurance:				
5. Incurred claims.....	402,647	119,933	70,278,183	70,800,763
6. Beginning claim reserves and liabilities.....			(1,969,331)	(1,969,331)
7. Ending claim reserves and liabilities.....	402,647	119,933	68,927,541	69,450,121
8. Claims paid.....	0	0	(618,689)	(618,689)
C. Ceded Reinsurance:				
9. Incurred claims.....			6,007,960	6,007,960
10. Beginning claim reserves and liabilities.....	28		2,865,475	2,865,503
11. Ending claim reserves and liabilities.....			2,811,084	2,811,084
12. Claims paid.....	28	0	6,062,351	6,062,379
D. Net:				
13. Incurred claims.....	405,131	119,933	143,116,579	143,641,643
14. Beginning claim reserves and liabilities.....	48	0	8,773,074	8,773,122
15. Ending claim reserves and liabilities.....	402,674	119,933	79,539,916	80,062,523
16. Claims paid.....	2,505	0	72,349,737	72,352,242
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....	405,131	119,933	143,116,579	143,641,643
18. Beginning reserves and liabilities.....	48	0	8,773,074	8,773,122
19. Ending reserves and liabilities.....	402,674	119,933	79,539,916	80,062,523
20. Paid claims and cost containment expenses.....	2,505	0	72,349,737	72,352,242

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
Non-Affiliates - U.S. Non-Affiliates											
66044.....	46-0164570....	01/01/1994	Midland National Life.....	IA.....	CO/I.....	7,695	528	28,053	1,636		
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	4,581,834	309,499	478,853	2,767,998		
63479.....	58-0869673....	08/31/2012	United Teacher Associates Insurance Company.....	TX.....	CO/I.....	142,785,361	8,730,704	74,053,205	34,979,344		
71404.....	47-0463747....	08/31/2012	Continental General Insurance Company.....	OH.....	CO/I.....	28,061,576	3,722,141	6,529,410	11,296,062		
0499999	Total - Non-Affiliates - U.S. Non-Affiliates.....					175,436,466	12,762,872	81,089,521	49,045,040	0	0
0699999	Total - Non-Affiliates.....					175,436,466	12,762,872	81,089,521	49,045,040	0	0
0799999	Total - U.S.....					175,436,466	12,762,872	81,089,521	49,045,040	0	0
0999999	Total.....					175,436,466	12,762,872	81,089,521	49,045,040	0	0