



# 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 February 2013

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

1. State the amendment number	_____
2. Date filed	_____
3. Number of pages attached	_____



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	234,985				234,985
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	234,985	0	0	0	234,985
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	6,096				6,096
6.2 Applied to pay renewal premiums.....	465				465
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,031				1,031
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	7,592	0	0	0	7,592
<b>Annuities:</b>					
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).....	7,592	0	0	0	7,592
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	143,080				143,080
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	406,361				406,361
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.....	549,441	0	0	0	549,441

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....										0
17. Incurred during current year.....	3	143,080							3	143,080
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	143,080							3	143,080
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	143,080	0	0	0	0	0	0	3	143,080
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	143,080	0	0	0	0	0	0	3	143,080
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	396	50,429,061	(a)						396	50,429,061
21. Issued during year.....	(4)	(23,500)							(4)	(23,500)
22. Other changes to in force (Net).....	(16)	(2,096,187)							(16)	(2,096,187)
23. In force December 31 of current year.....	376	48,309,374	0	0	0	0	0	0	376	48,309,374

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	837	837			
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).....	837	837	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	837	837	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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,019				2,019
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,019	0	0	0	2,019
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	349				349
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	34				34
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	383	0	0	0	383
<b>Annuities:</b>					
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).....	383	0	0	0	383
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....	122,877				122,877
12. Surrender values and withdrawals for life contracts.....	10,861				10,861
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.....	133,738	0	0	0	133,738

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										.0
1302. ....										.0
1303. ....										.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	.0
17. Incurred during current year.....									0	.0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	12	144,783	(a)						12	144,783
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(1)	(33,913)							(1)	(33,913)
23. In force December 31 of current year.....	11	110,870	0	0	0	0	0	0	11	110,870

(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).....	126	126			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,857	6,069		713	716
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).....	5,857	6,069	0	713	716
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,983	6,195	0	713	716

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	648,517		35,578		684,095
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	935	XXX		XXX	935
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	649,452	0	35,578	0	685,030
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	14,849				14,849
6.2 Applied to pay renewal premiums.....	335				335
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	242				242
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	15,426	0	0	0	15,426
<b>Annuities:</b>					
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).....	15,426	0	0	0	15,426
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,081,609		21,788		1,103,397
10. Matured endowments.....					0
11. Annuity benefits.....	73,850				73,850
12. Surrender values and withdrawals for life contracts.....	559,274				559,274
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,714,733	0	21,788	0	1,736,521

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	28	203,674							28	203,674
17. Incurred during current year.....	134	1,088,998			4	21,788			138	1,110,786
<b>Settled during current year:</b>										
18.1 By payment in full.....	115	1,081,609			4	21,788			119	1,103,397
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	115	1,081,609	0	0	4	21,788	0	0	119	1,103,397
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	115	1,081,609	0	0	4	21,788	0	0	119	1,103,397
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	47	211,063	0	0	0	0	0	0	47	211,063
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	4,050	71,783,666	(a)		213	5,035,539			4,263	76,819,205
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(340)	(6,692,318)			(52)	(881,988)			(392)	(7,574,306)
23. In force December 31 of current year.....	3,710	65,091,348	0	0	161	4,153,551	0	0	3,871	69,244,899

(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).....	20,975	20,858		10,790	12,779
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	416	416		487	570
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,339,539	3,316,650		1,716,717	1,723,873
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).....	3,339,539	3,316,650	0	1,716,717	1,723,873
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,360,930	3,337,924	0	1,727,994	1,737,222

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	204,247		3,986		208,233
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....	.81	XXX		XXX	.81
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	204,328	0	3,986	0	208,314
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,947				1,947
6.2 Applied to pay renewal premiums.....	.41				.41
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).....	1,988	0	0	0	1,988
<b>Annuities:</b>					
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).....	1,988	0	0	0	1,988
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	180,107				180,107
10. Matured endowments.....					.0
11. Annuity benefits.....	4,676				4,676
12. Surrender values and withdrawals for life contracts.....	222,628				222,628
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.....	407,411	0	0	0	407,411

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										.0
1302. ....										.0
1303. ....										.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	0	0	0	0	0	0	0	0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	54,662							4	54,662
17. Incurred during current year.....	29	155,428							29	155,428
<b>Settled during current year:</b>										
18.1 By payment in full.....	23	180,107							23	180,107
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	23	180,107	0	0	0	0	0	0	23	180,107
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	23	180,107	0	0	0	0	0	0	23	180,107
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	29,983	0	0	0	0	0	0	10	29,983
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,126	17,212,475	(a)		33	1,110,037			1,159	18,322,512
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(81)	(1,257,260)			(8)	(318,264)			(89)	(1,575,524)
23. In force December 31 of current year.....	1,045	15,955,215	0	0	25	791,773	0	0	1,070	16,746,988

(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).....	15,747	15,835		2,350	2,783
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	716,165	717,024		461,039	462,961
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).....	716,165	717,024	0	461,039	462,961
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	731,912	732,859	0	463,389	465,744

(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 AMERICAN SAMOA DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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.....					
<b>Other Individual Policies:</b>					
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 ARIZONA DURING THE YEAR**

NAIC Group Code....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	37,623		180		37,803
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	3,396	XXX		XXX	3,396
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,019	0	180	0	41,199
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	3,866				3,866
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	123				123
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	3,989	0	0	0	3,989
<b>Annuities:</b>					
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).....	3,989	0	0	0	3,989
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	22,620				22,620
10. Matured endowments.....					0
11. Annuity benefits.....	549,775				549,775
12. Surrender values and withdrawals for life contracts.....	1,939,548				1,939,548
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	35	0	0	0	35
14. All other benefits, except accident and health.....					0
15. Totals.....	2,511,978	0	0	0	2,511,978

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....		35								35
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		35	0	0	0	0	0	0	0	35

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	22,620							3	22,620
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	22,620							3	22,620
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	22,620	0	0	0	0	0	0	3	22,620
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	22,620	0	0	0	0	0	0	3	22,620
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	69	3,695,027	(a)						69	3,695,027
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(329,812)							(7)	(329,812)
23. In force December 31 of current year.....	62	3,365,215	0	0	0	0	0	0	62	3,365,215

(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).....	1,098	1,108		100	118
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	485,400	493,642		327,936	329,244
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).....	485,400	493,642	0	327,936	329,244
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	486,498	494,750	0	328,036	329,362

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	123,470		2,247		125,717
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	4,156	XXX		XXX	4,156
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,626	0	2,247	0	129,873
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	6,109				6,109
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	163				163
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	6,272	0	0	0	6,272
<b>Annuities:</b>					
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).....	6,272	0	0	0	6,272
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	133,221				133,221
10. Matured endowments.....					0
11. Annuity benefits.....	614,608				614,608
12. Surrender values and withdrawals for life contracts.....	2,263,656				2,263,656
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.....	3,011,485	0	0	0	3,011,485

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	20,000							2	20,000
17. Incurred during current year.....	23	133,375							23	133,375
<b>Settled during current year:</b>										
18.1 By payment in full.....	18	133,221							18	133,221
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	133,221	0	0	0	0	0	0	18	133,221
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	133,221	0	0	0	0	0	0	18	133,221
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	20,154	0	0	0	0	0	0	7	20,154
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	600	13,910,658	(a)		13	943,616			613	14,854,274
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(40)	(838,901)			(2)	(100,955)			(42)	(939,856)
23. In force December 31 of current year.....	560	13,071,757	0	0	11	842,661	0	0	571	13,914,418

(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).....	7,022	7,169		1,500	1,776
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	30	30			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	744,610	748,586		388,741	390,577
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).....	744,610	748,586	0	388,741	390,577
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	751,662	755,785	0	390,241	392,353

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	168				168
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	168	0	0	0	168
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	55				55
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).....	55	0	0	0	55
<b>Annuities:</b>					
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).....	55	0	0	0	55
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

**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.....					
<b>Other Individual Policies:</b>					
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 **COLORADO** DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	18,473				18,473
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	811	XXX		XXX	811
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,284	0	0	0	19,284
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,372				1,372
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).....	1,372	0	0	0	1,372
<b>Annuities:</b>					
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).....	1,372	0	0	0	1,372
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	100,857				100,857
12. Surrender values and withdrawals for life contracts.....	608,089				608,089
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.....	708,946	0	0	0	708,946

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	63	3,974,212	(a)		1	6,000			64	3,980,212
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(372,659)							(2)	(372,659)
23. In force December 31 of current year.....	61	3,601,553	0	0	1	6,000	0	0	62	3,607,553

(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).....	1,036	1,095			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	784,699	765,364		384,794	386,221
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).....	784,699	765,364	0	384,794	386,221
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	785,735	766,459	0	384,794	386,221

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	9,608				9,608
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,608	0	0	0	9,608
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	249				249
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	60				60
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	309	0	0	0	309
<b>Annuities:</b>					
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).....	309	0	0	0	309
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,727				4,727
12. Surrender values and withdrawals for life contracts.....	423,856				423,856
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.....	428,583	0	0	0	428,583

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	130							1	130
<b>Settled during current year:</b>										
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).....	1	130							1	130
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	30	267,786		(a)					30	267,786
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(2)	(22,833)							(2)	(22,833)
23. In force December 31 of current year.....	29	344,953	0	(a)	0	0	0	0	29	344,953

(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).....	840	840			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	38,525	43,635		514	516
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).....	38,525	43,635	0	514	516
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	39,365	44,475	0	514	516

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	9,854				9,854
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	198	XXX		XXX	198
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,052	0	0	0	10,052
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	766				766
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	88				88
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	854	0	0	0	854
<b>Annuities:</b>					
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).....	854	0	0	0	854
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	7,339				7,339
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	10,180				10,180
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.....	17,519	0	0	0	17,519

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	7,354							2	7,354
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	7,339							1	7,339
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	7,339	0	0	0	0	0	0	1	7,339
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	7,339	0	0	0	0	0	0	1	7,339
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15	0	0	0	0	0	0	1	15
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	90	1,013,731	(a)						90	1,013,731
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(57,085)							(7)	(57,085)
23. In force December 31 of current year.....	83	956,646	0	0	0	0	0	0	83	956,646

(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).....	1,387	1,336			
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	69	69			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,254	9,308		453	455
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).....	9,254	9,308	0	453	455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,710	10,713	0	453	455

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,978				19,978
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,978	0	0	0	19,978
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	95				95
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	158				158
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	253	0	0	0	253
<b>Annuities:</b>					
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).....	253	0	0	0	253
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	(150)				(150)
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.....	(150)	0	0	0	(150)

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	14	206,617	(a)						14	206,617
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(1,200)							0	(1,200)
23. In force December 31 of current year.....	14	205,417	0	0	0	0	0	0	14	205,417

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,979	11,082		2,578	2,589
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).....	10,979	11,082	0	2,578	2,589
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,979	11,082	0	2,578	2,589

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	713,644		2,188		715,832
2. Annuity considerations.....	67,223				67,223
3. Deposit-type contract funds.....	4,221	XXX		XXX	4,221
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	785,088	0	2,188	0	787,276
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	20,672				20,672
6.2 Applied to pay renewal premiums.....	11				11
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	6,372				6,372
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	27,055	0	0	0	27,055
<b>Annuities:</b>					
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).....	27,055	0	0	0	27,055
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	894,023		149		894,172
10. Matured endowments.....	(458)				(458)
11. Annuity benefits.....	530,345				530,345
12. Surrender values and withdrawals for life contracts.....	2,952,978				2,952,978
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	11,659	0	0	0	11,659
14. All other benefits, except accident and health.....					0
15. Totals.....	4,388,547	0	149	0	4,388,696

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	11,659									11,659
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	11,659	0	0	0	0	0	0	0	0	11,659

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	20	127,980							20	127,980
17. Incurred during current year.....	149	913,525			1	149			150	913,674
<b>Settled during current year:</b>										
18.1 By payment in full.....	121	894,023			1	149			122	894,172
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	121	894,023	0	0	1	149	0	0	122	894,172
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	121	894,023	0	0	1	149	0	0	122	894,172
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	48	147,482	0	0	0	0	0	0	48	147,482
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	4,749	49,287,506	(a)		1	36,100			4,750	49,323,606
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(314)	(3,542,392)				(2,000)			(314)	(3,544,392)
23. In force December 31 of current year.....	4,435	45,745,114	0	0	1	34,100	0	0	4,436	45,779,214

(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).....	2,857	2,877		148	175
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	6,624	6,682		7,240	8,472
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	966,578	961,168		700,553	703,414
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).....	966,578	961,168	0	700,553	703,414
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	976,059	970,727	0	707,941	712,061

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	304,842		2,827		307,669
2. Annuity considerations.....	(10,997)				(10,997)
3. Deposit-type contract funds.....	4,317	XXX		XXX	4,317
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	298,162	0	2,827	0	300,989
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	69,921				69,921
6.2 Applied to pay renewal premiums.....	3,024				3,024
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	2,725				2,725
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	75,670	0	0	0	75,670
<b>Annuities:</b>					
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).....	75,670	0	0	0	75,670
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	726,631		1,225		727,856
10. Matured endowments.....	10,045				10,045
11. Annuity benefits.....	195,060				195,060
12. Surrender values and withdrawals for life contracts.....	739,220				739,220
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	7,935	0	0	0	7,935
14. All other benefits, except accident and health.....					0
15. Totals.....	1,678,891	0	1,225	0	1,680,116

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	7,935									7,935
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	7,935	0	0	0	0	0	0	0	0	7,935

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	17	112,547			1	1,200			18	113,747
17. Incurred during current year.....	140	752,525			1	1,225			141	753,750
<b>Settled during current year:</b>										
18.1 By payment in full.....	132	726,631			1	1,225			133	727,856
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	132	726,631	0	0	1	1,225	0	0	133	727,856
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	132	726,631	0	0	1	1,225	0	0	133	727,856
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	25	138,441	0	0	1	1,200	0	0	26	139,641
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3,525	29,612,320	(a)		5	301,000			3,530	29,913,320
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(243)	(2,277,020)							(243)	(2,277,020)
23. In force December 31 of current year.....	3,282	27,335,300	0	0	5	301,000	0	0	3,287	27,636,300

(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).....	5,054	5,236		6,891	8,161
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,582	3,632		1,987	2,325
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,097,690	1,089,995		832,402	822,710
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).....	1,097,690	1,089,995	0	832,402	822,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,106,326	1,098,863	0	841,280	833,196

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	6,825,044		101,672		6,926,716
2. Annuity considerations.....	109,665				109,665
3. Deposit-type contract funds.....	90,039	XXX		XXX	90,039
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,024,748	0	101,672	0	7,126,420
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	257,082				257,082
6.2 Applied to pay renewal premiums.....	4,964				4,964
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	22,783				22,783
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	284,829	0	0	0	284,829
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....	392				392
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	392	0	0	0	392
8. Grand Totals (Lines 6.5 + 7.4).....	285,221	0	0	0	285,221
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	8,107,452		137,858		8,245,310
10. Matured endowments.....	46,079				46,079
11. Annuity benefits.....	5,929,088				5,929,088
12. Surrender values and withdrawals for life contracts.....	27,787,366				27,787,366
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	87,451	0	0	0	87,451
14. All other benefits, except accident and health.....					0
15. Totals.....	41,957,436	0	137,858	0	42,095,294

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	87,451									87,451
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0		0		0		0		0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	87,451		0		0		0		0	87,451

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	193	1,534,174		(0)	4	28,352			197	1,562,526
17. Incurred during current year.....	1,345	7,976,002			7	111,706			1,352	8,087,708
<b>Settled during current year:</b>										
18.1 By payment in full.....	1,208	8,107,452			9	137,858			1,217	8,245,310
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1,208	8,107,452	0	0	9	137,858	0	0	1,217	8,245,310
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1,208	8,107,452	0	0	9	137,858	0	0	1,217	8,245,310
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	330	1,402,724	0	(0)	2	2,200	0	0	332	1,404,924
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	41,284	653,129,632	(a)		2,763	14,912,269			44,047	668,041,901
21. Issued during year.....	24	160,553			616	80,044			640	240,597
22. Other changes to in force (Net).....	(2,869)	(47,489,864)			(1,007)	(2,901,622)			(3,876)	(50,391,486)
23. In force December 31 of current year.....	38,439	605,800,321	0	(a)	2,372	12,090,691	0	0	40,811	617,891,012

(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).....	2,134,365	2,247,734		718,264	850,650
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	32,464	32,853		26,524	31,036
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....	389	389			10
25.2 Guaranteed renewable (b).....	119,046,684	119,189,622		77,666,487	77,967,149
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).....	119,047,073	119,190,011	0	77,666,487	77,967,159
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	121,213,902	121,470,598	0	78,411,275	78,848,845

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	2,794				2,794
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	232	XXX		XXX	232
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,026	0	0	0	3,026
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	250				250
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).....	250	0	0	0	250
<b>Annuities:</b>					
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).....	250	0	0	0	250
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	4	87,000	(a)						4	87,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	4	87,000	0	(a)	0	0	0	0	4	87,000

(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.....					
<b>Other Individual Policies:</b>					
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 HAWAII DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	12,842		2,620		15,462
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	1,186	XXX		XXX	1,186
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,028	0	2,620	0	16,648
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,216				2,216
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).....	2,216	0	0	0	2,216
<b>Annuities:</b>					
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).....	2,216	0	0	0	2,216
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	9,493				9,493
10. Matured endowments.....					0
11. Annuity benefits.....	3,728				3,728
12. Surrender values and withdrawals for life contracts.....	211,003				211,003
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.....	224,224	0	0	0	224,224

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	9,493							1	9,493
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	9,493							1	9,493
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	9,493	0	0	0	0	0	0	1	9,493
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	9,493	0	0	0	0	0	0	1	9,493
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	79	1,195,363	(a)		1	200,000			80	1,395,363
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(105,036)							(7)	(105,036)
23. In force December 31 of current year.....	72	1,090,327	0	(a)	1	200,000	0	0	73	1,290,327

(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).....	397	397			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	113,012	113,175		30,975	31,104
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).....	113,012	113,175	0	30,975	31,104
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	113,409	113,572	0	30,975	31,104

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	14,239		367		14,606
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	257	XXX		XXX	257
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,496	0	367	0	14,863
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	379				379
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	46				46
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	425	0	0	0	425
<b>Annuities:</b>					
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).....	425	0	0	0	425
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	3,486				3,486
10. Matured endowments.....					0
11. Annuity benefits.....	34,154				34,154
12. Surrender values and withdrawals for life contracts.....	316,878				316,878
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.....	354,518	0	0	0	354,518

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	3,486							1	3,486
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	3,486							1	3,486
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	3,486	0	0	0	0	0	0	1	3,486
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	3,486	0	0	0	0	0	0	1	3,486
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	39	358,647	(a)		1	100,000			40	458,647
21. Issued during year.....	1	2,500							1	2,500
22. Other changes to in force (Net).....	(1)	(21,032)							(1)	(21,032)
23. In force December 31 of current year.....	39	340,115	0	0	1	100,000	0	0	40	440,115

(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).....	1,961	2,053		400	474
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,674,784	4,726,956		3,620,205	3,635,296
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).....	4,674,784	4,726,956	0	3,620,205	3,635,296
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,676,745	4,729,009	0	3,620,605	3,635,770

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,824				3,824
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,824	0	0	0	3,824
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	162				162
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).....	162	0	0	0	162
<b>Annuities:</b>					
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).....	162	0	0	0	162
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	9,189				9,189
10. Matured endowments.....					0
11. Annuity benefits.....	25,622				25,622
12. Surrender values and withdrawals for life contracts.....	172,493				172,493
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	207,304	0	0	0	207,304

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	7,423							1	7,423
17. Incurred during current year.....	1	1,766							1	1,766
<b>Settled during current year:</b>										
18.1 By payment in full.....	2	9,189							2	9,189
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	9,189	0	0	0	0	0	0	2	9,189
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	9,189	0	0	0	0	0	0	2	9,189
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	19	1,002,453	(a)		1	6,000			20	1,008,453
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(36,696)							(3)	(36,696)
23. In force December 31 of current year.....	16	965,757	0	0	1	6,000	0	0	17	971,757

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,027,117	1,022,281		698,381	701,292
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).....	1,027,117	1,022,281	0	698,381	701,292
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,027,117	1,022,281	0	698,381	701,292

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	134,720		3,401		138,121
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	217	XXX		XXX	217
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	134,937	0	3,401	0	138,338
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,939				1,939
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).....	1,939	0	0	0	1,939
<b>Annuities:</b>					
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).....	1,939	0	0	0	1,939
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	197,303				197,303
10. Matured endowments.....					0
11. Annuity benefits.....	161,982				161,982
12. Surrender values and withdrawals for life contracts.....	576,295				576,295
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.....	935,580	0	0	0	935,580

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	108,399							4	108,399
17. Incurred during current year.....	15	99,655							15	99,655
<b>Settled during current year:</b>										
18.1 By payment in full.....	13	197,303							13	197,303
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	197,303	0	0	0	0	0	0	13	197,303
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	197,303	0	0	0	0	0	0	13	197,303
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	10,751	0	0	0	0	0	0	6	10,751
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	539	10,746,703	(a)		13	820,599			552	11,567,302
21. Issued during year.....	10	25,000							10	25,000
22. Other changes to in force (Net).....	(48)	(700,857)			(4)	(182,897)			(52)	(883,754)
23. In force December 31 of current year.....	501	10,070,846	0	0	9	637,702	0	0	510	10,708,548

(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).....	31,939	31,730		3,555	4,210
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,189,035	9,163,572		6,441,246	6,468,097
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).....	9,189,035	9,163,572	0	6,441,246	6,468,097
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,220,974	9,195,302	0	6,444,801	6,472,307

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	265,620		2,256		267,876
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	844	XXX		XXX	844
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	266,464	0	2,256	0	268,720
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,068				1,068
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).....	1,068	0	0	0	1,068
<b>Annuities:</b>					
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).....	1,068	0	0	0	1,068
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	229,868				229,868
10. Matured endowments.....					0
11. Annuity benefits.....	476,490				476,490
12. Surrender values and withdrawals for life contracts.....	2,535,965				2,535,965
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.....	3,242,323	0	0	0	3,242,323

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	61,722							4	61,722
17. Incurred during current year.....	22	183,571							22	183,571
<b>Settled during current year:</b>										
18.1 By payment in full.....	20	229,868							20	229,868
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	229,868	0	0	0	0	0	0	20	229,868
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	20	229,868	0	0	0	0	0	0	20	229,868
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	15,425	0	0	0	0	0	0	6	15,425
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,370	20,430,767	(a)		14	652,279			1,384	21,083,046
21. Issued during year.....	3	7,500							3	7,500
22. Other changes to in force (Net).....	(86)	(1,182,713)			(2)	(133,761)			(88)	(1,316,474)
23. In force December 31 of current year.....	1,287	19,255,554	0	0	12	518,518	0	0	1,299	19,774,072

(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).....	8,344	8,347			
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	53	30			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,858,716	5,798,359		3,767,701	3,783,407
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).....	5,858,716	5,798,359	0	3,767,701	3,783,407
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,867,113	5,806,736	0	3,767,701	3,783,407

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	50,080		67		50,147
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	703	XXX		XXX	703
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,783	0	67	0	50,850
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	612				612
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	82				82
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	694	0	0	0	694
<b>Annuities:</b>					
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).....	694	0	0	0	694
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	33,140				33,140
10. Matured endowments.....					0
11. Annuity benefits.....	182,893				182,893
12. Surrender values and withdrawals for life contracts.....	243,505				243,505
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.....	459,538	0	0	0	459,538

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	3	13,588							3	13,588
17. Incurred during current year.....	11	32,262							11	32,262
<b>Settled during current year:</b>										
18.1 By payment in full.....	11	33,140							11	33,140
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	33,140	0	0	0	0	0	0	11	33,140
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	33,140	0	0	0	0	0	0	11	33,140
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	12,710	0	0	0	0	0	0	3	12,710
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	332	5,745,089	(a)						332	5,745,089
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(345,039)							(26)	(345,039)
23. In force December 31 of current year.....	306	5,400,050	0	0	0	0	0	0	306	5,400,050

(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).....	9,288	9,772		220	261
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	69	69			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,458,540	4,488,277		3,034,558	3,047,208
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).....	4,458,540	4,488,277	0	3,034,558	3,047,208
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,467,897	4,498,118	0	3,034,778	3,047,469

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	48,568				48,568
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	661	XXX		XXX	661
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	49,229	0	0	0	49,229
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,644				2,644
6.2 Applied to pay renewal premiums.....	67				67
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	51				51
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,762	0	0	0	2,762
<b>Annuities:</b>					
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).....	2,762	0	0	0	2,762
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	51,559				51,559
10. Matured endowments.....					0
11. Annuity benefits.....	19,064				19,064
12. Surrender values and withdrawals for life contracts.....	425,758				425,758
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.....	496,381	0	0	0	496,381

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	51,559							5	51,559
<b>Settled during current year:</b>										
18.1 By payment in full.....	5	51,559							5	51,559
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	51,559	0	0	0	0	0	0	5	51,559
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	51,559	0	0	0	0	0	0	5	51,559
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	102	3,520,344	(a)						102	3,520,344
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(177,526)							(7)	(177,526)
23. In force December 31 of current year.....	95	3,342,818	0	0	0	0	0	0	95	3,342,818

(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).....	132	150			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,998,226	2,006,232		1,350,917	1,356,548
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).....	1,998,226	2,006,232	0	1,350,917	1,356,548
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,998,358	2,006,382	0	1,350,917	1,356,548

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	282,861		420		283,281
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	361	XXX		XXX	361
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	283,222	0	420	0	283,642
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	6,480				6,480
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).....	6,480	0	0	0	6,480
<b>Annuities:</b>					
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).....	6,480	0	0	0	6,480
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	186,717				186,717
10. Matured endowments.....	5,312				5,312
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	432,384				432,384
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.....	624,413	0	0	0	624,413

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	15,023							2	15,023
17. Incurred during current year.....	21	254,388							21	254,388
<b>Settled during current year:</b>										
18.1 By payment in full.....	14	186,717							14	186,717
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	186,717	0	0	0	0	0	0	14	186,717
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	186,717	0	0	0	0	0	0	14	186,717
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	82,694	0	0	0	0	0	0	9	82,694
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,409	42,375,116	(a)		3	147,450			1,412	42,522,566
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(120)	(5,048,766)				7,172			(120)	(5,041,594)
23. In force December 31 of current year.....	1,289	37,326,350	0	0	3	154,622	0	0	1,292	37,480,972

(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).....	271,901	278,738		61,650	73,013
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	337	337			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,751,681	1,756,472		679,610	682,443
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).....	1,751,681	1,756,472	0	679,610	682,443
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,023,919	2,035,547	0	741,260	755,456

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	80,853		256		81,109
2. Annuity considerations.....	26,548				26,548
3. Deposit-type contract funds.....	420	XXX		XXX	420
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	107,821	0	256	0	108,077
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	586				586
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	71				71
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	657	0	0	0	657
<b>Annuities:</b>					
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).....	657	0	0	0	657
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	45,011				45,011
10. Matured endowments.....					0
11. Annuity benefits.....	11,012				11,012
12. Surrender values and withdrawals for life contracts.....	739,192				739,192
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	3,873	0	0	0	3,873
14. All other benefits, except accident and health.....					0
15. Totals.....	799,088	0	0	0	799,088

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	3,873									3,873
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	3,873	0	0	0	0	0	0	0	0	3,873

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	13	50,942							13	50,942
<b>Settled during current year:</b>										
18.1 By payment in full.....	10	45,011							10	45,011
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	45,011	0	0	0	0	0	0	10	45,011
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	45,011	0	0	0	0	0	0	10	45,011
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	5,931	0	0	0	0	0	0	3	5,931
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	475	5,937,077	(a)		1	79,800			476	6,016,877
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(184,173)				(2,900)			(25)	(187,073)
23. In force December 31 of current year.....	450	5,752,904	0	0	1	76,900	0	0	451	5,829,804

(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).....	2,541	2,420			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	41,027	41,647		57,053	57,291
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).....	41,027	41,647	0	57,053	57,291
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	43,568	44,067	0	57,053	57,291

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	73,122				73,122
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	1,772	XXX		XXX	1,772
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	74,894	0	0	0	74,894
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	3,001				3,001
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	72				72
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	3,073	0	0	0	3,073
<b>Annuities:</b>					
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).....	3,073	0	0	0	3,073
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	36,449				36,449
10. Matured endowments.....	133				133
11. Annuity benefits.....	39,971				39,971
12. Surrender values and withdrawals for life contracts.....	55,495				55,495
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.....	132,048	0	0	0	132,048

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	12	50,673							12	50,673
<b>Settled during current year:</b>										
18.1 By payment in full.....	9	36,449							9	36,449
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	36,449	0	0	0	0	0	0	9	36,449
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	36,449	0	0	0	0	0	0	9	36,449
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	14,224	0	0	0	0	0	0	3	14,224
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	280	4,273,725	(a)		1	6,000			281	4,279,725
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(237,375)							(19)	(237,375)
23. In force December 31 of current year.....	261	4,036,350	0	0	1	6,000	0	0	262	4,042,350

(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).....	6,702	6,826		1,035	1,226
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	182,259	184,582		172,343	173,061
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).....	182,259	184,582	0	172,343	173,061
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	188,961	191,408	0	173,378	174,287

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	82,043				82,043
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	144	XXX		XXX	144
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	82,187	0	0	0	82,187
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	744				744
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	47				47
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	791	0	0	0	791
<b>Annuities:</b>					
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).....	791	0	0	0	791
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	13,907				13,907
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	24,027				24,027
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.....	37,934	0	0	0	37,934

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	3,271							1	3,271
17. Incurred during current year.....	5	29,474							5	29,474
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	13,907							4	13,907
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	13,907	0	0	0	0	0	0	4	13,907
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	13,907	0	0	0	0	0	0	4	13,907
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	18,838	0	0	0	0	0	0	2	18,838
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	405	5,946,963	(a)						405	5,946,963
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(165,750)							(15)	(165,750)
23. In force December 31 of current year.....	390	5,781,213	0	0	0	0	0	0	390	5,781,213

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	201,013	201,869		59,857	60,107
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).....	201,013	201,869	0	59,857	60,107
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	201,013	201,869	0	59,857	60,107

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	59,315				59,315
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	374	XXX		XXX	374
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	59,689	0	0	0	59,689
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,424				1,424
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	130				130
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,554	0	0	0	1,554
<b>Annuities:</b>					
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).....	1,554	0	0	0	1,554
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	76,263				76,263
10. Matured endowments.....					0
11. Annuity benefits.....	483,511				483,511
12. Surrender values and withdrawals for life contracts.....	950,246				950,246
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.....	1,510,020	0	0	0	1,510,020

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	176,263							6	176,263
<b>Settled during current year:</b>										
18.1 By payment in full.....	5	76,263							5	76,263
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	76,263	0	0	0	0	0	0	5	76,263
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	76,263	0	0	0	0	0	0	5	76,263
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	104	6,765,311	(a)						104	6,765,311
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(246,411)							(7)	(246,411)
23. In force December 31 of current year.....	97	6,518,900	0	0	0	0	0	0	97	6,518,900

(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).....	18,314	17,813		20,628	24,430
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,187,369	6,229,205		3,748,119	3,763,743
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).....	6,187,369	6,229,205	0	3,748,119	3,763,743
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,205,683	6,247,018	0	3,768,747	3,788,173

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	33,006				33,006
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	69	XXX		XXX	69
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	33,075	0	0	0	33,075
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	618				618
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	374				374
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	992	0	0	0	992
<b>Annuities:</b>					
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).....	992	0	0	0	992
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	115,179				115,179
10. Matured endowments.....					0
11. Annuity benefits.....	382,131				382,131
12. Surrender values and withdrawals for life contracts.....	843,941				843,941
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.....	1,341,251	0	0	0	1,341,251

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	4,917							1	4,917
17. Incurred during current year.....	32	147,572							32	147,572
<b>Settled during current year:</b>										
18.1 By payment in full.....	22	115,179							22	115,179
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	22	115,179	0	0	0	0	0	0	22	115,179
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	22	115,179	0	0	0	0	0	0	22	115,179
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	37,310	0	0	0	0	0	0	11	37,310
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	510	5,144,052	(a)						510	5,144,052
21. Issued during year.....	1	12,086							1	12,086
22. Other changes to in force (Net).....	(34)	(424,450)							(34)	(424,450)
23. In force December 31 of current year.....	477	4,731,688	0	0	0	0	0	0	477	4,731,688

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	331,589	336,116		200,574	201,410
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).....	331,589	336,116	0	200,574	201,410
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	331,589	336,116	0	200,574	201,410

(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 MISSOURI DURING THE YEAR**

NAIC Group Code....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	139,335		.941		140,276
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....	2,311	XXX		XXX	2,311
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	141,646	0	.941	0	142,587
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,918				1,918
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.41				.41
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,959	0	0	0	1,959
<b>Annuities:</b>					
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).....	1,959	0	0	0	1,959
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	215,693				215,693
10. Matured endowments.....					.0
11. Annuity benefits.....	45,536				45,536
12. Surrender values and withdrawals for life contracts.....	531,368				531,368
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	145	0	0	0	145
14. All other benefits, except accident and health.....					.0
15. Totals.....	792,742	0	0	0	792,742

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	145									145
1302. ....										.0
1303. ....										.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	145	0	0	0	0	0	0	0	0	145

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	3	10,362							3	10,362
17. Incurred during current year.....	39	221,820							39	221,820
<b>Settled during current year:</b>										
18.1 By payment in full.....	36	215,693							36	215,693
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	36	215,693	0	0	0	0	0	0	36	215,693
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	36	215,693	0	0	0	0	0	0	36	215,693
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	16,489	0	0	0	0	0	0	6	16,489
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,102	14,459,359	(a)		1	75,000			1,103	14,534,359
21. Issued during year.....	2	5,000							2	5,000
22. Other changes to in force (Net).....	(75)	(1,046,928)							(75)	(1,046,928)
23. In force December 31 of current year.....	1,029	13,417,431	0	0	1	75,000	0	0	1,030	13,492,431

(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).....	9,954	10,002		11,625	13,768
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,231,447	3,237,241		2,073,061	2,081,555
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).....	3,231,447	3,237,241	0	2,073,061	2,081,555
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,241,401	3,247,243	0	2,084,686	2,095,323

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	283,076		13,564		296,640
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	424	XXX		XXX	424
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	283,500	0	13,564	0	297,064
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	4,067				4,067
6.2 Applied to pay renewal premiums.....	127				127
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).....	4,194	0	0	0	4,194
<b>Annuities:</b>					
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).....	4,194	0	0	0	4,194
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	368,215		24,990		393,205
10. Matured endowments.....	1,743				1,743
11. Annuity benefits.....	1,205				1,205
12. Surrender values and withdrawals for life contracts.....	250,137				250,137
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	39	0	0	0	39
14. All other benefits, except accident and health.....					0
15. Totals.....	621,339	0	24,990	0	646,329

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....		39								39
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		39	0	0	0	0	0	0	0	39

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	12	92,448		(0)	1	24,752			13	117,200
17. Incurred during current year.....	70	346,312			1	1,238			71	347,550
<b>Settled during current year:</b>										
18.1 By payment in full.....	64	368,215			1	24,990			65	393,205
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	64	368,215	0	0	1	24,990	0	0	65	393,205
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	64	368,215	0	0	1	24,990	0	0	65	393,205
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	18	70,545	0	(0)	1	1,000	0	0	19	71,545
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,752	24,350,765	(a)		2,082	1,534,976			3,834	25,885,741
21. Issued during year.....	1	2,500			616	80,044			617	82,544
22. Other changes to in force (Net).....	(143)	(1,936,156)			(843)	(344,863)			(986)	(2,281,019)
23. In force December 31 of current year.....	1,610	22,417,109	0	(a)	1,855	1,270,157	0	0	3,465	23,687,266

(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).....	50,396	54,014		8,650	10,244
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,578,957	5,617,716		3,492,281	3,506,839
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).....	5,578,957	5,617,716	0	3,492,281	3,506,839
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,629,353	5,671,730	0	3,500,931	3,517,083

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,014				1,014
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,014	0	0	0	1,014
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	129				129
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).....	129	0	0	0	129
<b>Annuities:</b>					
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).....	129	0	0	0	129
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	10,037				10,037
10. Matured endowments.....					0
11. Annuity benefits.....	4,467				4,467
12. Surrender values and withdrawals for life contracts.....	93,629				93,629
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.....	108,133	0	0	0	108,133

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,037							1	10,037
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	10,037							1	10,037
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,037	0	0	0	0	0	0	1	10,037
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,037	0	0	0	0	0	0	1	10,037
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	42,209	(a)						7	42,209
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year.....	6	32,209	0	0	0	0	0	0	6	32,209

(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).....	544	484			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,577,176	1,574,055		1,006,223	1,010,418
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).....	1,577,176	1,574,055	0	1,006,223	1,010,418
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,577,720	1,574,539	0	1,006,223	1,010,418

(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.....0901

NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	694,260		74		694,334
2. Annuity considerations.....	1,339				1,339
3. Deposit-type contract funds.....	30,192	XXX		XXX	30,192
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	725,791	0	74	0	725,865
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	20,040				20,040
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	6,581				6,581
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	26,621	0	0	0	26,621
<b>Annuities:</b>					
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).....	26,621	0	0	0	26,621
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,149,450				1,149,450
10. Matured endowments.....	22,799				22,799
11. Annuity benefits.....	71,477				71,477
12. Surrender values and withdrawals for life contracts.....	394,426				394,426
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	6,017	0	0	0	6,017
14. All other benefits, except accident and health.....					0
15. Totals.....	1,644,169	0	0	0	1,644,169

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	6,017									6,017
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	6,017	0	0	0	0	0	0	0	0	6,017

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	25	284,127							25	284,127
17. Incurred during current year.....	133	919,078							133	919,078
<b>Settled during current year:</b>										
18.1 By payment in full.....	136	1,149,450							136	1,149,450
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	136	1,149,450	0	0	0	0	0	0	136	1,149,450
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	136	1,149,450	0	0	0	0	0	0	136	1,149,450
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	22	53,755	0	0	0	0	0	0	22	53,755
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3,187	50,658,523	(a)						3,187	50,658,523
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(248)	(2,984,821)							(248)	(2,984,821)
23. In force December 31 of current year.....	2,939	47,673,702	0	0	0	0	0	0	2,939	47,673,702

(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).....	57,810	62,188		17,325	20,518
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,085	12,165		4,761	5,570
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....	389	389			10
25.2 Guaranteed renewable (b).....	7,292,043	7,320,024		4,798,789	4,818,468
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).....	7,292,432	7,320,413	0	4,798,789	4,818,478
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,362,327	7,394,766	0	4,820,875	4,844,566

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,143		286		1,429
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,143	0	286	0	1,429
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	39				39
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).....	39	0	0	0	39
<b>Annuities:</b>					
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).....	39	0	0	0	39
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	13,632				13,632
10. Matured endowments.....					0
11. Annuity benefits.....	(102)				(102)
12. Surrender values and withdrawals for life contracts.....	122,828				122,828
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.....	136,358	0	0	0	136,358

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	1,724							1	1,724
17. Incurred during current year.....	3	11,908							3	11,908
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	13,632							4	13,632
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	13,632	0	0	0	0	0	0	4	13,632
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	13,632	0	0	0	0	0	0	4	13,632
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	30	195,449	(a)		1	125,000			31	320,449
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(22,473)							(4)	(22,473)
23. In force December 31 of current year.....	26	172,976	0	0	1	125,000	0	0	27	297,976

(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).....	4,069	4,049		750	888
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	57,801	58,159		50,311	50,521
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).....	57,801	58,159	0	50,311	50,521
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	61,870	62,208	0	51,061	51,409

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	27,524		.86		27,610
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	27,524	0	.86	.0	27,610
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	658				658
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	5				.5
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	663	0	.0	.0	663
<b>Annuities:</b>					
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).....	663	0	.0	.0	663
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....			55,369		55,369
10. Matured endowments.....					.0
11. Annuity benefits.....	996				996
12. Surrender values and withdrawals for life contracts.....	91,259				91,259
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	331	0	.0	.0	331
14. All other benefits, except accident and health.....					.0
15. Totals.....	92,586	0	55,369	.0	147,955

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....		331								331
1302. ....										.0
1303. ....										.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....		.0	0	.0	.0	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		331	0	.0	.0	.0	.0	.0	.0	331

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....					1	55,369			1	55,369
<b>Settled during current year:</b>										
18.1 By payment in full.....					1	55,369			1	55,369
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	0	0	0	0	1	55,369	0	0	1	55,369
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	0	0	0	0	1	55,369	0	0	1	55,369
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	70	897,696	(a)		2	127,719			72	1,025,415
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(2)	(47,363)			(2)	(127,719)			(4)	(175,082)
23. In force December 31 of current year.....	68	850,333	0	(a)	0	0	0	0	68	850,333

(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).....	2,076	2,199		100	118
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,919,801	2,939,298		2,057,886	2,066,406
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).....	2,919,801	2,939,298	.0	2,057,886	2,066,406
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,921,877	2,941,497	.0	2,057,986	2,066,524

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	15,598		55		15,653
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,598	0	55	0	15,653
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	439				439
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).....	439	0	0	0	439
<b>Annuities:</b>					
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).....	439	0	0	0	439
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	19				19
10. Matured endowments.....					0
11. Annuity benefits.....	2,619				2,619
12. Surrender values and withdrawals for life contracts.....	75,650				75,650
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.....	78,288	0	0	0	78,288

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	19							1	19
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	19							1	19
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	19	0	0	0	0	0	0	1	19
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	19	0	0	0	0	0	0	1	19
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	71	1,669,782	(a)						71	1,669,782
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(106,525)							(3)	(106,525)
23. In force December 31 of current year.....	68	1,563,257	0	0	0	0	0	0	68	1,563,257

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,939	17,829		6,053	6,078
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).....	17,939	17,829	0	6,053	6,078
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,939	17,829	0	6,053	6,078

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	88,887		24		88,911
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	88,887	0	24	0	88,911
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	803				803
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).....	803	0	0	0	803
<b>Annuities:</b>					
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).....	803	0	0	0	803
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	20,468				20,468
10. Matured endowments.....					0
11. Annuity benefits.....	14,281				14,281
12. Surrender values and withdrawals for life contracts.....	303,574				303,574
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.....	338,323	0	0	0	338,323

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	10,000							2	10,000
17. Incurred during current year.....	9	30,191							9	30,191
<b>Settled during current year:</b>										
18.1 By payment in full.....	5	20,468							5	20,468
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	20,468	0	0	0	0	0	0	5	20,468
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	20,468	0	0	0	0	0	0	5	20,468
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	19,723	0	0	0	0	0	0	6	19,723
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2,646	13,971,056	(a)		1	500			2,647	13,971,556
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(74)	(373,491)							(74)	(373,491)
23. In force December 31 of current year.....	2,572	13,597,565	0	0	1	500	0	0	2,573	13,598,065

(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).....	2,281	2,394			
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	69	69			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,313	16,097		4,896	4,916
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).....	14,313	16,097	0	4,896	4,916
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,663	18,560	0	4,896	4,916

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	14,892				14,892
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	26	XXX		XXX	26
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,918	0	0	0	14,918
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,265				1,265
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).....	1,265	0	0	0	1,265
<b>Annuities:</b>					
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).....	1,265	0	0	0	1,265
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	8,433				8,433
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	26,797				26,797
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.....	35,230	0	0	0	35,230

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pals. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	8,433							4	8,433
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	8,433							4	8,433
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	8,433	0	0	0	0	0	0	4	8,433
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	8,433	0	0	0	0	0	0	4	8,433
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	49	1,388,018	(a)						49	1,388,018
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(286,289)							(3)	(286,289)
23. In force December 31 of current year.....	46	1,101,729	0	0	0	0	0	0	46	1,101,729

(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).....	1,457	1,776			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	535,943	536,609		345,370	346,810
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).....	535,943	536,609	0	345,370	346,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	537,400	538,385	0	345,370	346,810

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	16,475				16,475
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	5,215	XXX		XXX	5,215
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,690	0	0	0	21,690
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,973				1,973
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).....	1,973	0	0	0	1,973
<b>Annuities:</b>					
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).....	1,973	0	0	0	1,973
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	25,854				25,854
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	41,579				41,579
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.....	67,433	0	0	0	67,433

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	25,874							5	25,874
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	25,854							4	25,854
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	25,854	0	0	0	0	0	0	4	25,854
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	25,854	0	0	0	0	0	0	4	25,854
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	20	0	0	0	0	0	0	1	20
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	41	2,545,480	(a)						41	2,545,480
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(271,497)							(5)	(271,497)
23. In force December 31 of current year.....	36	2,273,983	0	0	0	0	0	0	36	2,273,983

(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).....	298	298			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	88,134	88,572		28,876	28,996
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).....	88,134	88,572	0	28,876	28,996
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	88,432	88,870	0	28,876	28,996

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	21,630				21,630
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	458	XXX		XXX	458
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,088	0	0	0	22,088
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,108				2,108
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	71				71
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,179	0	0	0	2,179
<b>Annuities:</b>					
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).....	2,179	0	0	0	2,179
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	5,835				5,835
10. Matured endowments.....					0
11. Annuity benefits.....	9,525				9,525
12. Surrender values and withdrawals for life contracts.....	134,030				134,030
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	160	0	0	0	160
14. All other benefits, except accident and health.....					0
15. Totals.....	149,550	0	0	0	149,550

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	160									160
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	160	0	0	0	0	0	0	0	0	160

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	9,354							4	9,354
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	5,835							3	5,835
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	5,835	0	0	0	0	0	0	3	5,835
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	5,835	0	0	0	0	0	0	3	5,835
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,519	0	0	0	0	0	0	1	3,519
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	92	1,712,125	(a)						92	1,712,125
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(88,323)							(5)	(88,323)
23. In force December 31 of current year.....	87	1,623,802	0	0	0	0	0	0	87	1,623,802

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....		17			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	22,328	21,930		21,287	21,376
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).....	22,328	21,930	0	21,287	21,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	22,328	21,947	0	21,287	21,376

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	182,003		115		182,118
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	111	XXX		XXX	111
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	182,114	0	115	0	182,229
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,012				2,012
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).....	2,012	0	0	0	2,012
<b>Annuities:</b>					
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).....	2,012	0	0	0	2,012
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	186,947				186,947
10. Matured endowments.....					0
11. Annuity benefits.....	698,862				698,862
12. Surrender values and withdrawals for life contracts.....	904,212				904,212
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	200	0	0	0	200
14. All other benefits, except accident and health.....					0
15. Totals.....	1,790,221	0	0	0	1,790,221

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	200									200
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	200	0	0	0	0	0	0	0	0	200

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	41,842							2	41,842
17. Incurred during current year.....	18	158,459							18	158,459
<b>Settled during current year:</b>										
18.1 By payment in full.....	17	186,947							17	186,947
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	186,947	0	0	0	0	0	0	17	186,947
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	186,947	0	0	0	0	0	0	17	186,947
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	13,354	0	0	0	0	0	0	3	13,354
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	503	22,805,304	(a)						503	22,805,304
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(27)	(520,341)							(27)	(520,341)
23. In force December 31 of current year.....	476	22,284,963	0	0	0	0	0	0	476	22,284,963

(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).....	7,265	7,369		7,158	8,477
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,686,017	3,664,041		2,177,689	2,186,767
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).....	3,686,017	3,664,041	0	2,177,689	2,186,767
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,693,282	3,671,410	0	2,184,847	2,195,244

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	104,675		1,961		106,636
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	193	XXX		XXX	193
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	104,868	0	1,961	0	106,829
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,948				1,948
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	197				197
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,145	0	0	0	2,145
<b>Annuities:</b>					
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).....	2,145	0	0	0	2,145
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	65,591				65,591
10. Matured endowments.....	1,000				1,000
11. Annuity benefits.....	967				967
12. Surrender values and withdrawals for life contracts.....	73,004				73,004
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.....	140,562	0	0	0	140,562

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	4,376							1	4,376
17. Incurred during current year.....	14	81,409							14	81,409
<b>Settled during current year:</b>										
18.1 By payment in full.....	12	65,591							12	65,591
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	65,591	0	0	0	0	0	0	12	65,591
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	65,591	0	0	0	0	0	0	12	65,591
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	20,194	0	0	0	0	0	0	3	20,194
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	405	7,840,985	(a)		26	178,000			431	8,018,985
21. Issued during year.....	5	12,500							5	12,500
22. Other changes to in force (Net).....	(35)	(2,150,982)			(4)	(24,000)			(39)	(2,174,982)
23. In force December 31 of current year.....	375	5,702,503	0	0	22	154,000	0	0	397	5,856,503

(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).....	8,911	9,388		650	770
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,049,428	3,055,402		1,824,952	1,832,560
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).....	3,049,428	3,055,402	0	1,824,952	1,832,560
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,058,339	3,064,790	0	1,825,602	1,833,330

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,393				19,393
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	366	XXX		XXX	366
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,759	0	0	0	19,759
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	899				899
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	24				24
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	923	0	0	0	923
<b>Annuities:</b>					
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).....	923	0	0	0	923
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	5,232				5,232
10. Matured endowments.....					0
11. Annuity benefits.....	89,858				89,858
12. Surrender values and withdrawals for life contracts.....	238,729				238,729
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.....	333,819	0	0	0	333,819

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	5,232							2	5,232
<b>Settled during current year:</b>										
18.1 By payment in full.....	2	5,232							2	5,232
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,232	0	0	0	0	0	0	2	5,232
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,232	0	0	0	0	0	0	2	5,232
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	41	2,623,221	(a)						41	2,623,221
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(13,950)							(4)	(13,950)
23. In force December 31 of current year.....	37	2,609,271	0	0	0	0	0	0	37	2,609,271

(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).....	234	252			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,922,798	2,899,797		1,806,192	1,813,721
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).....	2,922,798	2,899,797	0	1,806,192	1,813,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,923,032	2,900,049	0	1,806,192	1,813,721

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	234,985				234,985
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	234,985	0	0	0	234,985
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	6,096				6,096
6.2 Applied to pay renewal premiums.....	465				465
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,031				1,031
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	7,592	0	0	0	7,592
<b>Annuities:</b>					
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).....	7,592	0	0	0	7,592
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	143,080				143,080
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	406,361				406,361
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.....	549,441	0	0	0	549,441

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	143,080							3	143,080
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	143,080							3	143,080
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	143,080	0	0	0	0	0	0	3	143,080
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	143,080	0	0	0	0	0	0	3	143,080
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	396	50,429,061		(a).....					396	50,429,061
21. Issued during year.....	(4)	(23,500)							(4)	(23,500)
22. Other changes to in force (Net).....	(16)	(2,096,187)							(16)	(2,096,187)
23. In force December 31 of current year.....	376	48,309,374	0	(a).....0	0	0	0	0	376	48,309,374

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	837	837			
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).....	837	837	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	837	837	0	0	0

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR  
 NAIC Group Code.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	72,571		239		72,810
2. Annuity considerations.....	21,770				21,770
3. Deposit-type contract funds.....	416	XXX		XXX	416
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	94,757	0	239	0	94,996
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,728				2,728
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	235				235
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,963	0	0	0	2,963
<b>Annuities:</b>					
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).....	2,963	0	0	0	2,963
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	58,084				58,084
10. Matured endowments.....					0
11. Annuity benefits.....	267,375				267,375
12. Surrender values and withdrawals for life contracts.....	1,254,052				1,254,052
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.....	1,579,511	0	0	0	1,579,511

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	12	60,384							12	60,384
<b>Settled during current year:</b>										
18.1 By payment in full.....	12	58,084							12	58,084
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	58,084	0	0	0	0	0	0	12	58,084
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	58,084	0	0	0	0	0	0	12	58,084
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	12,300	0	0	0	0	0	0	1	12,300
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	263	5,260,876	(a)		2	105,378			265	5,366,254
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(77,560)				5,269			(10)	(72,291)
23. In force December 31 of current year.....	253	5,183,316	0	0	2	110,647	0	0	255	5,293,963

(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).....	3,678	3,798		50	59
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	914,084	917,677		564,529	566,882
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).....	914,084	917,677	0	564,529	566,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	917,762	921,475	0	564,579	566,941

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	12,033				12,033
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	30	XXX		XXX	30
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,063	0	0	0	12,063
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	1,020				1,020
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).....	1,020	0	0	0	1,020
<b>Annuities:</b>					
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).....	1,020	0	0	0	1,020
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	41,284				41,284
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.....	41,284	0	0	0	41,284

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	30	1,663,163	(a)						30	1,663,163
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(330,974)							(4)	(330,974)
23. In force December 31 of current year.....	26	1,332,189	0	(a)	0	0	0	0	26	1,332,189

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	50	50			
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).....	50	50	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	50	50	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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	30,573				30,573
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	30,573	0	0	0	30,573
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	14				14
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).....	14	0	0	0	14
<b>Annuities:</b>					
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).....	14	0	0	0	14
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	50,024				50,024
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	532,000				532,000
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.....	582,024	0	0	0	582,024

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	4,740							1	4,740
17. Incurred during current year.....	16	64,868							16	64,868
<b>Settled during current year:</b>										
18.1 By payment in full.....	14	50,024							14	50,024
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	50,024	0	0	0	0	0	0	14	50,024
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	50,024	0	0	0	0	0	0	14	50,024
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	19,584	0	0	0	0	0	0	3	19,584
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	364	7,808,127	(a)						364	7,808,127
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(173,633)							(26)	(173,633)
23. In force December 31 of current year.....	338	7,634,494	0	0	0	0	0	0	338	7,634,494

(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).....	223	223			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	19,410	21,476		9,074	9,112
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).....	19,410	21,476	0	9,074	9,112
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,633	21,699	0	9,074	9,112

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	292,667		341		293,008
2. Annuity considerations.....	40				40
3. Deposit-type contract funds.....	1,538	XXX		XXX	1,538
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	294,245	0	341	0	294,586
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	15,280				15,280
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,039				1,039
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	16,319	0	0	0	16,319
<b>Annuities:</b>					
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).....	16,319	0	0	0	16,319
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	335,625				335,625
10. Matured endowments.....	(619)				(619)
11. Annuity benefits.....	26,800				26,800
12. Surrender values and withdrawals for life contracts.....	353,966				353,966
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	5,200	0	0	0	5,200
14. All other benefits, except accident and health.....					0
15. Totals.....	720,972	0	0	0	720,972

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	5,200									5,200
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	5,200	0	0	0	0	0	0	0	0	5,200

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	15	167,128							15	167,128
17. Incurred during current year.....	69	237,463							69	237,463
<b>Settled during current year:</b>										
18.1 By payment in full.....	68	335,625							68	335,625
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	68	335,625	0	0	0	0	0	0	68	335,625
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	68	335,625	0	0	0	0	0	0	68	335,625
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	16	68,966	0	0	0	0	0	0	16	68,966
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2,172	34,174,248	(a)						2,172	34,174,248
21. Issued during year.....		2,603							0	2,603
22. Other changes to in force (Net).....	(165)	(4,014,575)							(165)	(4,014,575)
23. In force December 31 of current year.....	2,007	30,162,276	0	0	0	0	0	0	2,007	30,162,276

(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).....	2,195	2,217		400	474
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	8,484	8,654		12,049	14,099
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,079,872	7,118,660		4,830,716	4,850,823
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).....	7,079,872	7,118,660	0	4,830,716	4,850,823
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,090,551	7,129,531	0	4,843,165	4,865,396

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	11,724				11,724
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	444	XXX		XXX	444
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,168	0	0	0	12,168
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	142				142
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	207				207
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	349	0	0	0	349
<b>Annuities:</b>					
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).....	349	0	0	0	349
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	5,019				5,019
10. Matured endowments.....					0
11. Annuity benefits.....	119,895				119,895
12. Surrender values and withdrawals for life contracts.....	244,442				244,442
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.....	369,356	0	0	0	369,356

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	5,977							3	5,977
<b>Settled during current year:</b>										
18.1 By payment in full.....	2	5,019							2	5,019
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,019	0	0	0	0	0	0	2	5,019
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,019	0	0	0	0	0	0	2	5,019
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	958	0	0	0	0	0	0	1	958
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	69	632,178	(a)						69	632,178
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(65,182)							(11)	(65,182)
23. In force December 31 of current year.....	58	566,996	0	0	0	0	0	0	58	566,996

(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).....	2,463	2,500		150	178
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,627,864	1,626,308		1,163,015	1,167,863
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).....	1,627,864	1,626,308	0	1,163,015	1,167,863
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,630,327	1,628,808	0	1,163,165	1,168,041

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	421,655		25,226		446,881
2. Annuity considerations.....	160				160
3. Deposit-type contract funds.....	537	XXX		XXX	537
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	422,352	0	25,226	0	447,578
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	5,800				5,800
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	46				46
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	5,846	0	0	0	5,846
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....	87				87
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	87	0	0	0	87
8. Grand Totals (Lines 6.5 + 7.4).....	5,933	0	0	0	5,933
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	648,966		34,337		683,303
10. Matured endowments.....	4,124				4,124
11. Annuity benefits.....	16,535				16,535
12. Surrender values and withdrawals for life contracts.....	427,516				427,516
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	5,315	0	0	0	5,315
14. All other benefits, except accident and health.....					0
15. Totals.....	1,102,456	0	34,337	0	1,136,793

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	5,315									5,315
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	5,315	0	0	0	0	0	0	0	0	5,315

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	30	118,729			2	2,400			32	121,129
17. Incurred during current year.....	182	668,967			(1)	31,937			181	700,904
<b>Settled during current year:</b>										
18.1 By payment in full.....	174	648,966			1	34,337			175	683,303
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	174	648,966	0	0	1	34,337	0	0	175	683,303
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	174	648,966	0	0	1	34,337	0	0	175	683,303
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	38	138,730	0	0	0	0	0	0	38	138,730
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	3,467	36,249,290		(a).....	335	3,036,644			3,802	39,285,934
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(281)	(2,278,778)			(90)	(785,240)			(371)	(3,064,018)
23. In force December 31 of current year.....	3,186	33,970,512	0	(a).....	245	2,251,404	0	0	3,431	36,221,916

(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).....	19,449	19,684		6,390	7,568
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	138	128			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,659,389	2,675,046		2,104,376	2,113,089
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).....	2,659,389	2,675,046	0	2,104,376	2,113,089
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,678,976	2,694,858	0	2,110,766	2,120,657

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	389,198		238		389,436
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	15,665	XXX		XXX	15,665
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	404,863	0	238	0	405,101
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	12,121				12,121
6.2 Applied to pay renewal premiums.....	406				406
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	508				508
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	13,035	0	0	0	13,035
<b>Annuities:</b>					
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).....	13,035	0	0	0	13,035
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	244,208				244,208
10. Matured endowments.....					0
11. Annuity benefits.....	143,829				143,829
12. Surrender values and withdrawals for life contracts.....	836,149				836,149
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.....	1,224,186	0	0	0	1,224,186

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	3,500							2	3,500
17. Incurred during current year.....	28	241,559							28	241,559
<b>Settled during current year:</b>										
18.1 By payment in full.....	29	244,208							29	244,208
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	29	244,208	0	0	0	0	0	0	29	244,208
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	29	244,208	0	0	0	0	0	0	29	244,208
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	851	0	0	0	0	0	0	1	851
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	951	11,188,567	(a)						951	11,188,567
21. Issued during year.....	3	8,672							3	8,672
22. Other changes to in force (Net).....	(78)	(848,611)							(78)	(848,611)
23. In force December 31 of current year.....	876	10,348,628	0	0	0	0	0	0	876	10,348,628

(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).....	1,543,323	1,640,006		555,399	657,768
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	156	156			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	28,548,044	28,533,939		18,446,454	18,514,348
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).....	28,548,044	28,533,939	0	18,446,454	18,514,348
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	30,091,523	30,174,101	0	19,001,853	19,172,116

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,770				19,770
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	1,074	XXX		XXX	1,074
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,844	0	0	0	20,844
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	626				626
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).....	626	0	0	0	626
<b>Annuities:</b>					
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).....	626	0	0	0	626
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	31,633				31,633
10. Matured endowments.....					0
11. Annuity benefits.....	74,720				74,720
12. Surrender values and withdrawals for life contracts.....	223,095				223,095
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.....	329,448	0	0	0	329,448

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	15,815							1	15,815
17. Incurred during current year.....	2	15,818							2	15,818
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	31,633							3	31,633
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	31,633	0	0	0	0	0	0	3	31,633
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	31,633	0	0	0	0	0	0	3	31,633
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	26	1,084,450	(a)						26	1,084,450
21. Issued during year.....	1	2,500							1	2,500
22. Other changes to in force (Net).....	(2)	(17,375)							(2)	(17,375)
23. In force December 31 of current year.....	25	1,069,575	0	0	0	0	0	0	25	1,069,575

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	602,390	605,912		435,112	436,926
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).....	602,390	605,912	0	435,112	436,926
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	602,390	605,912	0	435,112	436,926

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	165,655		.513		166,168
2. Annuity considerations.....	.425				.425
3. Deposit-type contract funds.....	4,406	XXX		XXX	4,406
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	170,486	0	.513	0	170,999
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	25,280				25,280
6.2 Applied to pay renewal premiums.....	.488				.488
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,230				1,230
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	26,998	0	0	0	26,998
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....	141				141
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	141	0	0	0	141
8. Grand Totals (Lines 6.5 + 7.4).....	27,139	0	0	0	27,139
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	229,870				229,870
10. Matured endowments.....	2,000				2,000
11. Annuity benefits.....	6,418				6,418
12. Surrender values and withdrawals for life contracts.....	289,167				289,167
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	46,542	0	0	0	46,542
14. All other benefits, except accident and health.....					.0
15. Totals.....	573,997	0	0	0	573,997

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....	46,542									46,542
1302. ....										.0
1303. ....										.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	46,542	0	0	0	0	0	0	0	0	46,542

	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	5	21,424							5	21,424
17. Incurred during current year.....	58	221,664							58	221,664
<b>Settled during current year:</b>										
18.1 By payment in full.....	53	229,870							53	229,870
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	53	229,870	0	0	0	0	0	0	53	229,870
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	53	229,870	0	0	0	0	0	0	53	229,870
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	13,218	0	0	0	0	0	0	10	13,218
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,598	21,449,650	(a)		2	78,000			1,600	21,527,650
21. Issued during year.....		3,192							0	3,192
22. Other changes to in force (Net).....	(107)	(1,692,016)							(107)	(1,692,016)
23. In force December 31 of current year.....	1,491	19,760,826	0	0	2	78,000	0	0	1,493	19,838,826

(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).....	2,851	2,854		300	355
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	248	249			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	549,876	549,407		447,936	449,803
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).....	549,876	549,407	0	447,936	449,803
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	552,975	552,510	0	448,236	450,158

(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.....0901 NAIC Company Code.....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	16,861				16,861
2. Annuity considerations.....	2,881				2,881
3. Deposit-type contract funds.....	4	XXX		XXX	4
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,746	0	0	0	19,746
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	533				533
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	72				72
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	605	0	0	0	605
<b>Annuities:</b>					
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).....	605	0	0	0	605
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	12,174				12,174
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	71,448				71,448
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.....	83,622	0	0	0	83,622

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	413							1	413
17. Incurred during current year.....	4	17,961							4	17,961
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	12,174							3	12,174
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	12,174	0	0	0	0	0	0	3	12,174
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	12,174	0	0	0	0	0	0	3	12,174
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	6,200	0	0	0	0	0	0	2	6,200
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	90	1,003,389	(a)						90	1,003,389
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(166,602)							(14)	(166,602)
23. In force December 31 of current year.....	76	836,787	0	0	0	0	0	0	76	836,787

(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).....	104	104			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	740	740			
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).....	740	740	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	844	844	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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	135,718		379		136,097
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	135,718	0	379	0	136,097
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	221				221
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).....	221	0	0	0	221
<b>Annuities:</b>					
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).....	221	0	0	0	221
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	35,936				35,936
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	774,428				774,428
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.....	810,364	0	0	0	810,364

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	9	43,423							9	43,423
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	35,936							4	35,936
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	35,936	0	0	0	0	0	0	4	35,936
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	35,936	0	0	0	0	0	0	4	35,936
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	7,487	0	0	0	0	0	0	5	7,487
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	511	14,591,924	(a)		2	93,876			513	14,685,800
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(31)	(782,970)				(4,638)			(31)	(787,608)
23. In force December 31 of current year.....	480	13,808,954	0	0	2	89,238	0	0	482	13,898,192

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	34,994	35,381		4,509	4,528
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).....	34,994	35,381	0	4,509	4,528
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,994	35,381	0	4,509	4,528

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	7,956				7,956
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	257	XXX		XXX	257
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,213	0	0	0	8,213
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,655				2,655
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	58				58
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,713	0	0	0	2,713
<b>Annuities:</b>					
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).....	2,713	0	0	0	2,713
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	5,232				5,232
10. Matured endowments.....					0
11. Annuity benefits.....	237,561				237,561
12. Surrender values and withdrawals for life contracts.....	1,433,493				1,433,493
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.....	1,676,286	0	0	0	1,676,286

**DETAILS OF WRITE-INS**

1301. Annual Endowments.....					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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	2	35,232							2	35,232
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	5,232							1	5,232
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,232	0	0	0	0	0	0	1	5,232
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,232	0	0	0	0	0	0	1	5,232
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	35,000							2	35,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	41	1,079,450	(a)						41	1,079,450
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(47,495)							(4)	(47,495)
23. In force December 31 of current year.....	37	1,031,955	0	0	0	0	0	0	37	1,031,955

(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).....	802	941			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	61,750	62,137		53,780	53,974
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).....	61,750	62,137	0	53,780	53,974
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	62,552	63,078	0	53,780	53,974

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	14,510				14,510
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	51	XXX		XXX	51
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,561	0	0	0	14,561
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	722				722
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	524				524
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,246	0	0	0	1,246
<b>Annuities:</b>					
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).....	1,246	0	0	0	1,246
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	9,872				9,872
10. Matured endowments.....					0
11. Annuity benefits.....	78,931				78,931
12. Surrender values and withdrawals for life contracts.....	186,324				186,324
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.....	275,127	0	0	0	275,127

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	9,872							3	9,872
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	9,872							3	9,872
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	9,872	0	0	0	0	0	0	3	9,872
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	9,872	0	0	0	0	0	0	3	9,872
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	63	1,740,231	(a)						63	1,740,231
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(11,871)							(4)	(11,871)
23. In force December 31 of current year.....	59	1,728,360	0	0	0	0	0	0	59	1,728,360

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	690,959	709,721		486,771	488,598
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).....	690,959	709,721	0	486,771	488,598
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	690,959	709,721	0	486,771	488,598

(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....0901 NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	149,694		1,237		150,931
2. Annuity considerations.....	276				276
3. Deposit-type contract funds.....	224	XXX		XXX	224
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	150,194	0	1,237	0	151,431
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	2,878				2,878
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	76				76
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,954	0	0	0	2,954
<b>Annuities:</b>					
7.1 Paid in cash or left on deposit.....	164				164
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	164	0	0	0	164
8. Grand Totals (Lines 6.5 + 7.4).....	3,118	0	0	0	3,118
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	169,209				169,209
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	144,016				144,016
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.....	313,225	0	0	0	313,225

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	3	9,340							3	9,340
17. Incurred during current year.....	25	216,549							25	216,549
<b>Settled during current year:</b>										
18.1 By payment in full.....	20	169,209							20	169,209
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	169,209	0	0	0	0	0	0	20	169,209
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	20	169,209	0	0	0	0	0	0	20	169,209
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	56,680	0	0	0	0	0	0	8	56,680
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,245	14,894,523	(a)		8	112,756			1,253	15,007,279
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(52)	(725,679)				(4,838)			(52)	(730,517)
23. In force December 31 of current year.....	1,193	14,168,844	0	0	8	107,918	0	0	1,201	14,276,762

(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).....	5,499	5,446		50	59
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....		46			
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	777,110	782,200		561,443	563,783
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).....	777,110	782,200	0	561,443	563,783
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	782,609	787,692	0	561,493	563,842

(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....0901

NAIC Company Code....65722

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,239				3,239
2. Annuity considerations.....					0
3. Deposit-type contract funds.....	742	XXX		XXX	742
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,981	0	0	0	3,981
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
6.1 Paid in cash or left on deposit.....	295				295
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).....	295	0	0	0	295
<b>Annuities:</b>					
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).....	295	0	0	0	295
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	31,081				31,081
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	31,081	0	0	0	31,081

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. Annual Endowments.....										0
1302. ....										0
1303. ....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	7	83,142	(a)						7	83,142
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	7	83,142	0 (a)	0	0	0	0	0	7	83,142

(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).....	926	926			
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	271,526	272,095		186,927	187,706
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).....	271,526	272,095	0	186,927	187,706
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	272,452	273,021	0	186,927	187,706

(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.

**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

## Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	(447,093)
2. Current year's realized pre-tax capital gains/(losses) of \$.....37,523,570 transferred into the reserve net of taxes of \$.....13,133,249.....	24,390,321
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	(15,645,000)
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	8,298,228
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	866,105
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	7,432,124

## 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.....	262,768	2,389,742	(1,786,405)	866,105
2. 2013.....	138,691	4,330,564	(2,968,098)	1,501,157
3. 2014.....	65,567	3,685,996	(2,309,056)	1,442,507
4. 2015.....	13,138	3,124,254	(1,901,155)	1,236,237
5. 2016.....	(8,155)	2,553,737	(1,488,232)	1,057,350
6. 2017.....	(21,574)	1,936,641	(1,049,266)	865,801
7. 2018.....	(35,277)	1,514,460	(784,943)	694,240
8. 2019.....	(52,042)	1,273,735	(692,725)	528,968
9. 2020.....	(65,680)	1,013,003	(592,792)	354,531
10. 2021.....	(74,396)	757,543	(500,625)	182,522
11. 2022.....	(77,206)	482,399	(402,276)	2,917
12. 2023.....	(77,511)	312,565	(321,133)	(86,079)
13. 2024.....	(73,037)	262,945	(266,682)	(76,774)
14. 2025.....	(64,407)	212,906	(212,229)	(63,730)
15. 2026.....	(61,610)	155,536	(146,593)	(52,667)
16. 2027.....	(59,724)	95,945	(77,553)	(41,332)
17. 2028.....	(56,600)	63,361	(41,281)	(34,520)
18. 2029.....	(54,178)	54,223	(33,394)	(33,349)
19. 2030.....	(49,436)	44,757	(25,631)	(30,310)
20. 2031.....	(39,528)	35,896	(19,500)	(23,132)
21. 2032.....	(27,651)	25,039	(10,991)	(13,603)
22. 2033.....	(16,253)	18,458	(6,160)	(3,955)
23. 2034.....	(8,051)	15,226	(4,435)	2,740
24. 2035.....	(3,926)	11,717	(2,103)	5,688
25. 2036.....	(1,014)	8,298	(532)	6,752
26. 2037.....		4,512	446	4,958
27. 2038.....		2,393	324	2,717
28. 2039.....		1,896	(201)	1,695
29. 2040.....		1,400	(637)	763
30. 2041.....		903	(829)	74
31. 2042 and Later.....		271	(313)	(42)
32. Total (Lines 1 to 31).....	(447,093)	24,390,321	(15,645,000)	8,298,228

## 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.....	897,834		897,834	280,928		280,928	1,178,762
2. Realized capital gains/(losses) net of taxes - General Account.....	(32,351)		(32,351)	1,746,591		1,746,591	1,714,240
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	52		52	(1,222,299)		(1,222,299)	(1,222,247)
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.....	184,657		184,657			0	184,657
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	1,050,192	0	1,050,192	805,220	0	805,220	1,855,412
9. Maximum reserve.....	980,908		980,908			0	980,908
10. Reserve objective.....	669,785		669,785			0	669,785
11. 20% of (Line 10 minus Line 8).....	(76,081)	0	(76,081)	(161,044)	0	(161,044)	(237,125)
12. Balance before transfers (Lines 8 + 11).....	974,111	0	974,111	644,176	0	644,176	1,618,287
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0	(644,176)		(644,176)	(644,176)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	974,111	0	974,111	0	0	0	974,111

## 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)
<b>LONG-TERM BONDS</b>												
1		Exempt obligations.....	4,645,125	XXX	XXX	4,645,125	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	100,943,915	XXX	XXX	100,943,915	0.0004	40,378	0.0023	232,171	0.0030	302,832
3	2	High quality.....	73,251,670	XXX	XXX	73,251,670	0.0019	139,178	0.0058	424,860	0.0090	659,265
4	3	Medium quality.....	543,857	XXX	XXX	543,857	0.0093	5,058	0.0230	12,509	0.0340	18,491
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	179,384,567	XXX	XXX	179,384,567	XXX	184,614	XXX	669,539	XXX	980,588
<b>PREFERRED STOCKS</b>												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
<b>SHORT-TERM BONDS</b>												
18		Exempt obligations.....	15,804,207	XXX	XXX	15,804,207	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	106,660	XXX	XXX	106,660	0.0004	43	0.0023	245	0.0030	320
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	15,910,867	XXX	XXX	15,910,867	XXX	43	XXX	245	XXX	320

## 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)
<b>DERIVATIVE INSTRUMENTS</b>												
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	195,295,434	XXX	XXX	195,295,434	XXX	184,656	XXX	669,785	XXX	980,908
<b>MORTGAGE LOANS</b>												
In good standing:												
35		Farm mortgages.....			XXX	0	(a)	0	(a)	0	(a)	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX	0	(a)	0	(a)	0	(a)	0
40		In good standing with restructured terms.....			XXX	0	(b)	0	(b)	0	(b)	0
Overdue, not in process:												
41		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages.....			XXX	0	(c)	0	(c)	0	(c)	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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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)
<b>COMMON STOCK</b>												
1		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(d)	0	(d)	0
2		Unaffiliated private.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....	5,436,804	XXX	XXX	5,436,804	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
6		Fixed income highest quality.....				0	XXX		XXX		XXX	
7		Fixed income high quality.....				0	XXX		XXX		XXX	
8		Fixed income medium quality.....				0	XXX		XXX		XXX	
9		Fixed income low quality.....				0	XXX		XXX		XXX	
10		Fixed income lower quality.....				0	XXX		XXX		XXX	
11		Fixed income in or near default.....				0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....				0	0.0000	0	(d)	0	(d)	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans.....				0	(c)	0	(c)	0	(c)	0
15		Real estate.....				0	(e)	0	(e)	0	(e)	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17).....	5,436,804	0	0	5,436,804	XXX	0	XXX	0	XXX	0
<b>REAL ESTATE</b>												
19		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21).....	0	0	0	0	XXX	0	XXX	0	XXX	0
<b>OTHER INVESTED ASSETS</b>												
<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>												
23		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

**AVR-Equity Component (Lines 31-55)**  
**NONE**

**AVR-Equity Component (Lines 56-74)**  
**NONE**

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

**Sch. F**  
**NONE**

## 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 %
<b>PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
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.....	143,437,846	52.8	2,218,617	32.5		0.0	354,636	47.9	13,816,183	66.2	126,419,024	52.2	140,314	45.4		0.0	489,072	75.2
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).....	143,437,846	52.8	2,218,617	32.5		0.0	354,636	47.9	13,816,183	66.2	126,419,024	52.2	140,314	45.4		0.0	489,072	75.2
6. Increase in contract reserves.....	57,912,815	21.3	3,598,318	52.7		0.0	113,216	15.3	4,244,278	20.3	49,879,722	20.6	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.....	4,702,727	1.7	50,348	0.7		0.0	2,855	0.4	19	0.0	4,649,485	1.9	20	0.0		0.0		0.0
10. Total other expenses incurred.....	41,670,137	15.3	351,916	5.2		0.0	38,033	5.1	75,862	0.4	41,154,571	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.....	28,574,899	10.5	664,300	9.7		0.0	233,777	31.6	2,736,512	13.1	24,737,536	10.2	122,773	39.7		0.0	80,001	12.3
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.....	28,574,899	10.5	664,300	9.7		0.0	233,777	31.6	2,736,512	13.1	24,737,536	10.2	122,773	39.7		0.0	80,001	12.3
<b>DETAILS OF WRITE-INS</b>																		
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

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(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
<b>PART 2 - RESERVES AND LIABILITIES</b>									
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).....	70,578,275	3,758,180		362,152	4,244,323	62,136,339	561		76,720
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	70,578,275	3,758,180	0	362,152	4,244,323	62,136,339	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.....	57,912,815	3,598,318	0	113,216	4,244,278	49,879,722	561	0	76,720
C. Claim Reserves and Liabilities:									
1. Total current year.....	79,858,824	2,225,307		340,670	13,816,277	62,847,184	140,314		489,072
2. Total prior year.....	8,773,121	40,997		12,558	93	8,719,473			
3. Increase.....	71,085,703	2,184,310	0	328,112	13,816,184	54,127,711	140,314	0	489,072

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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.....	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.....	25,505,201	329,639		29,680	12,967,050	11,695,302	15,750		467,780
2.2 On claims incurred during current year.....	54,353,623	1,895,668		310,990	849,227	51,151,882	124,564		21,292
3. Test:									
3.1 Lines 1.1 and 2.1.....	32,179,298	330,312	0	30,200	12,967,050	18,368,206	15,750	0	467,780
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.....	(373,760)	254,103	0	17,642	(1,273,487)	635,976	15,750	0	(23,744)

**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.....	70,596,963	2,185,659		323,600	13,816,173	53,642,145	140,314		489,072
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
<b>A. Direct:</b>				
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>B. Assumed Reinsurance:</b>				
5. Incurred claims.....	402,647	119,933	70,074,388	70,596,968
6. Beginning claim reserves and liabilities.....			(1,969,331)	(1,969,331)
7. Ending claim reserves and liabilities.....	402,647	119,933	68,723,746	69,246,326
8. Claims paid.....	0	0	(618,689)	(618,689)
<b>C. Ceded Reinsurance:</b>				
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
<b>D. Net:</b>				
13. Incurred claims.....	405,131	119,933	142,912,784	143,437,848
14. Beginning claim reserves and liabilities.....	48	0	8,773,074	8,773,122
15. Ending claim reserves and liabilities.....	402,674	119,933	79,336,121	79,858,728
16. Claims paid.....	2,505	0	72,349,737	72,352,242
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred claims and cost containment expenses.....	405,131	119,933	142,912,784	143,437,848
18. Beginning reserves and liabilities.....	48		8,773,074	8,773,122
19. Ending reserves and liabilities.....	402,674	119,933	79,336,121	79,858,728
20. Paid claims and cost containment expenses.....	2,505	0	72,349,737	72,352,242

## 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 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>General Account - Non-Affiliates - U.S. Non-Affiliates</b>											
86231.....	39-0989781....	10/20/1978	Life Investor Insurance Company.....	IA.....	CO/I.....	2,635,343	908,753	33,509			
0499999	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					2,635,343	908,753	33,509	0	0	0
0699999	Total - General Account - Non-Affiliates.....					2,635,343	908,753	33,509	0	0	0
0799999	Total - General Account.....					2,635,343	908,753	33,509	0	0	0
1599999	Total U.S.....					2,635,343	908,753	33,509	0	0	0
1799999	Total.....					2,635,343	908,753	33,509	0	0	0

## 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
<b>Non-Affiliates - U.S. Non-Affiliates</b>											
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	71,817,277	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	78,853,593	49,045,040	0	0
0699999	Total - Non-Affiliates.....					175,436,466	12,762,872	78,853,593	49,045,040	0	0
0799999	Total - U.S.....					175,436,466	12,762,872	78,853,593	49,045,040	0	0
0999999	Total.....					175,436,466	12,762,872	78,853,593	49,045,040	0	0

## 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
<b>Life and Annuity - Non-Affiliates - U.S. Non-Affiliates</b>						
63312.....	13-1935920....	01/01/2007	Great American Life Insurance .....	OH.....	2,354,812	5,141,111
88099.....	75-1608507....	10/15/1980	Optimum Re Insurance Company.....	TX.....	86,392	
86231.....	39-0989781....	04/24/1975	Transamerica Life Insurance Company.....	IA.....	25,785	11,579
82627.....	06-0839705....	04/01/1982	Swiss Re Life & Health America Inc.....	CT.....	50,000	
91472.....	63-0782739....	05/17/1972	Globe Life & Accident Comapny.....	OK.....	37,085	15,000
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				2,554,074	5,167,690
0699999	Total - Life and Annuity Non-Affiliates.....				2,554,074	5,167,690
0799999	Total - Life and Annuity.....				2,554,074	5,167,690
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
63479.....	58-0869673....	01/01/2009	United Teacher Associates Insurance Company.....	TX.....	101	4,574
99724.....	73-1155182....	06/01/2008	Homesield Insurance Comapny.....	OK.....		2,782,258
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				101	2,786,832
1399999	Total - Accident and Health Non-Affiliates.....				101	2,786,832
1499999	Total - Accident and Health.....				101	2,786,832
1599999	Total U.S.....				2,554,175	7,954,522
1799999	Total.....				2,554,175	7,954,522

## 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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
86231.....	39-0989781....	04/24/1975	Transamerica Life Ins Co.....	IA.....	YRT/I.....	2,683,617	49,235	49,235	97,745				
93572.....	43-1235868....	06/01/1989	RGA Reinsurance Co.....	MO.....	YRT/I.....	146,717	32	32	840				
93572.....	43-1235868....	12/15/1989	RGA Reinsurance Co.....	MO.....	YRT/I.....	77,000	536	536	1,352				
93572.....	43-1235868....	09/01/1986	RGA Reinsurance Co.....	MO.....	YRT/I.....	233,334	205	205	6,513				
60895.....	35-0145825....	05/01/1980	American United Life Ins Co.....	IN.....	CO/I.....	360,000	6,089	6,089	7,944				
60895.....	35-0145825....	10/04/1963	American United Life Ins Co.....	IN.....	YRT/I.....	200,000	40,494	40,494					
60895.....	35-0145825....	03/01/1965	American United Life Ins Co.....	IN.....	YRT/I.....	17,447			6,231				
60895.....	35-0145825....	02/14/1962	American United Life Ins Co.....	IN.....	YRT/I.....	15,276			650				
61492.....	44-0188050....	01/01/1975	Business Mens Assur Co of Amer.....	MO.....	YRT/I.....	15,185	146	146					
86258.....	13-2572994....	02/01/1990	General Re Life Corp.....	CT.....	YRT/I.....	27,087	8	8	223				
86258.....	13-2572994....	12/15/1989	General Re Life Corp.....	CT.....	YRT/I.....	77,000	536	536	1,374				
86258.....	13-2572994....	11/22/1966	General Re Life Corp.....	CT.....	YRT/I.....	258,271	4,371	4,371	3,544				
86258.....	13-2572994....	02/12/1965	General Re Life Corp.....	CT.....	YRT/I.....	86,887	114,288	114,288	18,384				
68276.....	48-1024691....	07/01/1983	Employers Reassur Corp.....	KS.....	YRT/I.....	250,404	342	342	3,804				
68276.....	48-1024691....	01/01/1984	Employers Reassur Corp.....	KS.....	ADB/I.....	3,243,291	6,755	6,755	16,650				
68276.....	48-1024691....	07/01/1983	Employers Reassur Corp.....	KS.....	YRT/I.....	268,798			4,720				
68276.....	48-1024691....	02/17/1965	Employers Reassur Corp.....	KS.....	DIS/I.....		46,203	46,203					
68276.....	48-1024691....	10/01/1976	Employers Reassur Corp.....	KS.....	YRT/I.....	2,152,921	70,000	70,000	167,114				
68276.....	48-1024691....	10/01/1986	Employers Reassur Corp.....	KS.....	CO/I.....	33,333	205	205	1,527				
68276.....	48-1024691....	01/01/1976	Employers Reassur Corp.....	KS.....	ADB/I.....	1,401,940	5,531	5,531	1,519				
91472.....	63-0782739....	05/17/1972	Globe Life & Accident Ins Co.....	OK.....	CO/I.....	3,239,011	2,200,530	2,200,530	115,097				
86258.....	13-2572994....	03/01/1982	General Re Life Corp.....	CT.....	CO/I.....	30,000	6,959	6,959					
86258.....	13-2572994....	11/01/1982	General Re Life Corp.....	CT.....	CO/I.....	1,215,269	858,446	858,446	88,970				
86258.....	13-2572994....	05/01/1984	General Re Life Corp.....	CT.....	CO/I.....	1,326,187	21,760	21,760	3,546				
86258.....	13-2572994....	03/01/1982	General Re Life Corp.....	CT.....	YRT/I.....	150,000	4,072	4,072					
82627.....	06-0839705....	04/01/1984	Swiss Re Life & Health Amer Inc.....	CT.....	CO/I.....	300,000	61,380	61,380	20,046				
82627.....	06-0839705....	10/01/1980	Swiss Re Life & Health Amer Inc.....	CT.....	MCO/I.....	100,000	34,231	34,231	7,014				
82627.....	06-0839705....	04/01/1982	Swiss Re Life & Health Amer Inc.....	CT.....	YRT/I.....	1,149,539	59,235	59,235	29,722				
66346.....	58-0828824....	09/01/1980	Munich American Reassur Co.....	GA.....	MCO/I.....	450,000							
88099.....	75-1608507....	12/31/1985	Optimum Re Ins Co.....	TX.....	CO/I.....	817,700	28,245	28,245	12,365				
88099.....	75-1608507....	12/31/1966	Optimum Re Ins Co.....	TX.....	YRT/I.....	62,230	3,279	3,279	8,346				
88099.....	75-1608507....	10/15/1980	Optimum Re Ins Co.....	TX.....	YRT/I.....	688,073	2,806	2,806	26,199				
67814.....	06-0493340....	03/01/1980	Phoenix Life Ins Co.....	CT.....	CO/I.....	2,135,000	39,189	39,189	70,017				
67814.....	06-0493340....	10/01/1981	Phoenix Life Ins Co.....	CT.....	YRT/I.....	1,225,482	1,940	1,940	46,713				
67814.....	06-0493340....	01/01/1969	Phoenix Life Ins Co.....	CT.....	YRT/I.....	1,130,934	25,846	25,846	46,166				
88340.....	59-2859797....	11/01/1991	Hannover Life Reassur Co Of Amer.....	FL.....	YRT/I.....	7,190,081	2,873	2,873	72,490				
88340.....	59-2859797....	11/01/1991	Hannover Life Reassur Co Of Amer.....	FL.....	ADB/I.....	450,000	864	864	542				

## 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		
88340.....	59-2859797....	07/01/1983	Hannover Life Reassur Co Of Amer.....	FL.....	YRT/I.....	6,107,127	365,456	365,456	74,926				
88340.....	59-2859797....	07/01/1983	Hannover Life Reassur Co Of Amer.....	FL.....	YRT/I.....	744,953			9,131				
88340.....	59-2859797....	03/01/1981	Hannover Life Reassur Co Of Amer.....	FL.....	YRT/I.....	1,000,000	16,700	16,700	41,585				
88340.....	59-2859797....	04/01/1996	Hannover Life Reassur Co Of Amer.....	FL.....	CO/I.....	359,386	616	616	1,136				
86231.....	39-0989781....	06/01/1989	Transamerica Life Ins Co.....	IA.....	YRT/I.....	121,447	24	24	665				
86231.....	39-0989781....	09/01/1986	Transamerica Life Ins Co.....	IA.....	YRT/I.....	50,000	205	205	1,454				
86231.....	39-0989781....	08/01/1987	Transamerica Life Ins Co.....	IA.....	YRT/I.....	348,515	1,112	1,112	712				
88099.....	75-1608507....	03/01/1976	Optimum Re Ins Co.....	TX.....	YRT/I.....	60,081	265	245	656				
88099.....	75-1608507....	03/01/1976	Optimum Re Ins Co.....	TX.....	DIS/I.....			1	3				
88099.....	75-1608507....	04/19/1976	Optimum Re Ins Co.....	TX.....	CO/I.....	25,000	209	4,548	(1,287)				
88099.....	75-1608507....	04/19/1976	Optimum Re Ins Co.....	TX.....	DIS/I.....		151	161	38				
82627.....	06-0839705....	07/01/1981	Swiss Re Life & Health Amer Inc.....	NY.....	YRT/I.....	243,095	538	540	1,715				
97071.....	13-3126819....	03/01/2002	Generali USA Reassurance Co.....	MO.....	CO/I.....	20,906,828	478,235	461,581	37,253				
88340.....	59-2859797....	03/01/2002	Hannover Life Reassur Co of Amer.....	FL.....	CO/I.....	27,875,772	637,647	615,441	49,671				
68713.....	84-0499703....	03/01/2002	Security Life of Denver Ins Co.....	CO.....	CO/I.....	6,968,944	159,412	153,860	12,418				
93572.....	43-1235868....	03/01/2002	RGA Reins Co.....	MO.....	CO/I.....	13,937,884	318,823	307,720	24,836				
63312.....	13-1935920....	08/31/2012	Great American Life Insurance.....	OH.....	CO/I.....	501,827,221	334,581,999		367,448,597				
63312.....	13-1935920....	01/01/2007	Great American Life Insurance.....	OH.....	CO/I.....		49,583,850	55,678,778	47,643				
0499999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					613,784,267	389,841,873	61,303,619	368,638,519	0	0	0	0
<b>General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates</b>													
	AA-1340017....	06/01/1991	Zurich Versicherung Ag.....	DEU.....	YRT/I.....	3,684,096	1,571	1,571	39,442				
	AA-1340017....	11/01/1989	Zurich Versicherung Ag.....	DEU.....	YRT/I.....	423,161	213	213	6,028				
0599999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....					4,107,257	1,784	1,784	45,470	0	0	0	0
0699999	Total - General Account - Authorized - Non-Affiliates.....					617,891,524	389,843,657	61,305,403	368,683,989	0	0	0	0
0799999	Total - General Account - Authorized.....					617,891,524	389,843,657	61,305,403	368,683,989	0	0	0	0
<b>General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates</b>													
	AA-1780044....	12/31/2001	Hannover Life Reassurance (Ireland) LTD.....	IRL.....	COMB/I.....			120,842,629	2,818,740				
1299999	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....					0	0	120,842,629	2,818,740	0	0	0	0
1399999	Total - General Account - Unauthorized - Non-Affiliates.....					0	0	120,842,629	2,818,740	0	0	0	0
1499999	Total - General Account - Unauthorized.....					0	0	120,842,629	2,818,740	0	0	0	0
2299999	Total - General Account - Authorized, Unauthorized and Certified.....					617,891,524	389,843,657	182,148,032	371,502,729	0	0	0	0
4599999	Total U.S.....					613,784,267	389,841,873	61,303,619	368,638,519	0	0	0	0
4699999	Total Non-U.S.....					4,107,257	1,784	120,844,413	2,864,210	0	0	0	0
4799999	Total.....					617,891,524	389,843,657	182,148,032	371,502,729	0	0	0	0

43.1

## 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		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>												
99724....	73-1155182....	06/01/2008	Homesield Insurance Company.....	OK.....	CO/I.....	12,466,495	233,173	6,605,033				
63479....	58-0869673....	01/01/2009	United Teacher Associates Insurance Company.....	TX.....	CO/I.....	84,187	21,956	548,207				
88340....	59-2859797....	03/01/2002	Hannover Life Reassurance Co of America.....	FL.....	CO/I.....	407						
62308....	06-0303370....	01/01/1984	Connecticut General Life Ins Co.....	CT.....	CO/I.....	780						
61492....	44-0188050....	10/01/1994	Business Men's Assurance Co of America.....	MO.....	CO/I.....	763						
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					12,552,632	255,129	7,153,240	0	0	0	0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					12,552,632	255,129	7,153,240	0	0	0	0
0799999.	Total - General Account - Authorized.....					12,552,632	255,129	7,153,240	0	0	0	0
2299999.	Total - General Account - Authorized, Unauthorized and Certified.....					12,552,632	255,129	7,153,240	0	0	0	0
4599999.	Total - U.S.....					12,552,632	255,129	7,153,240	0	0	0	0
4799999.	Total.....					12,552,632	255,129	7,153,240	0	0	0	0

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

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

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

**SCHEDULE S - PART 6**Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts.....	384,055	18,670	25,029	35,528	24,236
2. Commissions and reinsurance expense allowances.....	4,590	6,262	12,702	7,535	6,807
3. Contract claims.....	20,002	15,697	14,659	16,487	10,782
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	3,817	1,683	1,781	1,699	2,447
9. Aggregate reserves for life and accident and health contracts.....		188,616	198,945	211,408	190,506
10. Liability for deposit-type contracts.....	12,819				
11. Contract claims unpaid.....	7,955	2,914	3,303	5,827	3,950
12. Amounts recoverable on reinsurance.....	2,554	1,756	1,428	2,529	1,624
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F).....		120,843	122,010	118,263	118,578
19. Letters of credit (L).....			10,000	15,000	15,000
20. Trust agreements (T).....					
21. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple beneficiary trust.....		XXX	XXX	XXX	XXX
23. Funds deposited by and withheld from (F).....		XXX	XXX	XXX	XXX
24. Letters of credit (L).....		XXX	XXX	XXX	XXX
25. Trust agreements (T).....		XXX	XXX	XXX	XXX
26. Other (O).....		XXX	XXX	XXX	XXX

## SCHEDULE S - PART 7

## Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	202,077,527	16,826,676	218,904,203
2. Reinsurance (Line 16).....	4,712,814	(4,447,377)	265,437
3. Premiums and considerations (Line 15).....	52,420,116	3,437,382	55,857,498
4. Net credit for ceded reinsurance.....	XXX	388,718,840	388,718,840
5. All other admitted assets (balance).....	24,109,186	15,958	24,125,144
6. Total assets excluding Separate Accounts (Line 26).....	283,319,643	404,551,479	687,871,122
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	283,319,643	404,551,479	687,871,122
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2).....	110,300,657	384,413,875	494,714,532
10. Liability for deposit-type contracts (Line 3).....	9,939	12,818,652	12,828,591
11. Claim reserves (Line 4).....	57,537,059	7,954,522	65,491,581
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	2,768,911	55,121	2,824,032
14. Other contract liabilities (Line 9).....	12,696,225	(1,172,806)	11,523,419
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).....	14,694,921	482,115	15,177,036
20. Total liabilities excluding Separate Accounts (Line 26).....	198,007,712	404,551,479	602,559,191
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	198,007,712	404,551,479	602,559,191
23. Capital & surplus (Line 38).....	85,311,931	XXX	85,311,931
24. Total liabilities, capital & surplus (Line 39).....	283,319,643	404,551,479	687,871,122
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves.....	384,413,875		
26. Claim reserves.....	7,954,522		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	55,121		
29. Liability for deposit-type contracts.....	12,818,652		
30. Other contract liabilities.....	(1,172,806)		
31. Reinsurance ceded assets.....	4,447,377		
32. Other ceded reinsurance recoverables.....	(16,842,634)		
33. Total ceded reinsurance recoverables.....	391,674,107		
34. Premiums and considerations.....	3,437,382		
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.....	(482,115)		
40. Total ceded reinsurance payables/offsets.....	2,955,267		
41. Total net credit for ceded reinsurance.....	388,718,840		

**SCHEDULE T - PART 2****INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**

Allocated by States and Territories

States, Etc.	Direct Business Only					Totals
	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	
1. Alabama.....AL	684,095		3,814		935	688,844
2. Alaska.....AK	2,019					2,019
3. Arizona.....AZ	37,803		520	1,548	3,396	43,267
4. Arkansas.....AR	208,233				81	208,314
5. California.....CA	125,717		40,503	1,830	4,156	172,206
6. Colorado.....CO	18,473			9,452	811	28,736
7. Connecticut.....CT	9,608					9,608
8. Delaware.....DE	19,978					19,978
9. District of Columbia.....DC	9,854				198	10,052
10. Florida.....FL	715,832	67,223	13,783	3,757	4,221	804,816
11. Georgia.....GA	307,669	(10,997)	2,312	16,919	4,317	320,220
12. Hawaii.....HI	15,462				1,186	16,648
13. Idaho.....ID	3,824					3,824
14. Illinois.....IL	138,121		986		217	139,324
15. Indiana.....IN	267,876		242		844	268,962
16. Iowa.....IA	14,606				257	14,863
17. Kansas.....KS	50,147		239		703	51,089
18. Kentucky.....KY	48,568				661	49,229
19. Louisiana.....LA	283,281		1,486		361	285,128
20. Maine.....ME	82,043				144	82,187
21. Maryland.....MD	73,122		110		1,772	75,004
22. Massachusetts.....MA	81,109	26,548			420	108,077
23. Michigan.....MI	59,315				374	59,689
24. Minnesota.....MN	33,006				69	33,075
25. Mississippi.....MS	296,640				424	297,064
26. Missouri.....MO	140,276			5,887	2,311	148,474
27. Montana.....MT	1,014					1,014
28. Nebraska.....NE	27,610			1,582		29,192
29. Nevada.....NV	16,475		248		5,215	21,938
30. New Hampshire.....NH	15,653					15,653
31. New Jersey.....NJ	88,911					88,911
32. New Mexico.....NM	14,892				26	14,918
33. New York.....NY	21,630				458	22,088
34. North Carolina.....NC	694,334	1,339	30	19,196	30,192	745,091
35. North Dakota.....ND	1,429					1,429
36. Ohio.....OH	182,118		5,250		111	187,479
37. Oklahoma.....OK	106,636				193	106,829
38. Oregon.....OR	19,393				366	19,759
39. Pennsylvania.....PA	72,810	21,770	501		416	95,497
40. Rhode Island.....RI	30,573					30,573
41. South Carolina.....SC	293,008	40	1,934	6,966	1,538	303,486
42. South Dakota.....SD	11,724				444	12,168
43. Tennessee.....TN	446,881	160	991	2,310	537	450,879
44. Texas.....TX	389,436		2,783		15,665	407,884
45. Utah.....UT	19,770				1,074	20,844
46. Vermont.....VT	136,097					136,097
47. Virginia.....VA	166,168	425	733		4,406	171,732
48. Washington.....WA	7,956			1,308	257	9,521
49. West Virginia.....WV	150,931	276			224	151,431
50. Wisconsin.....WI	14,510			6,422	51	20,983
51. Wyoming.....WY	3,239				742	3,981
52. American Samoa.....AS						0
53. Guam.....GU	2,794				232	3,026
54. Puerto Rico.....PR	12,033				30	12,063
55. US Virgin Islands.....VI	16,861	2,881			4	19,746
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	168					168
58. Aggregate Other Alien.....OT	234,985					234,985
59. Totals.....	6,926,716	109,665	76,465	77,177	90,039	7,280,062

# 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)	*
<b>Members</b>														
	Cigna Group.....		06-1059331	1591167....	0000701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1072796	1591167....	0000701221		Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		51-0402128	1591167....	0000701221		Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1095823	1591167....	0000701221		Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		52-0291385	1591167....	0000701221		Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-1914061	1591167....	0000701221		Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-0861092	1591167....	0000701221		Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1336442	1591167....	0000701221		Cigna Mezzanine Partners III, L.P.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1207641	1591167....	0000701221		Cottage Grove Real Estate, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1336442	1591167....	0000701221		Cigna Mezzanine Partners III, Inc.....	DE.....	NIA.....	Cigna Mezzanine Partners III, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		01-0947889	1591167....	0000701221		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-0840391	1591167....	0000701221		Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		81-0585518	1591167....	0000701221		Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	12814.....	20-4433475	1591167....	0000701221		Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		20-3851464	1591167....	0000701221		Allegiance Re, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		81-0400550	1591167....	0000701221		Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		71-0916514	1591167....	0000701221		Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		81-0425785	1591167....	0000701221		Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		20-1821898	1591167....	0000701221		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		76-0628370	1591167....	0000701221		NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		52-1929677	1591167....	0000701221		Bravo Health, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	10095.....	52-2259087	1591167....	0000701221		Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	Bravo Health, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	11254.....	52-2363406	1591167....	0000701221		Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	Bravo Health, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	12902.....	20-8534298	1591167....	0000701221		HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	95781.....	63-0925225	1591167....	0000701221		HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	11532.....	65-1129599	1591167....	0000701221		HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		77-0632665	1591167....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		20-4954206	1591167....	0000701221		NewQuest Management of Florida, LLC.....	FL.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		20-8647386	1591167....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		45-2043106	1591167....	0000701221		HealthSpring Financial Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		45-0633893	1591167....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108527	1591167....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108521	1591167....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	

**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)	*
	Cigna Group.....		76-0657035	1591167....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	...99.000	Cigna Corporation.....	
	Cigna Group.....		33-1033586	1591167....	0000701221		NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		72-1559530	1591167....	0000701221		HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		62-1540621	1591167....	0000701221		HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	11522..	62-1593150	1591167....	0000701221		HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-5524622	1591167....	0000701221		Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-2353476	1591167....	0000701221		HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-2353772	1591167....	0000701221		HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	13733..	03-0452349	1591167....	0000701221		Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		41-1648670	1591167....	0000701221		Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		94-3107309	1591167....	0000701221		Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		75-2751090	1591167....	0000701221		Cigna Behavioral Health of Texas, Inc.....	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1346406	1591167....	0000701221		MCC Independent Practice Association of New York, Inc.....	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		59-2308055	1591167....	0000701221		Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		59-2600475	1591167....	0000701221		Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	11175..	59-2675861	1591167....	0000701221		Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95380..	59-2676987	1591167....	0000701221		Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	52021..	59-1611217	1591167....	0000701221		Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1351097	1591167....	0000701221		Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	52024..	59-2625350	1591167....	0000701221		Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	52108..	59-2619589	1591167....	0000701221		Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	11160..	06-1582068	1591167....	0000701221		Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	11167..	59-2308062	1591167....	0000701221		Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95179..	56-1803464	1591167....	0000701221		Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	47805..	59-2579774	1591167....	0000701221		Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	47041..	52-1220578	1591167....	0000701221		Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95037..	59-2676977	1591167....	0000701221		Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	52617..	52-2188914	1591167....	0000701221		Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	47013..	86-0807222	1591167....	0000701221		Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	48119..	59-2740468	1591167....	0000701221		Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		62-1312478	1591167....	0000701221		Cigna Health Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0387748	1591167....	0000701221		Healthsource, Inc.....	NH.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95125..	86-0334392	1591167....	0000701221		Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		95-3310115	1591167....	0000701221		Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95604..	84-1004500	1591167....	0000701221		Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

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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)	*
	Cigna Group.....	95660.....	06-1141174	1591167....	0000701221		Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95136.....	59-2089259	1591167....	0000701221		Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95602.....	36-3385638	1591167....	0000701221		Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95477.....	01-0418220	1591167....	0000701221		Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95220.....	02-0402111	1591167....	0000701221		Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95599.....	52-1404350	1591167....	0000701221		Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95493.....	02-0387749	1591167....	0000701221		Cigna HealthCare of New Hampshire, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95500.....	22-2720890	1591167....	0000701221		Cigna HealthCare of New Jersey, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95121.....	23-2301807	1591167....	0000701221		Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95635.....	36-3359925	1591167....	0000701221		Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95518.....	62-1230908	1591167....	0000701221		Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	96229.....	58-1641057	1591167....	0000701221		Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95383.....	74-2767437	1591167....	0000701221		Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95525.....	35-1679172	1591167....	0000701221		Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95488.....	11-2758941	1591167....	0000701221		Cigna HealthCare of New York, Inc.....	NY.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95606.....	62-1218053	1591167....	0000701221		Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95132.....	56-1479515	1591167....	0000701221		Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95708.....	06-1185590	1591167....	0000701221		Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Temple Insurance Company Limited (Bermuda)....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		86-3581583	1591167....	0000701221		Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0467679	1591167....	0000701221		Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0515554	1591167....	0000701221		Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		35-1641636	1591167....	0000701221		Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		84-0985843	1591167....	0000701221		Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95388.....	93-1174749	1591167....	0000701221		Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0495422	1591167....	0000701221		Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-1560515	1591167....	0000701221		Cigna Life Insurance Co. of Canada.....	CA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	64548.....	13-2556568	3281743....	0000701221		Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	62308.....	06-0303370	1591167....	0000701221		Connecticut General Life Insurance Company.....	CT.....	UIP.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-5402936	1591167....	0000701221		CARING - Albuquerque, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167....	0000701221		CG Gillette Ridge, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		74-3091940	1591167....	0000701221		Gillette Ridge Apartments, LLC.....	MD.....	NIA.....	CG Gillette Ridge LLC.....	Ownership.....	...65.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167....	0000701221		CG Merrick, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		52-2345309	1591167....	0000701221		Merrick Park, LLC.....	DE.....	NIA.....	CG Merrick LLC.....	Ownership.....	...30.000	General Growth Properties, Inc. (non-affiliate)...	
	Cigna Group.....		52-2225244	1591167....	0000701221		Merricak Park Parking, LLC.....	MD.....	NIA.....	CG Merrick LLC.....	Ownership.....	...30.000	General Growth Properties, Inc. (non-affiliate)...	
	Cigna Group.....		20-2542572	1591167....	0000701221		CG Morrison LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	

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)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		Civic Holding, LLC.....	DE.....	NIA.....	CG Morrison LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		45-3481107	1591167....	0000701221		CG Mystic Center LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Station Landing Holding, LLC.....	DE.....	NIA.....	CG Mystic Center LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		45-3481241	1591167....	0000701221		CG Mystic Land LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CG HOLDING, LLC.....	MA.....	NIA.....	CG Mystic Land LLC.....	Ownership.....	...50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate)	
	Cigna Group.....		58-2455703	1591167....	0000701221		CG Pinnacle, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Pinnacle Industrial Center, LP.....	TX.....	NIA.....	CG Pinnacle LLC.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		20-3870049	1591167....	0000701221		CG Skyline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline ND/CG LLC.....	MA.....	NIA.....	CG Skyline LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND Mystic Center Note LLC.....	DE.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline Mezzanine Borrower LLC.....	MA.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline at Station Landing LLC.....	MA.....	NIA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-0180898	1591167....	0000701221		CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Carson Bayport I LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...59.400	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Bayport LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Bayport Colony Apartments LLC.....	FL.....	NIA.....	CG Bayport LLC.....	Ownership.....	...99.900	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Shirlington LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Shirlington Apartments LLC.....	DE.....	NIA.....	CG Shirlington LLC.....	Ownership.....	...60.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Wheaton LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG-LINA Bayport I LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG-LINA Colonial LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CG Colonial LLC.....	MA.....	NIA.....	CG-LINA Colonial LLC.....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PHF-ND Colonial LLC.....	DE.....	NIA.....	ND/CG Colonial LLC.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		26-1133516	1591167....	0000701221		CG-LINA Commonwealth LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		UNICO/CG Commonwealth LLC.....	DE.....	NIA.....	CG-LINA Commonwealth LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Commonwealth Acquisition LLC.....	DE.....	NIA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-1585711	1591167....	0000701221		CG-LINA Jacob Way LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		20-8323494	1591167....	0000701221		CG-LINA Lovejoy LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		UNICO-CG Lovejoy LLC.....	OR.....	NIA.....	CG-LINA Lovejoy, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		32-0222252	1591167....	0000701221		Cigan Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CR Longwood Investors L.P.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...24.600	Charles River Realty Longwood, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR Longwood LLC.....	DE.....	NIA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	NIA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	RE-MA Region No. 41, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-3700105	1591167....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...60.000	Cigna Corporation.....	

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)	*
	Cigna Group.....		52-2149519	1591167....	0000701221		Hazard Center Investment Company LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Secon Properties, LP.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street GP, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.273	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street, LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	55.710	Cigna Corporation.....	
	Cigna Group.....		23-3074013	1591167....	0000701221		TEL-DRUG of Pennsylvania, L.L.C.....	PA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		AEW/FDG, LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CR Washington Investors LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR Unicorn LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Union Wharf Apartments LLC.....	MD.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		AMD Apartments Limited Partership.....	TX.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		SP Newport Crossing LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PUR Arbors Apartment Venture LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	35.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Seventh LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	35.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Ideal Properties II LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	35.000	Cigna Corporation.....	
	Cigna Group.....		41-2189110	1591167....	0000701221		CG-LINA Realty Investors LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	75.000	Cigna Corporation.....	
	Cigna Group.....		80-0668090	1591167....	0000701221		CG-LINA Alessandro II LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		45-2242273	1591167....	0000701221		115 Sansome Street Associates, LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	90.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		121 Tasman Apartments LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Alto Apartments LLC.....	WA.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	80.000	Cigna Corporation.....	
	Cigna Group.....		20-4786821	1591167....	0000701221		CG-LINA Paper Box LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		26-4032640	1591167....	0000701221		CG-LINA 10 Brookline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR 10 Brookline LLC.....	DE.....	NIA.....	CG-LINA 10 Brookline LLC.....	Ownership.....	50.000	Cigna Corporation and CR/ND Brookline LLC (non-affiliate)	
	Cigna Group.....		27-5402196	1591167....	0000701221		Cigna Affiliates Realty Investment Group, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167....	0000701221		Cigna Dulles Town, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Dulles Town, LLC.....	Ownership.....	50.000	Cigna Corporation.....	
	Cigna Group.....		27-0268530	1591167....	0000701221		CORAC, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	50.000	Cigna Corporation.....	
	Cigna Group.....		27-3923999	1591167....	0000701221		Bridgepoint Office Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		27-3126102	1591167....	0000701221		Fairway Center Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		27-3582688	1591167....	0000701221		Henry on the Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	80.000	Cigna Corporation.....	
	Cigna Group.....	67369	59-1031071	1591167....	0000701221		Cigna Health and Life Insurance Company.....	CT.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		45-2681649	1591167....	0000701221		CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		27-3396038	1591167....	0000701221		Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		27-1903785	1591167....	0000701221		Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		34-1970892				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	88366	59-2760189				American Retirement Life Insurance Company.....	OH.....	DS.....	Loyal American Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	

53.4

**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)	*
	Cigna Group.....	61727.....	34-0970995				Central Reserve Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	65722.....	63-0343428				Loyal American Life Insurance Company.....	OH.....		Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	67903.....	23-1335885				Provident American Life and Health Insurance Company	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	65269.....	75-2305400				United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-1728483	1591167....	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		20-8064696	1591167....	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	65498.....	23-1503749	1591167....	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna & CMC Life Insurance Company Limited (China) (50%)	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	50.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Life Insurance Company of North America.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		58-1136865	1591167....	0000701221		Cigna Direct Marketing Company, Inc. ....	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		46-0427127	1591167....	0000701221		Tel-Drug, Inc.....	SD.....	IA.....	Connecticut General Life Insurance Company...	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vielife Holdings Limited (United Kingdom).....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vielife Limited (United Kingdom).....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		98-0463704	1591167....	0000701221		Vielife Services, Inc. ....	DE.....	NIA.....	Vielife Limited.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Businesshealth UK Limited.....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1332403	1591167....	0000701221		CG Individual Tax Benefits Payments, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1332405	1591167....	0000701221		CG Life Pension Benefits Payments, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		62-1724116	1591167....	0000701221		Cigna Federal Benefits, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-2741293	1591167....	0000701221		Cigna Healthcare Benefits, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-2924152	1591167....	0000701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-2741294	1591167....	0000701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1071502	1591167....	0000701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1522976	1591167....	0000701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1567902	1591167....	0000701221		Cigna Resource Manager, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1252419	1591167....	0000701221		Connecticut General Benefit Payments, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1533555	1591167....	0000701221		Healthsource Benefits, Inc. ....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		35-2041388	1591167....	0000701221		IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		06-1252418	1591167....	0000701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		88-0334401	1591167....	0000701221		Mediversal, Inc. ....	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		88-0344624	1591167....	0000701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		51-0389196	1591167....	0000701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		51-0111677	1591167....	0000701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		23-2610178	1591167....	0000701221		Cigna International Services.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....		30-3087621	1591167....	0000701221		Cigna International Marketing (Thailand) Limited...	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	

53.5

**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)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...59.930	Cigna Corporation.....	
	Cigna Group.....		98-0210110	1591167....	0000701221		Cigna Global Reinsurance Company, Ltd. (Bermuda)	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-3009279	1591167....	0000701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Hayat Sigorta, A.S.....	TUR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Beta B.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-1240009	1591167....	0000701221		Cigna Life Insurance Co. of Europe S.A.-N.V.....	BEL.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Apac Holdings Limited (New Zealand).....	NZL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Life Insurance New Zealand Limited (New Zealand)	NZL.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Taiwan Life Assurance Company Limited .....	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Taiwan Life Insurance Company Limited (New Zealand)	NZL.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Hong Kong Holdings Company Limited.....	HKG.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Data Services (Shangai) Company Limited (China)	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna HLA Technology Services Limited (Hong Kong)	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Worldwide Life Insurance Company Limited.	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	...99.990	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...49.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Brokerage Services (Thailand) Limited.....	THA.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...25.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Non-Life Insurance Brokerage (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		KDM (Thailand) Limited (Thailand).....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	

53.6

## 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)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Global Insurance Company Limited (Guernsey)	GGY.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International NV (Brussels).....	BEL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.990	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International Sdn. Bhd. (Malaysia).....	MYS.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)	CHN.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International, LLC (FL).....	FL.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Dubai) Limited (United Arab Emirates)	ARE.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	90859	23-2088429	1591167....	0000701221		Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-5360003	1591167....	0000701221		PT. Asuransi Cigna (Indonesia) (80%).....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Holdings Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Administration Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Brighter Business Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Legal Protection Limited (UK).....	GBR.....	IA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Insurance Services Limited (UK).....	GBR.....	IA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC..	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Retail Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC..	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street South LLC.....	DE.....	NIA.....	Market Street Retail Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC..	Ownership.....	...90.000	Cigna Corporation.....	

53.7

**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)
<b>Affiliated Transactions</b>												
	06-1059331	Cigna Corporation	671,000,000			170,500	(3,639,145)				667,531,355	
	06-1072796	Cigna Holdings, Inc.	869,000,000	(4,367,572,720)							(3,498,572,720)	
	23-1914061	Former Cigna Investments, Inc.					30,773,801				30,773,801	
		Cigna Investments, Inc.					9,301,080				9,301,080	
	01-0947889	Cigna Benefits Financing, Inc.					1,967,136				1,967,136	
	06-0840391	Connecticut General Corporation	14,000,000	(2,300,000)			(9,054)				11,690,946	
	81-0585518	Benefit Management Corp.		2,500,000							2,500,000	
12814	20-4433475	Allegiance Life & Health Insurance Company		(2,500,000)			(12,712,079)	(1,875,057)			(17,087,136)	1,459,189
	20-3851464	Allegiance Re, Inc.									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					3,048,521				3,048,521	
	71-0916514	Allegiance COBRA Services, Inc.					11,781				11,781	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					109,853				109,853	
	00-0000000	Star Point, LLC					509,781				509,781	
	20-1821898	HealthSpring, Inc.	(50,000,000)	3,857,020,380			(154,381,269)				3,652,639,111	
	52-1929677	Bravo Health, LLC					204,738,102				204,738,102	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.					(34,705,020)				(34,705,020)	
11254	52-2363406	Bravo Health Pennsylvania, Inc.					(147,363,693)				(147,363,693)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.					(190,915,505)				(190,915,505)	
95781	63-0925225	HealthSpring of Alabama, Inc.					(52,299,068)				(52,299,068)	
11532	65-1129599	HealthSpring of Florida, Inc.					(117,341,247)				(117,341,247)	
	77-0632665	NewQuest Management of Illinois, LLC					20,220,474				20,220,474	
	20-4954206	NewQuest Management of Florida, LLC					120,894,149				120,894,149	
	20-8647386	HealthSpring Management of America, LLC					240,372,035				240,372,035	
	33-1033586	NewQuest Management of Alabama, LLC					64,458,081				64,458,081	
	72-1559530	HealthSpring USA, LLC					8,993,924				8,993,924	
	62-1540621	HealthSpring Management, Inc.					124,563,025				124,563,025	
11522	62-1593150	HealthSpring of Tennessee, Inc.					(125,980,676)				(125,980,676)	
13733	03-0452349	Cigna Arbor Life Insurance Company					(14,292,064)	(27,463,664)			(41,755,728)	1,411,608,622
	41-1648670	Cigna Behavioral Health, Inc.	(75,000,000)				47,056,753				(27,943,247)	
	59-2308055	Cigna Dental Health, Inc.	(39,865,116)				38,810,728				(1,054,388)	
	59-2600475	Cigna Dental Health Of California, Inc.	(12,000,000)				(132,154)				(12,132,154)	
11175	59-2675861	Cigna Dental Health Of Colorado, Inc.	(1,250,000)				(969,227)				(2,219,227)	
95380	59-2676987	Cigna Dental Health Of Delaware, Inc.					(13,356)				(13,356)	
52021	59-1611217	Cigna Dental Health Of Florida, Inc.	(8,000,000)				(3,678,228)				(11,678,228)	
52024	59-2625350	Cigna Dental Health Of Kansas, Inc.	(200,000)				(173,975)				(373,975)	
52108		Cigna Dental Health Of Kentucky, Inc.	(200,000)				(128,519)				(328,519)	
11160		Cigna Dental Health Of Missouri, Inc.	(750,000)				(602,967)				(1,352,967)	
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc.	(1,700,000)				(1,423,570)				(3,123,570)	
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc.					(522,068)				(522,068)	

**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)
47805	59-2579774	Cigna Dental Health Of Ohio, Inc.	(1,775,000)				(981,482)				(2,756,482)	
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,486,995)				(602,700)				(2,089,695)	
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,472,889)				(3,627,626)				(11,100,515)	
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(704,012)				(1,804,012)	
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,400,000)				(103,815)				(3,503,815)	
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(2,800,000)				(1,319,827)				(4,119,827)	
	62-1312478	Cigna Health Corporation	(14,100,000)	(5,155,419)			89,153,160				69,897,741	
	02-0387748	Healthsource, Inc.					(5,810,575)				(5,810,575)	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	(5,000,000)	155,419			(32,925,857)	(457,808)			(38,228,246)	1,630,274
	95-3310115	Cigna HealthCare of California, Inc.					(57,422,647)	1,673,926			(55,748,721)	8,872,587
95604	84-1004500	Cigna HealthCare of Colorado, Inc.	(2,000,000)				(1,534,864)	827,801			(2,707,063)	202,646
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.					(4,625,985)	14,940			(4,611,045)	26,628
95136	59-2089259	Cigna HealthCare of Florida, Inc.					(828,850)	(60,251)			(889,101)	109,259
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(286,052)	(19,650)			(305,702)	17,745
95477	01-0418220	Cigna HealthCare of Maine, Inc.	(5,000,000)				1,478	-			(4,998,522)	
95220	02-0402111	Cigna HealthCare of Massachusetts, Inc.	(1,400,000)				9,318	(71)			(1,390,753)	64
95599	52-1404350	Cigna HealthCare Mid-Atlantic, Inc.	(2,500,000)				(15,539)	-			(2,515,539)	
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc.	(500,000)				30,767	-			(469,233)	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(44,292)	(39,410)			(83,702)	35,590
95121	23-2301807	Cigna HealthCare of Pennsylvania, Inc.					(16,062)	-			(16,062)	
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.	(2,000,000)				(769,533)	(99,942)			(2,869,475)	15,113
95518	62-1230908	Cigna HealthCare of Utah, Inc.					12,763	-			12,763	
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(850,021)	170,755			(679,266)	79,605
95383	74-2767437	Cigna HealthCare of Texas, Inc.	(3,000,000)				(11,071,786)	(338,548)			(14,410,334)	1,456,330
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	(500,000)				(194,637)	(10,930)			(705,567)	9,870
95488		Cigna HealthCare of New York, Inc.				(170,500)	(37,955)	-			(208,455)	
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	(3,000,000)				(7,301,281)	770,210			(9,531,071)	928,605
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	(5,000,000)				(4,599,772)	(192,452)			(9,792,224)	512,033
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	(1,000,000)				(258,500)	(17,844)			(1,276,344)	16,114
	00-0000000	Temple Insurance Company Limited (Bermuda)					(43,525)				(43,525)	
	35-1641636	Sagamore Health Network, Inc.					1,146,753				1,146,753	
95388	93-1174749	Great-West Healthcare of Illinois, Inc.					(702)				(702)	
	AA-1560515	Cigna Life Insurance Co. of Canada	(2,000,000)				(11,316,857)	(484,833)			(13,801,690)	
64548	13-2556568	Cigna Life Insurance Company of New York	(25,000,000)				(872,263)	(9,215,731)			(35,087,994)	136,150,842
62308	06-0303370	Connecticut General Life Insurance Company	(1,054,000,000)	16,894,557			(107,142,377)	(1,497,449)			(1,145,745,269)	(2,763,196,541)
	32-0222252	Cigna Onsite Health, LLC		5,000,000			5,053,453				10,053,453	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.					(44,227)				(44,227)	
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		150,455,547							150,455,547	
	27-0268530	CORAC, LLC		(748,442)							(748,442)	
67369	59-1031071	Cigna Health and Life Insurance Company		176,075,679			(37,580,300)	(2,433,663)			136,061,716	(3,946,933)
	23-1728483	Cigna Health Management, Inc.	(10,000,000)				152,918,081				142,918,081	
	20-8064696	Kronos Optimal Health Company					7,846,145				7,846,145	

54.1

## 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)
65498	23-1503749	Life Insurance Company of North America	(175,000,000)	(35,810,341)			(18,865,942)	(109,979,021)			(339,655,304)	1,116,651,803
	46-0427127	Tel-Drug, Inc.	(36,000,000)				(18,954)				(36,018,954)	
	00-0000000	Vielife Holdings Limited (United Kingdom)		2,300,000							2,300,000	
	35-2041388	IHN, Inc.					(3,510)				(3,510)	
	51-0389196	Cigna Global Holdings, Inc.		96,588,380							96,588,380	
	51-0111677	Cigna International Corporation, Inc.					(3,159,000)				(3,159,000)	
	98-0210110	Cigna Global Reinsurance Company, Ltd. (Bermuda)	30,787,500				(12,636)	159,742,011			190,516,875	111,540,496
	23-3009279	Cigna Holdings Overseas, Inc.					5,309,821				5,309,821	
	00-0000000	Cigna Nederland Alpha Cooperatief U.A.		37,483,936							37,483,936	
	00-0000000	Cigna Nederland Gamma B.V.		69,613,024							69,613,024	
	AA-1240009	Cigna Life Insurance Co. of Europe S.A.-N.V.					(2,165,815)	177,859			(1,987,956)	9,852
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.					7,831				7,831	
	00-0000000	Cigna Worldwide Life Insurance Company Limited					(47,035)				(47,035)	
	00-0000000	Cigna Global Insurance Company Limited (Guernsey)					4,921,801	(6,966,520)			(2,044,719)	(2,634,881)
90859	23-2088429	Cigna Worldwide Insurance Company	(30,787,500)				(3,750,898)	(2,224,656)			(36,763,054)	(21,554,913)
9999999	Control Totals		0	0	0	0	0	2	XXX	0	2	(1)

**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**

	<b>Responses</b>
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?	YES
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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?	NO
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?	NO
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?	YES
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	YES
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?	YES

**AUGUST FILING**

48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
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# 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.
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# 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.



28.



29.



30.



31.



32.



33. Not applicable



34.



35.

36.



37. Not applicable



38. Not applicable



39. Not applicable



40.

41.

42.



43.

44.

45.

46.

47.

48.



Annual Statement for the year 2012 of the **Loyal American Life Insurance Company**  
**Overflow Page for Write-Ins**

**Additional Write-ins for Summary of Operations:**

		1	2
		Current Year	Prior Year
08.304	Hannover Experience Refund.....	692,191	320,479
08.305	Gain/Loss on Reinsurance.....	760,207	
08.306	IMR Adjustment Released From the Reserve.....	15,645,000	
08.397	Summary of remaining write-ins for Line 8.3.....	17,097,398	320,479

**Additional Write-Ins for Schedule T:**

States, Etc.	1 Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
58004. Mexico.....	...XXX...	17,941				17,941	
58005. Guatemala.....	...XXX...	14,411				14,411	
58006. Austria.....	...XXX...	14,330				14,330	
58007. Costa Rica.....	...XXX...	12,673				12,673	
58008. Ecuador.....	...XXX...	12,060				12,060	
58009. United Arab Emirates.....	...XXX...			436		436	
58010. Other Aliens.....	...XXX...	12,889		401		13,290	
58997. Summary of remaining write-ins for line 58.....	...XXX...	84,303	0	837	0	85,140	0

## 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. Hannover Experience Refund.....	692,191		692,191									
08.305. Gain/Loss on Reinsurance.....	760,207		760,207									
08.306. IMR Adjustment Released from Reserve.....	15,645,000		11,560,210	15,684,692	33,711		3,387		(498,819)		(11,138,181)	
08.397. Summary of remaining write-ins for Line 8.3.....	17,097,398	0	13,012,608	15,684,692	33,711	0	3,387	0	(498,819)	0	(11,138,181)	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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Alabama



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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			
<b>Individual Policies</b>																			
.....YES.....	L-6200-AL.....	H.....	.....NO.....	.....34000.....	.....08/29/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....11,256.....	.....2,160.....	.....19.2.....	.....3.....	.....12,906.....	.....19,832.....	.....153.7.....	.....6.....		
.....YES.....	L-6201-AL.....	I.....	.....NO.....	.....34000.....	.....08/29/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....10,744.....	.....11,110.....	.....103.4.....	.....4.....	.....5,536.....	.....3,233.....	.....58.4.....	.....2.....		
.....YES.....	L-6202-AL.....	J.....	.....NO.....	.....34000.....	.....08/29/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....82,038.....	.....33,426.....	.....40.7.....	.....29.....	.....69,739.....	.....50,477.....	.....72.4.....	.....26.....		
.....YES.....	LOYAL-MS-AA-F-AL.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....243,217.....	.....158,266.....	.....65.1.....	.....146.....		
.....YES.....	LOYAL-MS-AA-G-AL.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....190,402.....	.....162,933.....	.....85.6.....	.....158.....		
.....YES.....	LOYAL-MS-AA-N-AL.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....61,473.....	.....28,293.....	.....46.0.....	.....50.....		
0199999.	Total Policy Experience on Individual Policies.....									.....104,038.....	.....46,696.....	.....44.9.....	.....36.....	.....583,273.....	.....423,034.....	.....72.5.....	.....388.....		

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### 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.....Arkansas



NAIC Group Code.....0901  
Address (City, State and Zip Code).....Austin, TX 78717  
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722  
Title.....Actuary.....Telephone Number.....1-800-880-8824

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	Incurring Claims				Amount	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned	Incurring Claims	Amount	Percent of Premiums Earned	Number of Covered Lives					
<b>Individual Policies</b>																														
.....YES.....	L-5233-AR.....	D.....	.....NO.....	.....34060.....	.....09/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,841.....	.....313.....	.....17.0.....	.....1.....			.....0.0.....														
.....YES.....	L-5234-AR.....	F.....	.....NO.....	.....34060.....	.....09/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....108,533.....	.....109,239.....	.....100.7.....	.....55.....	.....49,286.....	.....34,358.....	.....69.7.....	.....24.....													
.....YES.....	L-5235-AR.....	G.....	.....NO.....	.....34060.....	.....09/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....5,361.....	.....2,399.....	.....44.7.....	.....3.....			.....0.0.....														
.....YES.....	LOYAL-MS-CR-F-AR.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....37,277.....	.....20,414.....	.....54.8.....	.....20.....													
.....YES.....	LOYAL-MS-CR-G-AR.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....11,868.....	.....8,124.....	.....68.5.....	.....7.....													
.....YES.....	LOYAL-MS-CR-N-AR.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,505.....	.....83.....	.....5.5.....	.....1.....													
0199999.	Total Policy Experience on Individual Policies.....									.....115,735.....	.....111,951.....	.....96.7.....	.....59.....	.....99,936.....	.....62,979.....	.....63.0.....	.....52.....													

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### 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.....American Samoa



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Arizona



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5230-AZ.....	A.....	.....NO.....	.....34000.....	.....11/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,109.....	.....19,567.....	.....320.3.....	.....3.....			.....0.0.....	
.....YES.....	L-5233-AZ.....	D.....	.....NO.....	.....34000.....	.....11/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,465.....	.....2,865.....	.....116.2.....	.....1.....			.....0.0.....	
.....YES.....	L-5234-AZ.....	F.....	.....NO.....	.....34000.....	.....11/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....91,533.....	.....54,479.....	.....59.5.....	.....30.....	.....623.....	.....504.....	.....80.9.....	
.....YES.....	L-5235-AZ.....	G.....	.....NO.....	.....34000.....	.....11/22/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,723.....	.....1,431.....	.....21.3.....	.....3.....			.....0.0.....	
.....YES.....	LOYAL-MS-IA-F-AZ..	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....103,392.....	.....48,201.....	.....46.6.....	.....48.....
.....YES.....	LOYAL-MS-IA-G-AZ..	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....10,346.....	.....1,456.....	.....14.1.....	.....6.....
.....YES.....	LOYAL-MS-IA-N-AZ..	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,126.....		.....0.0.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....106,830.....	.....78,342.....	.....73.3.....	.....37.....	.....116,487.....	.....50,161.....	.....43.1.....	.....55.....

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**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.....California



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Colorado



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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		
.....YES.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....583,692.....	.....326,386.....	.....55.9.....	.....366.....		
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....59,592.....	.....30,372.....	.....51.0.....	.....40.....		
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....14,834.....	.....17,926.....	.....120.8.....	.....7.....		
0199999.	Total Policy Experience on Individual Policies.....									.....0.....	.....0.....	.....0.0.....	.....0.....	.....658,118.....	.....374,684.....	.....56.9.....	.....413.....		

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>NONE</b>																	

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.....District of Columbia

NAIC Group Code.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Delaware

NAIC Group Code.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Florida



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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			
<b>Individual Policies</b>																			
.....YES.....	L-6200-GA.....	H.....	.....NO.....	.....34000.....	.....09/22/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,261.....	.....9,922.....	.....158.5.....	.....3.....	.....4,513.....	.....2,921.....	.....64.7.....	.....2.....		
.....YES.....	L-6201-GA.....	I.....	.....NO.....	.....34000.....	.....09/22/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....20,193.....	.....4,763.....	.....23.6.....	.....9.....	.....1,786.....	.....2,138.....	.....119.7.....	.....1.....		
.....YES.....	L-6202-GA.....	J.....	.....NO.....	.....34000.....	.....09/22/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....216,165.....	.....118,927.....	.....55.0.....	.....85.....	.....100,914.....	.....51,041.....	.....50.6.....	.....41.....		
.....YES.....	LOYAL-MS-IA-F-GA.....	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....149,220.....	.....112,717.....	.....75.5.....	.....69.....		
.....YES.....	LOYAL-MS-IA-G-GA.....	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....50,689.....	.....18,786.....	.....37.1.....	.....29.....		
.....YES.....	LOYAL-MS-IA-N-GA.....	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....36,510.....	.....36,717.....	.....100.6.....	.....20.....		
0199999.	Total Policy Experience on Individual Policies.....									.....242,619.....	.....133,612.....	.....55.1.....	.....97.....	.....343,632.....	.....224,320.....	.....65.3.....	.....162.....		

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>NONE</b>																	

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.....Hawaii



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....Iowa



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5233-IA.....	D.....	.....NO.....	.....34000.....	.....10/31/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....3,864.....	.....1,228.....	.....31.8.....	.....2.....
.....YES.....	L-5234-IA.....	F.....	.....NO.....	.....34000.....	.....10/31/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....454,934.....	.....421,279.....	.....92.6.....	.....216.....	.....207,108.....	.....154,350.....	.....74.5.....	.....95.....
.....YES.....	L-5235-IA.....	G.....	.....NO.....	.....34000.....	.....10/31/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....13,271.....	.....12,367.....	.....93.2.....	.....5.....	-	-	.....0.0.....	.....
.....YES.....	L-6200-IA.....	H.....	.....NO.....	.....34000.....	.....09/12/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,113.....	.....302.....	.....14.3.....	.....1.....	.....1,559.....	.....2,213.....	.....141.9.....	.....1.....
.....YES.....	L-6201-IA.....	I.....	.....NO.....	.....34000.....	.....09/12/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,554.....	.....6,426.....	.....98.0.....	.....3.....	.....2,159.....	-	.....0.0.....	.....1.....
.....YES.....	L-6202-IA.....	J.....	.....NO.....	.....34000.....	.....09/12/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,818,656.....	.....1,362,588.....	.....74.9.....	.....767.....	.....434,091.....	.....302,265.....	.....69.6.....	.....189.....
.....YES.....	LOYAL-MS-AA-C-IA.....	C.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....2,232.....	.....2,598.....	.....116.4.....	.....1.....
.....YES.....	LOYAL-MS-AA-F-IA.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....1,599,024.....	.....1,170,421.....	.....73.2.....	.....845.....
.....YES.....	LOYAL-MS-AA-G-IA.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....48,659.....	.....27,669.....	.....56.9.....	.....42.....
.....YES.....	LOYAL-MS-AA-N-IA.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....25,151.....	.....8,616.....	.....34.3.....	.....20.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,295,528.....	.....1,802,962.....	.....78.5.....	.....992.....	.....2,323,847.....	.....1,669,360.....	.....71.8.....	.....1,196.....

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**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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5234-ID.....	F.....	.....NO.....	.....34000.....	.....07/26/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....47,388.....	.....39,856.....	.....84.1.....	.....22.....	.....27,130.....	.....13,173.....	.....48.6.....	.....14.....
.....YES.....	L-5235-ID.....	G.....	.....NO.....	.....34000.....	.....07/26/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....27,559.....	.....36,798.....	.....133.5.....	.....14.....	.....30,435.....	.....12,888.....	.....42.3.....	.....16.....
.....YES.....	L-6201-ID.....	I.....	.....NO.....	.....34060.....	.....08/28/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....4,098.....	.....945.....	.....23.1.....	.....2.....
.....YES.....	L-6202-ID.....	J.....	.....NO.....	.....34060.....	.....08/28/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....117,286.....	.....89,170.....	.....76.0.....	.....51.....	.....317,650.....	.....194,542.....	.....61.2.....	.....141.....
.....YES.....	LOYAL-MS-IA-B-ID...	B.....	.....NO.....	.....34000.....	.....08/04/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....7,690.....	.....5,127.....	.....66.7.....	.....4.....
.....YES.....	LOYAL-MS-IA-F-ID...	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....358,885.....	.....246,020.....	.....68.6.....	.....169.....
.....YES.....	LOYAL-MS-IA-G-ID...	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....51,442.....	.....34,621.....	.....67.3.....	.....32.....
.....YES.....	LOYAL-MS-IA-N-ID...	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....20,398.....	.....8,254.....	.....40.5.....	.....14.....
0199999.	Total Policy Experience on Individual Policies.....									.....192,233.....	.....165,824.....	.....86.3.....	.....87.....	.....817,728.....	.....515,570.....	.....63.0.....	.....392.....

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### 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.....Illinois



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5230-IL.....	A.....	.....NO.....	.....34060.....	.....11/07/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....427.....	.....274.....	.....64.2.....	.....
.....YES.....	L-5233-IL.....	D.....	.....NO.....	.....34060.....	.....11/07/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,837.....	.....853.....	.....46.4.....	.....1.....	-	-	.....0.0.....	.....
.....YES.....	L-5234-IL.....	F.....	.....NO.....	.....34060.....	.....11/07/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....633,568.....	.....450,021.....	.....71.0.....	.....242.....	.....131,517.....	.....118,839.....	.....90.4.....	.....51.....
.....YES.....	L-5235-IL.....	G.....	.....NO.....	.....34060.....	.....11/07/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....23,952.....	.....11,817.....	.....49.3.....	.....10.....	.....1,886.....	.....43.....	.....2.3.....	.....1.....
.....YES.....	L-6200-IL.....	H.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....9,488.....	.....4,956.....	.....52.2.....	.....4.....	-	-	.....0.0.....	.....
.....YES.....	L-6201-IL.....	I.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....47,452.....	.....57,446.....	.....121.1.....	.....15.....	.....8,016.....	.....1,517.....	.....18.9.....	.....3.....
.....YES.....	L-6202-IL.....	J.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,175,139.....	.....1,474,699.....	.....67.8.....	.....839.....	.....1,072,989.....	.....805,175.....	.....75.0.....	.....415.....
.....YES.....	LOYAL-MS-AA-C-IL..	C.....	.....NO.....	.....34060.....	.....06/28/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....1,128.....	.....407.....	.....36.1.....	.....
.....YES.....	LOYAL-MS-AA-D-IL..	D.....	.....NO.....	.....34060.....	.....06/28/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....10,125.....	.....3,288.....	.....32.5.....	.....6.....
.....YES.....	LOYAL-MS-AA-F-IL..	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....4,066,056.....	.....3,031,666.....	.....74.6.....	.....2,044.....
.....YES.....	LOYAL-MS-AA-G-IL..	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....343,699.....	.....206,208.....	.....60.0.....	.....195.....
.....YES.....	LOYAL-MS-AA-N-IL..	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....310,258.....	.....182,705.....	.....58.9.....	.....234.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,891,436.....	.....1,999,792.....	.....69.2.....	.....1,111.....	.....5,946,101.....	.....4,350,122.....	.....73.2.....	.....2,949.....

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### 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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
											Incurring Claims	13			Incurring 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
<b>Individual Policies</b>																	
.....YES.....	L-5230-IN.....	A.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....196.....		.....0.0.....				.....0.0.....	
.....YES.....	L-5231-IN.....	B.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,063.....	.....6,398.....	.....310.1.....	.....1.....			.....0.0.....	
.....YES.....	L-5232-IN.....	C.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....8,272.....	.....3,465.....	.....41.9.....	.....2.....			.....0.0.....	
.....YES.....	L-5233-IN.....	D.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....17,402.....	.....23,127.....	.....132.9.....	.....7.....	.....1,633.....	.....60.....	.....3.7.....	.....1.....
.....YES.....	L-5234-IN.....	F.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....601,480.....	.....455,953.....	.....75.8.....	.....253.....	.....101,845.....	.....78,249.....	.....76.8.....	.....44.....
.....YES.....	L-5235-IN.....	G.....	.....NO.....	.....34000.....	.....12/18/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....366,737.....	.....300,621.....	.....82.0.....	.....165.....	.....30,548.....	.....11,135.....	.....36.5.....	.....12.....
.....YES.....	L-6200-IN.....	H.....	.....NO.....	.....34000.....	.....11/14/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....39,390.....	.....18,419.....	.....46.8.....	.....16.....	.....2,175.....	.....371.....	.....17.1.....	.....1.....
.....YES.....	L-6201-IN.....	I.....	.....NO.....	.....34000.....	.....11/14/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....53,721.....	.....11,249.....	.....20.9.....	.....24.....	.....3,349.....	.....2,750.....	.....82.1.....	.....1.....
.....YES.....	L-6202-IN.....	J.....	.....NO.....	.....34000.....	.....11/14/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,234,747.....	.....812,274.....	.....65.8.....	.....487.....	.....620,286.....	.....393,323.....	.....63.4.....	.....244.....
.....YES.....	LOYAL-MS-AA-A-IN.....	A.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....4,645.....	.....2,269.....	.....48.8.....	.....5.....
.....YES.....	LOYAL-MS-AA-C-IN.....	C.....	.....NO.....	.....34000.....	.....07/26/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....15,501.....	.....16,190.....	.....104.4.....	.....9.....
.....YES.....	LOYAL-MS-AA-D-IN.....	D.....	.....NO.....	.....34000.....	.....07/26/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....40,764.....	.....24,708.....	.....60.6.....	.....26.....
.....YES.....	LOYAL-MS-AA-F-IN.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,539,383.....	.....1,027,232.....	.....66.7.....	.....1,033.....
.....YES.....	LOYAL-MS-AA-G-IN.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....360,501.....	.....211,798.....	.....58.8.....	.....295.....
.....YES.....	LOYAL-MS-AA-N-IN.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....242,972.....	.....149,225.....	.....61.4.....	.....266.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,324,008.....	.....1,631,506.....	.....70.2.....	.....955.....	.....2,963,602.....	.....1,917,310.....	.....64.7.....	.....1,937.....

360

360.1

**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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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			
<b>Individual Policies</b>																			
.....YES.....	L-6200-KS.....	H.....	.....NO.....	.....34060.....	.....11/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....4,219.....	.....630.....	.....14.9.....	.....2.....	.....(446).....	.....0.0.....				
.....YES.....	L-6201-KS.....	I.....	.....NO.....	.....34060.....	.....11/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....39,839.....	.....39,932.....	.....100.2.....	.....17.....	.....37,091.....	.....38,075.....	.....102.7.....	.....18.....		
.....YES.....	L-6202-KS.....	J.....	.....NO.....	.....34060.....	.....11/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....813,298.....	.....685,421.....	.....84.3.....	.....304.....	.....462,494.....	.....246,897.....	.....53.4.....	.....178.....		
.....YES.....	LOYAL-MS-AA-F-KS	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....855,719.....	.....743,387.....	.....86.9.....	.....474.....		
.....YES.....	LOYAL-MS-AA-G-KS	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....82,701.....	.....40,979.....	.....49.6.....	.....46.....		
.....YES.....	LOYAL-MS-AA-N-KS	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....25,844.....	.....5,715.....	.....22.1.....	.....15.....		
0199999.	Total Policy Experience on Individual Policies.....									.....857,356.....	.....725,983.....	.....84.7.....	.....323.....	.....1,463,403.....	.....1,075,053.....	.....73.5.....	.....731.....		

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	Incurring Claims				Amount	Percent of Premiums Earned		
.....YES.....	L-5230-KY.....	A.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,597.....	.....3,232.....	.....124.5.....	.....1.....	.....	.....0.0.....	.....			
.....YES.....	L-5231-KY.....	B.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....11,047.....	.....4,792.....	.....43.4.....	.....4.....	.....58,364.....	.....37,402.....	.....64.1.....	.....18.....		
.....YES.....	L-5232-KY.....	C.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....11,774.....	.....8,161.....	.....69.3.....	.....3.....	.....6,935.....	.....2,194.....	.....31.6.....	.....2.....		
.....YES.....	L-5233-KY.....	D.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....18,568.....	.....9,751.....	.....52.5.....	.....6.....	.....5,948.....	.....4,239.....	.....71.3.....	.....1.....		
.....YES.....	L-5234-KY.....	F.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....510,235.....	.....372,446.....	.....73.0.....	.....190.....	.....95,510.....	.....86,164.....	.....90.2.....	.....41.....		
.....YES.....	L-5235-KY.....	G.....	.....NO.....	.....34060.....	.....08/26/2005.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....78,376.....	.....45,742.....	.....58.4.....	.....28.....	.....9,942.....	.....3,841.....	.....38.6.....	.....4.....		
.....YES.....	LOYAL-MS-AA-A-KY.....	A.....	.....NO.....	.....34060.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....3,212.....	.....1,188.....	.....37.0.....	.....3.....		
.....YES.....	LOYAL-MS-AA-C-KY.....	C.....	.....NO.....	.....34060.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....20,549.....	.....25,463.....	.....123.9.....	.....11.....		
.....YES.....	LOYAL-MS-AA-D-KY.....	D.....	.....NO.....	.....34000.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....4,486.....	.....1,285.....	.....28.6.....	.....3.....		
.....YES.....	LOYAL-MS-AA-F-KY.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....775,002.....	.....552,099.....	.....71.2.....	.....439.....		
.....YES.....	LOYAL-MS-AA-G-KY.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....139,133.....	.....94,528.....	.....67.9.....	.....97.....		
.....YES.....	LOYAL-MS-AA-N-KY.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....55,576.....	.....41,998.....	.....75.6.....	.....48.....		
0199999.	Total Policy Experience on Individual Policies.....									.....632,597.....	.....444,124.....	.....70.2.....	.....232.....	.....1,174,657.....	.....850,401.....	.....72.4.....	.....667.....		

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### 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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5231-LA.....	B.....	.....NO.....	34060.....	11/09/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....13,169.....	.....15,598.....	.....118.4.....	.....5.....		.....0.0.....		
.....YES.....	L-5232-LA.....	C.....	.....NO.....	34060.....	11/09/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....3,526.....	.....519.....	.....14.7.....	.....1.....		.....0.0.....		
.....YES.....	L-5233-LA.....	D.....	.....NO.....	34060.....	11/09/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....5,180.....	.....2,522.....	.....48.7.....	.....2.....		.....0.0.....		
.....YES.....	L-5234-LA.....	F.....	.....NO.....	34060.....	11/09/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....165,262.....	.....87,977.....	.....53.2.....	.....57.....	.....22,661.....	.....26,064.....	.....115.0.....	.....7.....
.....YES.....	L-5235-LA.....	G.....	.....NO.....	34060.....	11/09/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....35,073.....	.....23,364.....	.....66.6.....	.....12.....	.....11,466.....	.....7,325.....	.....63.9.....	.....4.....
.....YES.....	L-5333-LA.....	F.....	.....YES.....	34060.....	06/30/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,741.....	.....3,021.....	.....44.8.....	.....2.....		.....0.0.....		
.....YES.....	L-5334-LA.....	G.....	.....YES.....	34060.....	06/30/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,086.....	.....0.0.....	.....0.0.....	.....1.....		.....0.0.....		
.....YES.....	LOYAL-MS-AA-D-LA.....	D.....	.....NO.....	34060.....	06/25/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....0.0.....	.....0.0.....		.....(250).....	.....0.0.....		
.....YES.....	LOYAL-MS-AA-F-LA.....	F.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....0.0.....	.....0.0.....		.....92,184.....	.....44,700.....	.....48.5.....	.....47.....
.....YES.....	LOYAL-MS-AA-G-LA.....	G.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....0.0.....	.....0.0.....		.....60,390.....	.....38,706.....	.....64.1.....	.....23.....
.....YES.....	LOYAL-MS-AA-N-LA.....	N.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....0.0.....	.....0.0.....		.....2,450.....	.....1,765.....	.....72.0.....	.....1.....
0199999.	Total Policy Experience on Individual Policies.....									.....231,037.....	.....133,001.....	.....57.6.....	.....80.....	.....188,901.....	.....118,560.....	.....62.8.....	.....82.....

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### 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

**GENERAL INTERROGATORIES**

- 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.....Massachusetts

NAIC Group Code.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....Maryland

NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....Maine



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....Michigan



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5234-MI.....	F.....	.....NO.....	.....34000.....	.....09/21/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....53,190.....	.....27,568.....	.....51.8.....	.....16.....	.....21,180.....	.....15,629.....	.....73.8.....	.....7.....
.....YES.....	L-5235-MI.....	G.....	.....NO.....	.....34000.....	.....09/21/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,490.....	.....187.....	.....7.5.....	.....1.....			.....0.0.....	
.....YES.....	L-6200-MI.....	H.....	.....NO.....	.....34000.....	.....08/19/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....9,085.....	.....3,137.....	.....34.5.....	.....4.....	.....3,544.....	.....13.....	.....0.4.....	.....2.....
.....YES.....	L-6201-MI.....	I.....	.....NO.....	.....34000.....	.....08/19/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....29,558.....	.....26,849.....	.....90.8.....	.....12.....	.....54,144.....	.....10,173.....	.....18.8.....	.....23.....
.....YES.....	L-6202-MI.....	J.....	.....NO.....	.....34000.....	.....08/19/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....765,638.....	.....512,749.....	.....67.0.....	.....276.....	.....396,711.....	.....238,048.....	.....60.0.....	.....147.....
.....YES.....	LOYAL-MS-AA-B-MI.....	B.....	.....NO.....	.....34000.....	.....06/07/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....8,896.....	.....4,583.....	.....51.5.....	.....4.....
.....YES.....	LOYAL-MS-AA-C-MI.....	C.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....57,609.....	.....36,725.....	.....63.7.....	.....23.....
.....YES.....	LOYAL-MS-AA-D-MI.....	D.....	.....NO.....	.....34000.....	.....06/07/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....111,362.....	.....46,747.....	.....42.0.....	.....59.....
.....YES.....	LOYAL-MS-AA-F-MI.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,940,361.....	.....1,876,552.....	.....63.8.....	.....1,502.....
.....YES.....	LOYAL-MS-AA-G-MI.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,002,761.....	.....598,749.....	.....59.7.....	.....599.....
.....YES.....	LOYAL-MS-AA-N-MI.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....739,830.....	.....368,602.....	.....49.8.....	.....525.....
0199999.	Total Policy Experience on Individual Policies.....									.....859,961.....	.....570,490.....	.....66.3.....	.....309.....	.....5,336,398.....	.....3,195,821.....	.....59.9.....	.....2,891.....

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### 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

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>Individual Policies</b>																	
.....YES.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,112.....	.....1,134.....	.....53.7.....	.....1.....
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....9,509.....	.....8,376.....	.....88.1.....	.....5.....
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....258,365.....	.....123,680.....	.....47.9.....	.....123.....
0199999.	Total Policy Experience on Individual Policies.....									.....0.....	.....0.....	.....0.0.....	.....0.....	.....269,986.....	.....133,190.....	.....49.3.....	.....129.....

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### 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.....Missouri



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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		
<b>Individual Policies</b>																		
.....YES.....	L-6200-MO.....	H.....	.....NO.....	.....34060.....	.....08/26/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....16,442.....	.....12,616.....	.....76.7.....	.....7.....	.....25,831.....	.....5,802.....	.....22.5.....	.....9.....	
.....YES.....	L-6201-MO.....	I.....	.....NO.....	.....34060.....	.....08/26/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....11,786.....	.....4,793.....	.....40.7.....	.....4.....	.....8,277.....	.....2,015.....	.....24.3.....	.....4.....	
.....YES.....	L-6202-MO.....	J.....	.....NO.....	.....34060.....	.....08/26/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,243,977.....	.....730,368.....	.....58.7.....	.....439.....	.....367,667.....	.....248,059.....	.....67.5.....	.....136.....	
.....YES.....	LOYAL-MS-IA-F-MO.....	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....652,640.....	.....451,903.....	.....69.2.....	.....291.....	
.....YES.....	LOYAL-MS-IA-G-MO.....	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....162,607.....	.....86,587.....	.....53.2.....	.....82.....	
.....YES.....	LOYAL-MS-IA-N-MO.....	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....30,661.....	.....9,249.....	.....30.2.....	.....16.....	
0199999.	Total Policy Experience on Individual Policies.....									.....1,272,205.....	.....747,777.....	.....58.8.....	.....450.....	.....1,247,683.....	.....803,615.....	.....64.4.....	.....538.....	

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.....Mississippi



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5232-MS.....	C.....	.....NO.....	.....34060.....	.....07/29/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....7,725.....	.....1,322.....	.....17.1.....	.....3.....		.....0.0.....		
.....YES.....	L-5234-MS.....	F.....	.....NO.....	.....34060.....	.....07/29/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....126,076.....	.....91,681.....	.....72.7.....	.....50.....	.....45,294.....	.....31,038.....	.....68.5.....	.....18.....
.....YES.....	L-5235-MS.....	G.....	.....NO.....	.....34060.....	.....07/29/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....10,341.....	.....10,236.....	.....99.0.....	.....4.....	.....3,749.....	.....8,685.....	.....231.7.....	.....1.....
.....YES.....	L-5332-MS.....	D.....	.....YES.....	.....34060.....	.....03/11/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....4,895.....	.....2,850.....	.....58.2.....	.....2.....		.....0.0.....		
.....YES.....	L-5333-MS.....	F.....	.....YES.....	.....34060.....	.....03/11/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....367,352.....	.....184,891.....	.....50.3.....	.....126.....		.....0.0.....		
.....YES.....	L-5334-MS.....	G.....	.....YES.....	.....34060.....	.....03/11/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....8,325.....	.....1,789.....	.....21.5.....	.....4.....		.....0.0.....		
.....YES.....	L-6200-MS.....	H.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,413.....	.....49.....	.....2.0.....	.....1.....	.....2,740.....	.....3,077.....	.....112.3.....	.....1.....
.....YES.....	L-6201-MS.....	I.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....8,082.....	.....16,218.....	.....200.7.....	.....4.....	.....4,347.....	.....3,997.....	.....91.9.....	.....2.....
.....YES.....	L-6202-MS.....	J.....	.....NO.....	.....34060.....	.....11/20/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....961,424.....	.....667,863.....	.....69.5.....	.....352.....	.....317,257.....	.....282,194.....	.....88.9.....	.....112.....
.....YES.....	LOYAL-MS-AA-B-MS.....	B.....	.....NO.....	.....34060.....	.....07/22/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....15,609.....	.....3,061.....	.....19.6.....	.....9.....
.....YES.....	LOYAL-MS-AA-C-MS.....	C.....	.....NO.....	.....34060.....	.....07/22/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....23,962.....	.....16,274.....	.....67.9.....	.....13.....
.....YES.....	LOYAL-MS-AA-D-MS.....	D.....	.....NO.....	.....34000.....	.....07/22/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....12,427.....	.....2,732.....	.....22.0.....	.....7.....
.....YES.....	LOYAL-MS-AA-F-MS.....	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,161,025.....	.....1,458,604.....	.....67.5.....	.....1,134.....
.....YES.....	LOYAL-MS-AA-G-MS.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....208,088.....	.....112,636.....	.....54.1.....	.....119.....
.....YES.....	LOYAL-MS-AA-N-MS.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....87,074.....	.....46,785.....	.....53.7.....	.....70.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,496,633.....	.....976,899.....	.....65.3.....	.....546.....	.....2,881,572.....	.....1,969,083.....	.....68.3.....	.....1,486.....

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360.1

**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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5233-MT.....	D.....	.....NO.....	.....34000.....	.....09/19/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....1,560.....	.....3,026.....	.....194.0.....	.....1.....
.....YES.....	L-5234-MT.....	F.....	.....NO.....	.....34000.....	.....09/19/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....59,363.....	.....29,516.....	.....49.7.....	.....21.....	.....	.....	.....0.0.....	.....
.....YES.....	L-5235-MT.....	G.....	.....NO.....	.....34000.....	.....09/19/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,406.....	.....4,549.....	.....189.1.....	.....1.....	.....	.....	.....0.0.....	.....
.....YES.....	L-6201-MT.....	I.....	.....NO.....	.....34000.....	.....02/25/2009.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....2,252.....	.....	.....0.0.....	.....1.....
.....YES.....	L-6202-MT.....	J.....	.....NO.....	.....34000.....	.....02/25/2009.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....708,681.....	.....434,225.....	.....61.3.....	.....326.....	.....721,099.....	.....452,333.....	.....62.7.....	.....334.....
.....YES.....	LOYAL-MS-AA-F-MT.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....			.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....66,589.....	.....21,830.....	.....32.8.....	.....37.....
.....YES.....	LOYAL-MS-AA-G-MT.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....			.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....17,155.....	.....8,737.....	.....50.9.....	.....9.....
.....YES.....	LOYAL-MS-AA-N-MT.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....			.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....6,784.....	.....4,664.....	.....68.8.....	.....5.....
0199999.	Total Policy Experience on Individual Policies.....									.....770,450.....	.....468,290.....	.....60.8.....	.....348.....	.....815,439.....	.....490,590.....	.....60.2.....	.....387.....

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### 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 Carolina



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5232-NC.....	C.....	.....NO.....	.....34060.....	.....08/16/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....7,984.....	.....4,588.....	.....57.5.....	.....3.....	.....2,002.....	.....511.....	.....25.5.....	.....1.....
.....YES.....	L-5233-NC.....	D.....	.....NO.....	.....34000.....	.....08/16/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....12,082.....	.....17,378.....	.....143.8.....	.....4.....	.....2,036.....	.....885.....	.....43.5.....	.....1.....
.....YES.....	L-5234-NC.....	F.....	.....NO.....	.....34000.....	.....08/16/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....455,164.....	.....330,297.....	.....72.6.....	.....161.....	.....76,270.....	.....52,841.....	.....69.3.....	.....31.....
.....YES.....	L-5235-NC.....	G.....	.....NO.....	.....34000.....	.....08/16/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....97,620.....	.....66,403.....	.....68.0.....	.....36.....	.....5,942.....	.....1,127.....	.....19.0.....	.....3.....
.....YES.....	L-6200-NC.....	H.....	.....NO.....	.....34000.....	.....09/30/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....18,621.....	.....9,974.....	.....53.6.....	.....8.....	.....6,353.....	.....1,155.....	.....18.2.....	.....3.....
.....YES.....	L-6201-NC.....	I.....	.....NO.....	.....34000.....	.....09/30/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....51,611.....	.....33,788.....	.....65.5.....	.....22.....	.....26,595.....	.....16,256.....	.....61.1.....	.....12.....
.....YES.....	L-6202-NC.....	J.....	.....NO.....	.....34060.....	.....09/30/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,642,030.....	.....1,115,945.....	.....68.0.....	.....605.....	.....982,296.....	.....610,506.....	.....62.2.....	.....379.....
.....YES.....	LOYAL-MS-AA-A-NC.....	A.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....3,728.....	.....1,084.....	.....29.1.....	.....2.....
.....YES.....	LOYAL-MS-AA-C-NC.....	C.....	.....NO.....	.....34060.....	.....07/02/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....64,446.....	.....51,043.....	.....79.2.....	.....22.....
.....YES.....	LOYAL-MS-AA-D-NC.....	D.....	.....NO.....	.....34000.....	.....07/02/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....30,179.....	.....18,546.....	.....61.5.....	.....15.....
.....YES.....	LOYAL-MS-AA-F-NC.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....2,523,920.....	.....1,815,369.....	.....71.9.....	.....1,193.....
.....YES.....	LOYAL-MS-AA-G-NC.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....290,285.....	.....206,691.....	.....71.2.....	.....161.....
.....YES.....	LOYAL-MS-AA-N-NC.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....172,268.....	.....87,614.....	.....50.9.....	.....120.....
0199999.	Total Policy Experience on Individual Policies.....									.....2,285,112.....	.....1,578,373.....	.....69.1.....	.....839.....	.....4,186,320.....	.....2,863,628.....	.....68.4.....	.....1,943.....

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**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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>Individual Policies</b>																	
.....YES.....	L-6202-ND.....	J.....	.....NO.....	.....34000.....	.....10/21/2008.....	.....	.....	.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....11,405.....	.....11,377.....	.....99.8.....	.....5.....	.....5,690.....	.....507.....	.....8.9.....	.....3.....
.....YES.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	.....34000.....	.....06/01/2010.....	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....9,796.....	.....3,296.....	.....33.6.....	.....6.....
0199999.	Total Policy Experience on Individual Policies.....									.....11,405.....	.....11,377.....	.....99.8.....	.....5.....	.....15,486.....	.....3,803.....	.....24.6.....	.....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.....Nebraska



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	Incurring Claims				Amount	Percent of Premiums Earned		
.....YES.....	L-5232-NE.....	C.....	.....NO.....	.....34000.....	.....09/13/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....3,382.....	.....3,853.....	.....113.9.....	.....1.....	.....0.0.....					
.....YES.....	L-5233-NE.....	D.....	.....NO.....	.....34000.....	.....09/13/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,146.....	.....1,135.....	.....52.9.....	.....1.....	.....0.0.....					
.....YES.....	L-5234-NE.....	F.....	.....NO.....	.....34000.....	.....09/13/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....117,306.....	.....82,438.....	.....70.3.....	.....44.....	.....58,776.....	.....57,053.....	.....97.1.....	.....22.....		
.....YES.....	L-5235-NE.....	G.....	.....NO.....	.....34000.....	.....09/13/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....4,258.....	.....823.....	.....19.3.....	.....2.....	.....30.....	.....0.0.....				
.....YES.....	L-6200-NE.....	H.....	.....NO.....	.....34000.....	.....10/08/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....0.....	.....4,942.....	.....17,939.....	.....363.0.....	.....2.....					
.....YES.....	L-6201-NE.....	I.....	.....NO.....	.....34000.....	.....10/08/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,476.....	.....835.....	.....33.7.....	.....1.....	.....244.....	.....0.0.....				
.....YES.....	L-6202-NE.....	J.....	.....NO.....	.....34000.....	.....10/08/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,027,713.....	.....711,745.....	.....69.3.....	.....409.....	.....317,416.....	.....243,213.....	.....76.6.....	.....132.....		
.....YES.....	LOYAL-MS-AA-C-NE.....	C.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....2,055.....	.....175.....	.....8.5.....	.....1.....					
.....YES.....	LOYAL-MS-AA-F-NE.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....1,039,218.....	.....759,780.....	.....73.1.....	.....578.....					
.....YES.....	LOYAL-MS-AA-G-NE.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....46,518.....	.....29,818.....	.....64.1.....	.....32.....					
.....YES.....	LOYAL-MS-AA-N-NE.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....0.0.....	.....8,178.....	.....267.....	.....3.3.....	.....5.....					
0199999.	Total Policy Experience on Individual Policies.....									.....1,157,281.....	.....800,829.....	.....69.2.....	.....458.....	.....1,477,377.....	.....1,108,245.....	.....75.0.....	.....772.....		

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

**GENERAL INTERROGATORIES**

- 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.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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 Mexico



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-6200-NM.....	H.....	.....NO.....	.....34000.....	.....10/07/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....1,891.....	.....33.....	.....1.7.....	.....1.....
.....YES.....	L-6201-NM.....	I.....	.....NO.....	.....34000.....	.....10/07/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....12,716.....	.....15,562.....	.....122.4.....	.....8.....	.....4,595.....	.....232.....	.....5.0.....	.....3.....
.....YES.....	L-6202-NM.....	J.....	.....NO.....	.....34000.....	.....10/07/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....285,835.....	.....177,094.....	.....62.0.....	.....130.....	.....173,981.....	.....81,226.....	.....46.7.....	.....82.....
.....YES.....	LOYAL-MS-AA-F-NM	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....54,948.....	.....37,602.....	.....68.4.....	.....33.....
.....YES.....	LOYAL-MS-AA-G-NM	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....16,204.....	.....2,568.....	.....15.8.....	.....10.....
.....YES.....	LOYAL-MS-AA-N-NM	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....5,102.....	.....3,396.....	.....66.6.....	.....4.....
0199999.	Total Policy Experience on Individual Policies.....									.....298,551.....	.....192,656.....	.....64.5.....	.....138.....	.....256,721.....	.....125,057.....	.....48.7.....	.....133.....

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### 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.....Nevada



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Ohio



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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.....	L-5230-OH.....	A.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....3,900.....	.....1,909.....	.....48.9.....	.....2.....			.....0.0.....	
.....YES.....	L-5231-OH.....	B.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....9,008.....	.....805.....	.....8.9.....	.....4.....	.....1,972.....		.....0.0.....	.....1.....
.....YES.....	L-5232-OH.....	C.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....79,128.....	.....41,474.....	.....52.4.....	.....30.....	.....21,731.....	.....28,624.....	.....131.7.....	.....9.....
.....YES.....	L-5233-OH.....	D.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....56,574.....	.....39,783.....	.....70.3.....	.....23.....	.....5,587.....	.....404.....	.....7.2.....	.....2.....
.....YES.....	L-5234-OH.....	F.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....178,543.....	.....115,585.....	.....64.7.....	.....69.....	.....138,980.....	.....154,019.....	.....110.8.....	.....54.....
.....YES.....	L-5235-OH.....	G.....	.....NO.....	.....34000.....	.....08/10/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....58,676.....	.....61,643.....	.....105.1.....	.....23.....	.....2,463.....	.....12,458.....	.....505.8.....	.....1.....
.....YES.....	L-6200-OH.....	H.....	.....NO.....	.....34060.....	.....09/05/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....22,845.....	.....5,005.....	.....21.9.....	.....9.....	.....10,261.....	.....1,748.....	.....17.0.....	.....4.....
.....YES.....	L-6201-OH.....	I.....	.....NO.....	.....34060.....	.....09/05/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....31,814.....	.....16,954.....	.....53.3.....	.....11.....	.....9,148.....	.....1,368.....	.....15.0.....	.....3.....
.....YES.....	L-6202-OH.....	J.....	.....NO.....	.....34060.....	.....09/05/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....795,314.....	.....488,259.....	.....61.4.....	.....289.....	.....510,803.....	.....265,046.....	.....51.9.....	.....180.....
.....YES.....	LOYAL-MS-AA-C-OH.....	C.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....219,809.....	.....143,711.....	.....65.4.....	.....98.....
.....YES.....	LOYAL-MS-AA-D-OH.....	D.....	.....NO.....	.....34000.....	.....07/12/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....42,900.....	.....42,141.....	.....98.2.....	.....22.....
.....YES.....	LOYAL-MS-AA-F-OH.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....914,168.....	.....588,469.....	.....64.4.....	.....436.....
.....YES.....	LOYAL-MS-AA-G-OH.....	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....182,891.....	.....110,779.....	.....60.6.....	.....115.....
.....YES.....	LOYAL-MS-AA-N-OH.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....94,207.....	.....37,372.....	.....39.7.....	.....76.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,235,802.....	.....771,417.....	.....62.4.....	.....460.....	.....2,154,920.....	.....1,386,139.....	.....64.3.....	.....1,001.....

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**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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
.....YES.....	L-5232-OK.....	C.....	.....NO.....	34000.....	.08/18/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....4,352.....	.....809.....	.....18.6.....	.....1.....			.....0.0.....	
.....YES.....	L-5233-OK.....	D.....	.....NO.....	34000.....	.08/18/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....5,576.....	.....773.....	.....13.9.....	.....3.....			.....0.0.....	
.....YES.....	L-5234-OK.....	F.....	.....NO.....	34000.....	.08/18/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....380,604.....	.....215,713.....	.....56.7.....	.....138.....	.....35,826.....	.....36,529.....	.....102.0.....	.....16.....
.....YES.....	L-5235-OK.....	G.....	.....NO.....	34000.....	.08/18/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....61,475.....	.....39,404.....	.....64.1.....	.....24.....	.....7,820.....	.....6,205.....	.....79.3.....	.....3.....
.....YES.....	L-6200-OK.....	H.....	.....NO.....	34060.....	.08/28/2008.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....38,357.....	.....12,643.....	.....33.0.....	.....16.....	-.....	-.....	.....0.0.....	
.....YES.....	L-6201-OK.....	I.....	.....NO.....	34060.....	.08/28/2008.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....35,241.....	.....27,821.....	.....78.9.....	.....15.....	.....17,685.....	.....12,786.....	.....72.3.....	.....8.....
.....YES.....	L-6202-OK.....	J.....	.....NO.....	34060.....	.08/28/2008.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,120,009.....	.....700,680.....	.....62.6.....	.....434.....	.....313,923.....	.....154,925.....	.....49.4.....	.....124.....
.....YES.....	LOYAL-MS-AA-A-OK.....	A.....	.....NO.....	34060.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....6,254.....	.....1,843.....	.....29.5.....	.....3.....
.....YES.....	LOYAL-MS-AA-D-OK.....	D.....	.....NO.....	34000.....	.06/22/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....11,281.....	.....3,599.....	.....31.9.....	.....7.....
.....YES.....	LOYAL-MS-AA-F-OK.....	F.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....576,872.....	.....380,808.....	.....66.0.....	.....314.....
.....YES.....	LOYAL-MS-AA-G-OK.....	G.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....64,382.....	.....25,956.....	.....40.3.....	.....47.....
.....YES.....	LOYAL-MS-AA-N-OK.....	N.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....88,325.....	.....66,146.....	.....74.9.....	.....60.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,645,614.....	.....997,843.....	.....60.6.....	.....631.....	.....1,122,368.....	.....688,797.....	.....61.4.....	.....582.....

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**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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
.....YES.....	L-5230-OR.....	A.....	.....NO.....	.....34060.....	.....09/08/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,515.....	.....398.....	.....26.3.....	.....1.....		.....0.0.....		
.....YES.....	L-5232-OR.....	C.....	.....NO.....	.....34060.....	.....09/08/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....4,919.....	.....2,600.....	.....52.9.....			.....0.0.....		
.....YES.....	L-5234-OR.....	F.....	.....NO.....	.....34060.....	.....09/08/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....102,758.....	.....59,050.....	.....57.5.....	......41.....	.....16,737.....	.....6,742.....	.....40.3.....	......7.....
.....YES.....	L-5235-OR.....	G.....	.....NO.....	.....34060.....	.....09/08/2005.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....24,486.....	.....21,346.....	.....87.2.....	......10.....	.....4,064.....	.....362.....	.....8.9.....	......2.....
.....YES.....	L-6200-OR.....	H.....	.....NO.....	.....34060.....	.....10/13/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....3,976.....	.....2,142.....	.....53.9.....	......2.....		.....0.0.....		
.....YES.....	L-6201-OR.....	I.....	.....NO.....	.....34060.....	.....10/13/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....9,507.....	.....8,020.....	.....84.4.....	......4.....	.....2,267.....	.....130.....	.....5.7.....	......1.....
.....YES.....	L-6202-OR.....	J.....	.....NO.....	.....34060.....	.....10/13/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....699,803.....	.....428,287.....	.....61.2.....	.....302.....	.....345,123.....	.....207,822.....	.....60.2.....	.....148.....
.....YES.....	LOYAL-MS-AA-C-OR.....	C.....	.....NO.....	.....34060.....	.....06/10/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....69,902.....	.....63,225.....	.....90.4.....	.....35.....
.....YES.....	LOYAL-MS-AA-D-OR.....	D.....	.....NO.....	.....34060.....	.....06/10/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,485.....	.....153.....	.....6.2.....	......2.....
.....YES.....	LOYAL-MS-AA-F-OR.....	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,413,158.....	.....908,415.....	.....64.3.....	.....835.....
.....YES.....	LOYAL-MS-AA-G-OR.....	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....64,854.....	.....41,121.....	.....63.4.....	.....45.....
.....YES.....	LOYAL-MS-AA-N-OR.....	N.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....101,677.....	.....52,404.....	.....51.5.....	.....87.....
0199999.	Total Policy Experience on Individual Policies.....									.....846,964.....	.....521,843.....	.....61.6.....	.....360.....	.....2,020,267.....	.....1,280,374.....	.....63.4.....	.....1,162.....

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**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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5230-PA.....	A.....	.....NO.....	34060.....	12/02/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	3,784.....	1,214.....	32.1.....	2.....			0.0.....	
.....YES.....	L-5232-PA.....	C.....	.....NO.....	34060.....	12/02/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	23,312.....	14,021.....	60.1.....	9.....	2,783.....	373.....	13.4.....	1.....
.....YES.....	L-5233-PA.....	D.....	.....NO.....	34060.....	12/02/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	63,836.....	46,724.....	73.2.....	23.....			0.0.....	
.....YES.....	L-5234-PA.....	F.....	.....NO.....	34060.....	12/02/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	219,397.....	149,725.....	68.2.....	90.....	48,121.....	21,882.....	45.5.....	18.....
.....YES.....	L-5235-PA.....	G.....	.....NO.....	34060.....	12/02/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	135,874.....	49,465.....	36.4.....	52.....	9,980.....	7,414.....	74.3.....	5.....
.....YES.....	LOYAL-MS-AA-C-PA.....	C.....	.....NO.....	34060.....	06/10/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		6,556.....	6,713.....	102.4.....	3.....
.....YES.....	LOYAL-MS-AA-D-PA.....	D.....	.....NO.....	34060.....	06/10/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		13,197.....	14,929.....	113.1.....	4.....
.....YES.....	LOYAL-MS-AA-F-PA.....	F.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		245,046.....	179,876.....	73.4.....	124.....
.....YES.....	LOYAL-MS-AA-G-PA.....	G.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		61,576.....	24,296.....	39.5.....	33.....
.....YES.....	LOYAL-MS-AA-N-PA.....	N.....	.....NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		24,154.....	7,578.....	31.4.....	16.....
0199999.	Total Policy Experience on Individual Policies.....									446,203.....	261,149.....	58.5.....	176.....	411,413.....	263,061.....	63.9.....	204.....

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**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.

**GENERAL INTERROGATORIES**

- 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.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....Rhode Island

NAIC Group Code.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5231-SC.....	B.....	.....NO.....	34000.....	12/29/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	2,845.....	2,189.....	76.9.....	1.....			0.0.....	
.....YES.....	L-5233-SC.....	D.....	.....NO.....	34000.....	12/29/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	4,269.....	2,190.....	51.3.....	2.....			0.0.....	
.....YES.....	L-5234-SC.....	F.....	.....NO.....	34000.....	12/29/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	269,688.....	196,601.....	72.9.....	113.....	39,052.....	33,718.....	86.3.....	19.....
.....YES.....	L-5235-SC.....	G.....	.....NO.....	34000.....	12/29/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	48,063.....	20,968.....	43.6.....	21.....	14,195.....	7,486.....	52.7.....	8.....
.....YES.....	L-6200-SC.....	H.....	.....NO.....	34000.....	09/24/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	78,375.....	38,271.....	48.8.....	32.....	2,411.....	3,750.....	155.5.....	
.....YES.....	L-6201-SC.....	I.....	.....NO.....	34000.....	09/24/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	76,925.....	34,255.....	44.5.....	31.....	43,307.....	19,372.....	44.7.....	23.....
.....YES.....	L-6202-SC.....	J.....	.....NO.....	34000.....	09/24/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	2,629,421.....	1,732,058.....	65.9.....	992.....	646,251.....	409,185.....	63.3.....	258.....
.....YES.....	LOYAL-MS-AA-C-SC.....	C.....	.....NO.....	34000.....	08/25/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		6,474.....	3,653.....	56.4.....	3.....
.....YES.....	LOYAL-MS-AA-D-SC.....	D.....	.....NO.....	34000.....	08/25/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		23,394.....	25,412.....	108.6.....	11.....
.....YES.....	LOYAL-MS-AA-F-SC.....	F.....	.....NO.....	34000.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		2,149,948.....	1,435,471.....	66.8.....	1,112.....
.....YES.....	LOYAL-MS-AA-G-SC.....	G.....	.....NO.....	34000.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		460,953.....	284,565.....	61.7.....	274.....
.....YES.....	LOYAL-MS-AA-N-SC.....	N.....	.....NO.....	34000.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		158,858.....	95,767.....	60.3.....	117.....
0199999.	Total Policy Experience on Individual Policies.....									3,109,586.....	2,026,532.....	65.2.....	1,192.....	3,544,843.....	2,318,379.....	65.4.....	1,825.....

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### 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.

**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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		
.....YES.....	L-6202-SD.....	J.....	.....NO.....	.....34060.....	.....08/01/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....818,153.....	.....482,669.....	.....59.0.....	.....365.....	.....400,073.....	.....288,588.....	.....72.1.....	.....184.....		
.....YES.....	LOYAL-MS-AA-A-SD.....	A.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,223.....	.....3,723.....	.....304.4.....	.....1.....		
.....YES.....	LOYAL-MS-AA-F-SD.....	F.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....326,883.....	.....288,181.....	.....88.2.....	.....212.....		
.....YES.....	LOYAL-MS-AA-G-SD.....	G.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....4,379.....	.....4,962.....	.....113.3.....	.....5.....		
0199999.	Total Policy Experience on Individual Policies.....									.....818,153.....	.....482,669.....	.....59.0.....	.....365.....	.....732,558.....	.....585,454.....	.....79.9.....	.....402.....		

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### 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".



**GENERAL INTERROGATORIES**

- 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2009				Policies Issued in 2010, 2011 & 2012			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Individual Policies</b>																	
...YES.....	L-5230-TX.....	A.....	NO.....	34060.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	18,947.....	4,440.....	23.4.....	5.....	14,398.....	24,637.....	171.1.....	4.....
...YES.....	L-5231-TX.....	B.....	NO.....	34000.....	10/19/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan			0.0.....		3,818.....	802.....	21.0.....	1.....
...YES.....	L-5232-TX.....	C.....	NO.....	34000.....	10/19/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	8,885.....	5,480.....	61.7.....	3.....	8,836.....	13,367.....	151.3.....	3.....
...YES.....	L-5233-TX.....	D.....	NO.....	34000.....	10/19/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	21,601.....	10,438.....	48.3.....	7.....	1,963.....	343.....	17.5.....	1.....
...YES.....	L-5234-TX.....	F.....	NO.....	34000.....	10/19/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	2,084,984.....	1,338,014.....	64.2.....	744.....	976,241.....	592,175.....	60.7.....	382.....
...YES.....	L-5235-TX.....	G.....	NO.....	34000.....	10/19/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	344,274.....	235,368.....	68.4.....	124.....	39,573.....	25,760.....	65.1.....	20.....
...YES.....	L-5330-TX.....	B.....	YES.....	34000.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	4,393.....	1,885.....	42.9.....	2.....			0.0.....	
...YES.....	L-5331-TX.....	C.....	YES.....	34000.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	8,585.....	928.....	10.8.....	3.....			0.0.....	
...YES.....	L-5332-TX.....	D.....	YES.....	34000.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	5,070.....	818.....	16.1.....	2.....			0.0.....	
...YES.....	L-5333-TX.....	F.....	YES.....	34000.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	23,251.....	6,331.....	27.2.....	8.....			0.0.....	
...YES.....	L-5334-TX.....	G.....	YES.....	34000.....	02/14/2005.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	106,261.....	44,096.....	41.5.....	38.....			0.0.....	
...YES.....	L-6200-TX.....	H.....	NO.....	34000.....	09/03/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	1,435,465.....	1,121,267.....	78.1.....	600.....	79,535.....	45,073.....	56.7.....	35.....
...YES.....	L-6201-TX.....	I.....	NO.....	34000.....	09/03/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	1,915,813.....	1,087,799.....	56.8.....	841.....	345,787.....	213,663.....	61.8.....	153.....
...YES.....	L-6202-TX.....	J.....	NO.....	34000.....	09/03/2008.....			05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	9,414,984.....	6,094,889.....	64.7.....	3,289.....	2,418,535.....	1,548,991.....	64.0.....	876.....
...YES.....	LOYAL-MS-AA-A-TX.....	A.....	NO.....	34060.....	06/01/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		153,131.....	378,014.....	246.9.....	74.....
...YES.....	LOYAL-MS-AA-B-TX.....	B.....	NO.....	34000.....	08/05/2010.....				Modernized Medicare Supplement Insurance Plan			0.0.....		1,918.....	733.....	38.2.....	1.....

## 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

360.1

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	
.....YES.....	LOYAL-MS-AA-C-TX	C.....	.....NO.....	.....34000.....	.....08/05/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....27,585.....	.....39,071.....	.....141.6.....	.....13.....
.....YES.....	LOYAL-MS-AA-D-TX	D.....	.....NO.....	.....34000.....	.....08/05/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....90,607.....	.....73,318.....	.....80.9.....	.....47.....
.....YES.....	LOYAL-MS-AA-F-TX	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....5,387,174.....	.....3,673,593.....	.....68.2.....	.....2,699.....
.....YES.....	LOYAL-MS-AA-G-TX	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....1,258,095.....	.....721,623.....	.....57.4.....	.....772.....
.....YES.....	LOYAL-MS-AA-N-TX	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0.....	.....	.....446,806.....	.....282,371.....	.....63.2.....	.....315.....
0199999.	Total Policy Experience on Individual Policies.....									.....15,392,513.....	.....9,951,753.....	.....64.7.....	.....5,666.....	.....11,254,002.....	.....7,633,534.....	.....67.8.....	.....5,396.....

### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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			
<b>Individual Policies</b>																			
.....YES.....	L-6200-UT.....	H.....	.....NO.....	.....34000.....	.....10/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,807.....	.....102.....	.....5.6.....	.....1.....		.....0.0.....				
.....YES.....	L-6201-UT.....	I.....	.....NO.....	.....34000.....	.....10/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....3,614.....	.....2,169.....	.....60.0.....	.....2.....		.....0.0.....				
.....YES.....	L-6202-UT.....	J.....	.....NO.....	.....34000.....	.....10/04/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....153,829.....	.....106,271.....	.....69.1.....	.....68.....	.....198,648.....	.....135,637.....	.....68.3.....	.....82.....		
.....YES.....	LOYAL-MS-AA-F-UT	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....193,222.....	.....158,030.....	.....81.8.....	.....106.....		
.....YES.....	LOYAL-MS-AA-G-UT	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....19,921.....	.....7,616.....	.....38.2.....	.....14.....		
.....YES.....	LOYAL-MS-AA-N-UT	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....12,140.....	.....5,595.....	.....46.1.....	.....10.....		
0199999.	Total Policy Experience on Individual Policies.....									.....159,250.....	.....108,542.....	.....68.2.....	.....71.....	.....423,931.....	.....306,878.....	.....72.4.....	.....212.....		

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>Individual Policies</b>																	
.....YES.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....204,543.....	.....178,306.....	.....87.2.....	.....111.....
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....122,101.....	.....54,996.....	.....45.0.....	.....70.....
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....8,177.....	.....5,431.....	.....66.4.....	.....3.....
0199999.	Total Policy Experience on Individual Policies.....									.....0.....	.....0.....	.....0.0.....	.....0.....	.....334,821.....	.....238,733.....	.....71.3.....	.....184.....

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### 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.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Vermont

NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Washington

NAIC Group Code.....0901

NAIC Company Code.....65722

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Actuary.....Telephone Number.....1-800-880-8824

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

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.....Wisconsin



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>Individual Policies</b>																	
.....YES.....	L-5220-WI.....	O.....	.....NO.....	.....34060.....	.....04/23/2004.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....211,928	.....162,152	.....76.5	.....55	.....9	.....0.0		
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	.....34060.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0		.....422,224	.....245,882	.....58.2	.....184
0199999.	Total Policy Experience on Individual Policies.....									.....211,928	.....162,152	.....76.5	.....55	.....422,233	.....245,882	.....58.2	.....184

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### 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.....West Virginia



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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
<b>Individual Policies</b>																	
.....YES.....	L-5232-WV.....	C.....	.....NO.....	34000.....	.08/25/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,326.....	.....3,912.....	.....168.2.....	.....1.....			.....0.0.....	
.....YES.....	L-5233-WV.....	D.....	.....NO.....	34000.....	.08/25/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....6,220.....	.....21,446.....	.....344.8.....	.....2.....	.....2,396.....	.....16,294.....	.....680.1.....	.....1.....
.....YES.....	L-5234-WV.....	F.....	.....NO.....	34000.....	.08/25/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....25,568.....	.....22,064.....	.....86.3.....	.....10.....			.....0.0.....	
.....YES.....	L-5235-WV.....	G.....	.....NO.....	34000.....	.08/25/2005.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....2,841.....	.....1,663.....	.....58.5.....	.....1.....			.....0.0.....	
.....YES.....	L-6201-WV.....	I.....	.....NO.....	34060.....	.09/24/2008.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan			.....0.0.....		.....4,422.....	.....4,198.....	.....94.9.....	.....1.....
.....YES.....	L-6202-WV.....	J.....	.....NO.....	34060.....	.09/24/2008.....			.05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....49,907.....	.....37,191.....	.....74.5.....	.....19.....	.....157,720.....	.....57,562.....	.....36.5.....	.....60.....
.....YES.....	LOYAL-MS-AA-C-WV.....	C.....	.....NO.....	34000.....	.06/23/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....2,254.....	.....3,583.....	.....159.0.....	.....1.....
.....YES.....	LOYAL-MS-AA-D-WV.....	D.....	.....NO.....	34000.....	.06/23/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,584.....	.....411.....	.....25.9.....	.....1.....
.....YES.....	LOYAL-MS-AA-F-WV.....	F.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....44,636.....	.....35,093.....	.....78.6.....	.....23.....
.....YES.....	LOYAL-MS-AA-G-WV.....	G.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....1,509.....	.....6,561.....	.....434.8.....	.....1.....
.....YES.....	LOYAL-MS-AA-N-WV.....	N.....	.....NO.....	34000.....	.06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....6,141.....	.....3,569.....	.....58.1.....	.....4.....
0199999.	Total Policy Experience on Individual Policies.....									.....86,862.....	.....86,276.....	.....99.3.....	.....33.....	.....220,662.....	.....127,271.....	.....57.7.....	.....92.....

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**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

**GENERAL INTERROGATORIES**

- 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.....Wyoming



NAIC Group Code.....0901

Address (City, State and Zip Code).....Austin, TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

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	
<b>Individual Policies</b>																	
.....YES.....	L-6201-WY.....	I.....	.....NO.....	.....34060.....	.....08/27/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....1,844.....	.....3,975.....	.....215.6.....	.....1.....		.....0.0.....		
.....YES.....	L-6202-WY.....	J.....	.....NO.....	.....34060.....	.....08/27/2008.....			.....05/31/2010.....	Senior Class Medicare Supplement Insurance Plan	.....68,988.....	.....54,969.....	.....79.7.....	.....28.....	.....80,664.....	.....55,287.....	.....68.5.....	.....34.....
.....YES.....	LOYAL-MS-AA-F-WY.....	F.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....56,141.....	.....42,716.....	.....76.1.....	.....30.....
.....YES.....	LOYAL-MS-AA-N-WY.....	N.....	.....NO.....	.....34000.....	.....06/01/2010.....				Modernized Medicare Supplement Insurance Plan			.....0.0.....		.....14,879.....	.....7,521.....	.....50.5.....	.....11.....
0199999.	Total Policy Experience on Individual Policies.....									.....70,832.....	.....58,944.....	.....83.2.....	.....29.....	.....151,684.....	.....105,524.....	.....69.6.....	.....75.....

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### 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".



**SCHEDULE O SUPPLEMENT**

For the year ended December 31, 2012

**NONE**  
(To Be Filled March)

Of The....Loyal American Life Insurance Company

Address (City, State, Zip Code)....Cleveland, OH US

NAIC Group Code....0901

NAIC Company Code....65722

Employer's ID Number....63-0343428

**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.....	94	134	135	276	276
2. 2008.....	94	102	102	102	102
3. 2009.....	XXX	52	57	57	57
4. 2010.....	XXX	XXX	48	52	52
5. 2011.....	XXX	XXX	XXX	38	39
6. 2012.....	XXX	XXX	XXX	XXX	34

**Section B - Other Accident and Health**

1. Prior.....	18,820	19,257	19,477	19,514	19,514
2. 2008.....	11,121	14,663	14,905	14,988	14,988
3. 2009.....	XXX	22,734	28,084	28,374	28,383
4. 2010.....	XXX	XXX	50,133	57,067	57,196
5. 2011.....	XXX	XXX	XXX	62,997	69,670
6. 2012.....	XXX	XXX	XXX	XXX	35,644

**Section C - Credit Accident and Health**

1. Prior.....					
2. 2008.....					
3. 2009.....	XXX	<b>NONE</b>			
4. 2010.....	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.....	159	104	103	XXX	XXX
2. 2009.....	XXX	97	59	57	XXX
3. 2010.....	XXX	XXX	93	54	54
4. 2011.....	XXX	XXX	XXX	77	407
5. 2012.....	XXX	XXX	XXX	XXX	1,929

**Section B - Other Accident and Health**

1. 2008.....	16,979	15,056	15,053	XXX	XXX
2. 2009.....	XXX	30,014	28,525	28,476	XXX
3. 2010.....	XXX	XXX	58,977	57,449	83,920
4. 2011.....	XXX	XXX	XXX	73,179	74,795
5. 2012.....	XXX	XXX	XXX	XXX	118,102

**Section C - Credit Accident and Health**

1. 2008.....				XXX	XXX
2. 2009.....	XXX	<b>NONE</b>			XXX
3. 2010.....	XXX				
4. 2011.....	XXX			XXX	
5. 2012.....	XXX			XXX	

**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.....	159	104	103		
2. 2009.....	XXX	97	59	57	
3. 2010.....	XXX	XXX	93	54	54
4. 2011.....	XXX	XXX	XXX	77	407
5. 2012.....	XXX	XXX	XXX	XXX	1,929

**Section B - Other Accident and Health**

1. 2008.....	16,979	15,056	15,053		
2. 2009.....	XXX	30,014	28,525	28,476	
3. 2010.....	XXX	XXX	58,977	57,449	83,920
4. 2011.....	XXX	XXX	XXX	73,179	74,795
5. 2012.....	XXX	XXX	XXX	XXX	118,102

**Section C - Credit Accident and Health**

1. 2008.....					
2. 2009.....	XXX	<b>NONE</b>			
3. 2010.....	XXX				
4. 2011.....	XXX				
5. 2012.....	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.....	None.....	
2. Ordinary life.....	Standard Factor.....	
3. Individual annuity.....	None.....	
4. Supplementary contracts.....	None.....	
5. Credit life.....	None.....	
6. Group life.....	None.....	
7. Group annuities.....	None.....	
8. Group accident and health.....	Development.....	2,226
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	77,632
11. Total.....		79,858

**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**

**2012 ALPHABETICAL INDEX  
LIFE ANNUAL STATEMENT BLANK**

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