



# ANNUAL STATEMENT

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

## Provident American Life and Health Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 67903	Employer's ID Number..... 23-1335885
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... April 6, 1949	Commenced Business..... September 30, 1949	
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 Ste 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 Ste 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 Ste 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.palhic.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. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III #	Appointed Actuary
Maureen Hardiman Ryan #	Assistant Treasurer	Paul Adolph Severt	Chief Financial Officer
Tracy Eugene Maples	Chief Actuary	Susan Barrett Celmer #	Assistant Secretary
Barry Richard McHale #	Assistant Treasurer	Michael Kenneth Brown #	Vice President
David Lawrence Chambers #	Vice President	Eric Paul Palmer #	Vice President

### OTHER

### DIRECTORS OR TRUSTEES

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

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) Byron Keith Buescher	(Signature) Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(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 THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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. ....					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

(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).....	11,344	11,376	-	17,146	16,133
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,344	11,376	0	17,146	16,133
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,344	11,376	0	17,146	16,133

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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.....	1,655		15,042		16,697
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,655	0	15,042	0	16,697
<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.....	5,000				5,000
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.....	5,000	0	0	0	5,000

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	5,000							1	5,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
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.....	2	10,000		(a)	2	380,000			4	390,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	1	5,000	0	(a)	2	380,000	0	0	3	385,000

(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).....	5,075	5,088		5,340	4,427
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).....	5,075	5,088	0	5,340	4,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,075	5,088	0	5,340	4,427

(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....67903

**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. ....					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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	15,852	15,846	-	15,317	16,303
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	15,852	15,846	0	15,317	16,303
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,852	15,846	0	15,317	16,303

(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....67903

**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.....	1,871				1,871
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,871	0	0	0	1,871
<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. ....					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.....	2	12,000	(a)						2	12,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	5,000							1	5,000
23. In force December 31 of current year.....	3	17,000	0	0	0	0	0	0	3	17,000

(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).....	25,986	26,019		5,962	5,799
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).....	25,986	26,019	0	5,962	5,799
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	25,986	26,019	0	5,962	5,799

(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....67903

**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.....	475				475
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	475	0	0	0	475
<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**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	1	7,000	(a)						1	7,000
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.....	2	17,000	0	(a)	0	0	0	0	2	17,000

(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).....	20,163	20,239		16,880	12,684
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,163	20,239	0	16,880	12,684
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,163	20,239	0	16,880	12,684

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	719				719
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	719	0	0	0	719
<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. ....					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.....	2	10,000	(a)						2	10,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	10,000	0	(a) 0	0	0	0	0	2	10,000

(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).....	125,225	128,133		73,652	70,637
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).....	125,225	128,133	0	73,652	70,637
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	125,225	128,133	0	73,652	70,637

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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. ....					.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

(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

(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....67903

**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

**NONE**

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. 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.....				(a).....	No. of Pol.				0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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. ....					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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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....67903

**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.....	2,098				2,098
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,098	0	0	0	2,098
<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. ....					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. 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.....									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.....	2	31,000	(a)						2	31,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	31,000	0	(a)	0	0	0	0	2	31,000

(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).....	63,418	62,810		39,012	45,133
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).....	63,418	62,810	0	39,012	45,133
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	63,418	62,810	0	39,012	45,133

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	2,146		346		2,492
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,146	0	346	0	2,492
<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.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,875				1,875
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,875	0	0	0	6,875

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	5,000							1	5,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
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.....	5	41,000	(a)						5	41,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(12,444)							(1)	(12,444)
23. In force December 31 of current year.....	4	28,556	0	0	0	0	0	0	4	28,556

(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).....	61,547	75,688		35,250	32,165
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).....	61,547	75,688	0	35,250	32,165
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	61,547	75,688	0	35,250	32,165

(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.....67903

**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.....	1,034,008		85,063		1,119,071
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,034,008	0	85,063	0	1,119,071
<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.....	473,665		10,000		483,665
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	44,188				44,188
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	517,853	0	10,000	0	527,853

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	10	60,230							10	60,230
17. Incurred during current year.....	77	462,935				10,000			77	472,935
<b>Settled during current year:</b>										
18.1 By payment in full.....	77	473,665				10,000			77	483,665
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	77	473,665	0	0	0	10,000	0	0	77	483,665
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	77	473,665	0	0	0	10,000	0	0	77	483,665
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	49,500							10	49,500
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,943	13,567,538	(a)		62	2,790,000			2,005	16,357,538
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(192)	(1,317,695)				(205,000)			(192)	(1,522,695)
23. In force December 31 of current year.....	1,751	12,249,844	0	0	62	2,585,000	0	0	1,813	14,834,844

(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).....	20,596,571	20,801,672		13,014,065	12,859,641
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	20,596,571	20,801,672	0	13,014,065	12,859,641
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,596,571	20,801,672	0	13,014,065	12,859,641

(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....67903

**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

**NONE**

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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....67903

**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.....	17,587				17,587
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,587	0	0	0	17,587
<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.....	30,243				30,243
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,229				2,229
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	32,472	0	0	0	32,472

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	10,230							1	10,230
17. Incurred during current year.....	2	20,013							2	20,013
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	30,243							3	30,243
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	30,243	0	0	0	0	0	0	3	30,243
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	30,243	0	0	0	0	0	0	3	30,243
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	251,230	(a)						30	251,230
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(63,730)							(7)	(63,730)
23. In force December 31 of current year.....	23	187,500	0	0	0	0	0	0	23	187,500

(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).....	865,010	886,387		573,546	598,274
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).....	865,010	886,387	0	573,546	598,274
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	865,010	886,387	0	573,546	598,274

(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....67903

**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.....	1,210				1,210
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,210	0	0	0	1,210
<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.....	645				645
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.....	645	0	0	0	645

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	1	15,000	(a)						1	15,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	15,000	0	(a)	0	0	0	0	1	15,000

(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).....	42,730	43,525		33,464	33,269
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).....	42,730	43,525	0	33,464	33,269
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	42,730	43,525	0	33,464	33,269

(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....67903

**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.....	24,221	-	-	-	24,221
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,221	0	0	0	24,221
<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.....	22,000				22,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	880				880
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.....	22,880	0	0	0	22,880

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	22,000							2	22,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	2	22,000							2	22,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	22,000	0	0	0	0	0	0	2	22,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	22,000	0	0	0	0	0	0	2	22,000
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.....	48	394,000	(a)						48	394,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(44,500)							(7)	(44,500)
23. In force December 31 of current year.....	41	349,500	0	0	0	0	0	0	41	349,500

(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).....	480,528	496,104	-	286,963	294,376
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).....	480,528	496,104	0	286,963	294,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	480,528	496,104	0	286,963	294,376

(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 INDIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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.....	2,248				2,248
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,248	0	0	0	2,248
<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.....	480				480
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.....	480	0	0	0	480

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	5	28,500	(a)						5	28,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(6,000)							(1)	(6,000)
23. In force December 31 of current year.....	4	22,500	0	0	0	0	0	0	4	22,500

(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).....	283,233	285,795		200,850	197,090
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).....	283,233	285,795	0	200,850	197,090
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	283,233	285,795	0	200,850	197,090

(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....67903

**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. ....					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

(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).....	22,936	22,817	-	9,295	6,030
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).....	22,936	22,817	0	9,295	6,030
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	22,936	22,817	0	9,295	6,030

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

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	21,292		-		21,292
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,292	0	0	0	21,292
<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**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....			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.....	34	291,607	(a)						34	291,607
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	34	291,607	0	(a)	0	0	0	0	34	291,607

(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).....	186,002	189,366	-	134,465	128,877
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	186,002	189,366	0	134,465	128,877
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	186,002	189,366	0	134,465	128,877

(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....67903

**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.....	6,647		-		6,647
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,647	0	0	0	6,647
<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.....	250				250
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.....	250	0	0	0	250

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	10	89,500	(a)						10	89,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	(2,188)							0	(2,188)
23. In force December 31 of current year.....	10	87,312	0	(a)	0	0	0	0	10	87,312

(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).....	201,902	202,595	-	156,342	145,416
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).....	201,902	202,595	0	156,342	145,416
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	201,902	202,595	0	156,342	145,416

(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.....67903

**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. ....					.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

(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).....	7,272	7,274	-	2,020	2,193
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).....	7,272	7,274	.0	2,020	2,193
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,272	7,274	.0	2,020	2,193

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	1,040		.725		1,765
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,040	0	.725	0	1,765
<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. ....					.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.....	1	10,000	(a)		2	50,000			3	60,000
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	-	-							0	.0
23. In force December 31 of current year.....	1	10,000	0	(a)	2	50,000	0	0	3	60,000

(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).....	5,990	5,970	-	12,722	12,290
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).....	5,990	5,970	0	12,722	12,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,990	5,970	0	12,722	12,290

(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....67903

**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. ....					.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).....	No. of Pol.				.0	.0
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	-	-							.0	.0
23. In force December 31 of current year.....	.0	.0	.0	(a).....	.0	.0	.0	.0	.0	.0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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....67903

**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. ....					.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

(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).....	9,518	9,536	-	8,269	8,079
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).....	9,518	9,536	.0	8,269	8,079
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,518	9,536	.0	8,269	8,079

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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**

	1	2	3	4	5	6	7	8	9	10
1301. ....										.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.....				(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

(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).....	15,241	15,262	-	5,639	4,994
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	15,241	15,262	.0	5,639	4,994
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,241	15,262	.0	5,639	4,994

(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....67903

**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.....	13,645				13,645
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,645	0	0	0	13,645
<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. ....					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.....	20	170,564	(a)						20	170,564
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	20	170,564	0 (a)	0	0	0	0	0	20	170,564

(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).....	111,090	109,871		47,275	45,558
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).....	111,090	109,871	0	47,275	45,558
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	111,090	109,871	0	47,275	45,558

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	19,714		-		19,714
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,714	0	0	0	19,714
<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.....	523				523
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.....	523	0	0	0	523

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	36	227,607	(a)						36	227,607
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(7,500)							(2)	(7,500)
23. In force December 31 of current year.....	34	220,107	0	0	0	0	0	0	34	220,107

(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).....	492,527	488,859	-	299,443	297,970
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).....	492,527	488,859	0	299,443	297,970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	492,527	488,859	0	299,443	297,970

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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.....	2,396				2,396
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,396	0	0	0	2,396
<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. ....					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.....	2	35,000	(a)						2	35,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	35,000	0	(a)	0	0	0	0	2	35,000

(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).....	328,956	331,693		149,405	141,117
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).....	328,956	331,693	0	149,405	141,117
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	328,956	331,693	0	149,405	141,117

(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.....67903

**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.....	1,590		-		1,590
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,590	0	0	0	1,590
<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. ....					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.....	2	50,000	(a)						2	50,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	50,000	0	(a) 0	0	0	0	0	2	50,000

(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).....	24,093	24,127	-	24,485	25,094
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).....	24,093	24,127	0	24,485	25,094
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	24,093	24,127	0	24,485	25,094

(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....67903

**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.....	751		-		751
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	751	0	0	0	751
<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. ....					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.....	1	6,000	(a)						1	6,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	6,000	0 (a)	0	0	0	0	0	1	6,000

(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).....	13,424	13,432	-	9,129	7,302
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).....	13,424	13,432	0	9,129	7,302
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,424	13,432	0	9,129	7,302

(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....67903

**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.....	5,444		-		5,444
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,444	0	0	0	5,444
<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.....	15,008				15,008
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.....	15,008	0	0	0	15,008

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	15,008							1	15,008
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	15,008							1	15,008
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	15,008	0	0	0	0	0	0	1	15,008
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	15,008	0	0	0	0	0	0	1	15,008
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.....	10	90,000	(a)						10	90,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(15,000)							(1)	(15,000)
23. In force December 31 of current year.....	9	75,000	0	0	0	0	0	0	9	75,000

(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).....	349,896	363,445	-	343,349	327,111
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).....	349,896	363,445	0	343,349	327,111
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	349,896	363,445	0	343,349	327,111

(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....67903

**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

**NONE**

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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....67903

**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. ....					.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

(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).....	3,234	3,805	-	2,807	1,227
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,234	3,805	.0	2,807	1,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,234	3,805	.0	2,807	1,227

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

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	1,203		319		1,522
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,203	0	319	0	1,522
<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. ....					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.....	1	7,500	(a)						1	7,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	20,000							2	20,000
23. In force December 31 of current year.....	3	27,500	0	0	0	0	0	0	3	27,500

(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).....	15,952	15,962		8,065	8,122
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	15,952	15,962	0	8,065	8,122
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,952	15,962	0	8,065	8,122

(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.....67903

**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. ....					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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	43,107	44,262	-	23,564	22,861
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).....	43,107	44,262	0	23,564	22,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	43,107	44,262	0	23,564	22,861

(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....67903

**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.....	580				580
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	580	0	0	0	580
<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. ....					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.....	1	5,000	(a)						1	5,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	5,000	0 (a)	0	0	0	0	0	1	5,000

(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).....				31	
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	31	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	31	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 OHIO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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.....	19,786		4,526		24,312
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,786	0	4,526	0	24,312
<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.....	7,021				7,021
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.....	7,021	0	0	0	7,021

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	7,021							1	7,021
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	7,021							1	7,021
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	7,021	0	0	0	0	0	0	1	7,021
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	7,021	0	0	0	0	0	0	1	7,021
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.....	42	250,000	(a)		14	396,000			56	646,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(17,000)				(30,000)			(2)	(47,000)
23. In force December 31 of current year.....	40	233,000	0	0	14	366,000	0	0	54	599,000

(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).....	458,426	467,223		250,700	223,189
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).....	458,426	467,223	0	250,700	223,189
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	458,426	467,223	0	250,700	223,189

(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....67903

**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.....	53,906		-		53,906
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	53,906	0	0	0	53,906
<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.....	27,570				27,570
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,150				3,150
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.....	30,720	0	0	0	30,720

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	33,070							4	33,070
<b>Settled during current year:</b>										
18.1 By payment in full.....	2	27,570							2	27,570
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	27,570	0	0	0	0	0	0	2	27,570
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	27,570	0	0	0	0	0	0	2	27,570
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	5,500	0	0	0	0	0	0	2	5,500
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	84	770,401	(a)						84	770,401
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(111,000)							(11)	(111,000)
23. In force December 31 of current year.....	73	659,401	0	0	0	0	0	0	73	659,401

(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).....	799,136	806,416	-	550,458	532,829
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).....	799,136	806,416	0	550,458	532,829
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	799,136	806,416	0	550,458	532,829

(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....67903

**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.....	36,763				36,763
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	36,763	0	0	0	36,763
<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.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,782				3,782
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,782	0	0	0	8,782

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	10,000							2	10,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	75	469,500	(a)						75	469,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(66,500)							(9)	(66,500)
23. In force December 31 of current year.....	66	403,000	0	(a)	0	0	0	0	66	403,000

(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).....	1,532,365	1,557,086		1,031,286	1,116,731
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).....	1,532,365	1,557,086	0	1,031,286	1,116,731
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,532,365	1,557,086	0	1,031,286	1,116,731

(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....67903

**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.....	7,709		57,976		65,685
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,709	0	57,976	0	65,685
<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.....			10,000		10,000
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	10,000	0	10,000

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....						10,000			0	10,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	1					10,000			1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	0	0	0	0	10,000	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	0	0	0	0	10,000	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	(1)	0	0	0	0	0	0	0	(1)	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	16	78,000	(a)		48	1,984,000			64	2,062,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	15,000				(137,000)			1	(122,000)
23. In force December 31 of current year.....	17	93,000	0	(a)	48	1,847,000	0	0	65	1,940,000

(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).....	56,932	60,011		45,245	46,983
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).....	56,932	60,011	0	45,245	46,983
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	56,932	60,011	0	45,245	46,983

(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.....67903

**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

**NONE**

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<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

(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.....67903

**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.....	124,047		-		124,047
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	124,047	0	0	0	124,047
<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.....	30,000				30,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,124				1,124
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.....	31,124	0	0	0	31,124

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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	5,000							1	5,000
17. Incurred during current year.....	3	25,000							3	25,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	4	30,000							4	30,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	30,000	0	0	0	0	0	0	4	30,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	30,000	0	0	0	0	0	0	4	30,000
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.....	183	1,739,752	(a)						183	1,739,752
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(98,500)							(12)	(98,500)
23. In force December 31 of current year.....	171	1,641,252	0	0	0	0	0	0	171	1,641,252

(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).....	1,660,425	1,678,075	-	976,977	985,711
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).....	1,660,425	1,678,075	0	976,977	985,711
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,660,425	1,678,075	0	976,977	985,711

(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....67903

**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.....	211				211
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	211	0	0	0	211
<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. ....					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.....	1	10,000	(a)						1	10,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	10,000	0	(a)	0	0	0	0	1	10,000

(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).....	14,295	14,314		6,739	5,578
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).....	14,295	14,314	0	6,739	5,578
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,295	14,314	0	6,739	5,578

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	1,369				1,369
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,369	0	0	0	1,369
<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**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....									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.....	2	15,000	(a)						2	15,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	15,000	0	(a)	0	0	0	0	2	15,000

(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).....	14,508	14,532		2,899	3,310
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).....	14,508	14,532	0	2,899	3,310
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,508	14,532	0	2,899	3,310

(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....67903

**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.....	627,904	-	-	-	627,904
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	627,904	0	0	0	627,904
<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.....	295,799				295,799
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	28,574				28,574
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.....	324,373	0	0	0	324,373

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	7	40,000							7	40,000
17. Incurred during current year.....	57	294,799							57	294,799
<b>Settled during current year:</b>										
18.1 By payment in full.....	56	295,799							56	295,799
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	56	295,799	0	0	0	0	0	0	56	295,799
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	56	295,799	0	0	0	0	0	0	56	295,799
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	39,000							8	39,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,268	7,935,597	(a)						1,268	7,935,597
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(135)	(840,333)							(135)	(840,333)
23. In force December 31 of current year.....	1,133	7,095,265	0	0	0	0	0	0	1,133	7,095,265

(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).....	11,871,089	11,932,664	-	7,416,811	7,250,737
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,871,089	11,932,664	0	7,416,811	7,250,737
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,871,089	11,932,664	0	7,416,811	7,250,737

(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....67903

**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.....	19,232				19,232
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,232	0	0	0	19,232
<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.....	21,000				21,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	676				676
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	21,676	0	0	0	21,676

**DETAILS OF WRITE-INS**

	1	2	3	4	5	6	7	8	9	10
1301. ....										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.....	1	5,000							1	5,000
17. Incurred during current year.....	2	16,000							2	16,000
<b>Settled during current year:</b>										
18.1 By payment in full.....	3	21,000							3	21,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	21,000	0	0	0	0	0	0	3	21,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	21,000	0	0	0	0	0	0	3	21,000
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.....	29	307,000	(a)						29	307,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(68,000)							(7)	(68,000)
23. In force December 31 of current year.....	22	239,000	0	0	0	0	0	0	22	239,000

(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).....	104,549	104,602		60,448	51,561
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	104,549	104,602	0	60,448	51,561
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	104,549	104,602	0	60,448	51,561

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	582		4,323		4,905
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	582	0	4,323	0	4,905
<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. ....					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.....	2	5,000	(a)		(5)	(52,000)			(3)	(47,000)
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-				(38,000)			0	(38,000)
23. In force December 31 of current year.....	2	5,000	0	(a)	0	(90,000)	0	0	(3)	(85,000)

(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).....	13,466	13,553	-	8,854	9,396
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).....	13,466	13,553	0	8,854	9,396
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,466	13,553	0	8,854	9,396

(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 VERMONT DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....67903

**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. ....					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.....				(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

(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

(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....67903

**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.....	312		-		312
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	312	0	0	0	312
<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. ....					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.....	1	5,000	(a)						1	5,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	5,000	0 (a)	0	0	0	0	0	1	5,000

(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).....	55,625	57,774	-	24,096	24,962
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).....	55,625	57,774	0	24,096	24,962
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	55,625	57,774	0	24,096	24,962

(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.

**Provident American Life and Health Insurance Company**



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR  
 NAIC Group Code....0901 NAIC Company Code....67903

**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.....	4,231		-		4,231
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,231	0	0	0	4,231
<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. ....					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.....	7	60,800	(a)						7	60,800
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	7	60,800	0	(a) 0	0	0	0	0	7	60,800

(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).....	4,303	4,292	-	9,084	7,350
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).....	4,303	4,292	0	9,084	7,350
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,303	4,292	0	9,084	7,350

(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....67903

**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.....	9,424		1,806		11,230
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,424	0	1,806	0	11,230
<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.....	10,024				10,024
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.....	10,024	0	0	0	10,024

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pol. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,024							1	10,024
<b>Settled during current year:</b>										
18.1 By payment in full.....	1	10,024							1	10,024
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,024	0	0	0	0	0	0	1	10,024
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,024	0	0	0	0	0	0	1	10,024
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.....	17	138,979	(a)		1	32,000			18	170,979
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.....	16	128,979	0	0	1	32,000	0	0	17	160,979

(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).....	158,815	165,422		70,547	70,047
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).....	158,815	165,422	0	70,547	70,047
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	158,815	165,422	0	70,547	70,047

(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....67903

**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. ....					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	0

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Program premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	21,386	20,422	-	20,234	20,726
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	21,386	20,422	0	20,234	20,726
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,386	20,422	0	20,234	20,726

(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.....	45
2. Current year's realized pre-tax capital gains/(losses) of \$....54,316 transferred into the reserve net of taxes of \$....19,010.....	35,306
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	(252,003)
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(216,652)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(18,723)
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	(197,929)

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.....	34	3,051	(21,808)	(18,723)
2. 2013.....	11	783	(5,602)	(4,808)
3. 2014.....		849	(6,058)	(5,209)
4. 2015.....		914	(6,523)	(5,609)
5. 2016.....		914	(6,523)	(5,609)
6. 2017.....		979	(6,989)	(6,010)
7. 2018.....		1,045	(7,456)	(6,411)
8. 2019.....		1,077	(7,688)	(6,611)
9. 2020.....		1,143	(8,155)	(7,012)
10. 2021.....		1,175	(8,387)	(7,212)
11. 2022.....		1,273	(9,086)	(7,813)
12. 2023.....		1,306	(9,319)	(8,013)
13. 2024.....		1,371	(9,785)	(8,414)
14. 2025.....		1,469	(10,484)	(9,015)
15. 2026.....		1,534	(10,950)	(9,416)
16. 2027.....		1,600	(11,416)	(9,816)
17. 2028.....		1,698	(12,115)	(10,417)
18. 2029.....		1,763	(12,581)	(10,818)
19. 2030.....		1,861	(13,280)	(11,419)
20. 2031.....		1,959	(13,979)	(12,020)
21. 2032.....		2,057	(14,678)	(12,621)
22. 2033.....		1,926	(13,746)	(11,820)
23. 2034.....		1,534	(10,950)	(9,416)
24. 2035.....		1,110	(7,921)	(6,811)
25. 2036.....		686	(4,893)	(4,207)
26. 2037.....		229	(1,631)	(1,402)
27. 2038.....				0
28. 2039.....				0
29. 2040.....				0
30. 2041.....				0
31. 2042 and Later.....				0
32. Total (Lines 1 to 31).....	45	35,306	(252,003)	(216,652)

## ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	45,139		45,139			0	45,139
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
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.....	2,006		2,006			0	2,006
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	47,145	0	47,145	0	0	0	47,145
9. Maximum reserve.....	15,043		15,043			0	15,043
10. Reserve objective.....	11,534		11,534			0	11,534
11. 20% of (Line 10 minus Line 8).....	(7,122)	0	(7,122)	0	0	0	(7,122)
12. Balance before transfers (Lines 8 + 11).....	40,023	0	40,023	0	0	0	40,023
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	(24,980)		(24,980)			0	(24,980)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	15,043	0	15,043	0	0	0	15,043

## 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.....	3,838,072	XXX	XXX	3,838,072	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	4,989,434	XXX	XXX	4,989,434	0.0004	1,996	0.0023	11,476	0.0030	14,968
3	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total bonds (sum of Lines 1 through 8).....	8,827,506	XXX	XXX	8,827,506	XXX	1,996	XXX	11,476	XXX	14,968
<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.....	10,464,670	XXX	XXX	10,464,670	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	25,000	XXX	XXX	25,000	0.0004	10	0.0023	58	0.0030	75
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).....	10,489,670	XXX	XXX	10,489,670	XXX	10	XXX	58	XXX	75

## 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).....	19,317,176	XXX	XXX	19,317,176	XXX	2,006	XXX	11,533	XXX	15,043
<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

(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.....	100,000	XXX	XXX	100,000	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.....	3,120,250	XXX	XXX	3,120,250	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).....	3,220,250	0	0	3,220,250	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									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									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.....	18,512,956	XXX		XXX		XXX		XXX		XXX	18,512,956	XXX		XXX		XXX		XXX
2. Premiums earned.....	18,709,219	XXX		XXX		XXX		XXX		XXX	18,709,219	XXX		XXX		XXX		XXX
3. Incurred claims.....	11,468,497	61.3		0.0		0.0		0.0		0.0	11,468,497	61.3		0.0		0.0		0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	11,468,497	61.3	0	0.0	0	0.0	0	0.0	0	0.0	11,468,497	61.3	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves.....	2,395	0.0		0.0		0.0		0.0		0.0	2,395	0.0		0.0		0.0		0.0
7. Commissions (a).....	1,827,386	9.8		0.0		0.0		0.0		0.0	1,827,386	9.8		0.0		0.0		0.0
8. Other general insurance expenses.....	1,160,731	6.2		0.0		0.0		0.0		0.0	1,160,731	6.2		0.0		0.0		0.0
9. Taxes, licenses and fees.....	508,225	2.7		0.0		0.0		0.0		0.0	508,225	2.7		0.0		0.0		0.0
10. Total other expenses incurred.....	3,496,342	18.7	0	0.0	0	0.0	0	0.0	0	0.0	3,496,342	18.7	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions.....	(7,687)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	(7,687)	(0.0)	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds.....	3,749,672	20.0	0	0.0	0	0.0	0	0.0	0	0.0	3,749,672	20.0	0	0.0	0	0.0	0	0.0
13. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds.....	3,749,672	20.0	0	0.0	0	0.0	0	0.0	0	0.0	3,749,672	20.0	0	0.0	0	0.0	0	0.0
<b>DETAILS OF WRITE-INS</b>																		
1101. Change in loading.....	(7,687)	(0.0)		0.0		0.0		0.0		0.0	(7,687)	(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		0.0
1103. ....	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	(7,687)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	(7,687)	(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.....	944,500					944,500			
2. Advance premiums.....	163,081					163,081			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	1,107,581	0	0	0	0	1,107,581	0	0	0
5. Total premium reserves, prior year.....	1,354,835					1,354,835			
6. Increase in total premium reserves.....	(247,254)	0	0	0	0	(247,254)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	37,382					37,382			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	37,382	0	0	0	0	37,382	0	0	0
4. Total contract reserves, prior year.....	34,987					34,987			
5. Increase in contract reserves.....	2,395	0	0	0	0	2,395	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	1,194,079					1,194,079			
2. Total prior year.....	1,328,849					1,328,849			
3. Increase.....	(134,770)	0	0	0	0	(134,770)	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	1,158,847					1,158,847			
1.2 On claims incurred during current year.....	10,444,420					10,444,420			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	0								
2.2 On claims incurred during current year.....	1,194,079					1,194,079			
3. Test:									
3.1 Lines 1.1 and 2.1.....	1,158,847	0	0	0	0	1,158,847	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,328,849					1,328,849			
3.3 Line 3.1 minus Line 3.2.....	(170,002)	0	0	0	0	(170,002)	0	0	0

**PART 4 - REINSURANCE**

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	2,069,768					2,069,768			
2. Premiums earned.....	2,092,453	(39)				2,092,492			
3. Incurred claims.....	1,391,143					1,391,143			
4. Commissions.....	316,427					316,427			

(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.....	(589)		12,860,229	12,859,640
2. Beginning claim reserves and liabilities.....	1,404		1,491,660	1,493,064
3. Ending claim reserves and liabilities.....			1,338,637	1,338,637
4. Claims paid.....	815	0	13,013,252	13,014,067
<b>B. Assumed Reinsurance:</b>				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred claims.....	(589)		1,391,733	1,391,144
10. Beginning claim reserves and liabilities.....	1,404		522,405	523,809
11. Ending claim reserves and liabilities.....			446,111	446,111
12. Claims paid.....	815	0	1,468,027	1,468,842
<b>D. Net:</b>				
13. Incurred claims.....	0	0	11,468,496	11,468,496
14. Beginning claim reserves and liabilities.....	0	0	969,255	969,255
15. Ending claim reserves and liabilities.....	0	0	892,526	892,526
16. Claims paid.....	0	0	11,545,225	11,545,225
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred claims and cost containment expenses.....			11,468,497	11,468,497
18. Beginning reserves and liabilities.....			969,255	969,255
19. Ending reserves and liabilities.....			892,526	892,526
20. Paid claims and cost containment expenses.....	0	0	11,545,226	11,545,226

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

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

**SCHEDULE S - PART 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
<b>Life and Annuity - Non-Affiliates - U.S. Non-Affiliates</b>						
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	.....2,500	.....500
63312.....	13-1935920....	01/01/2007	Great American Life Insurance.....	OH.....	.....139,521	.....63,000
0499999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....142,021	.....63,500
0699999	Total - Life and Annuity Non-Affiliates.....				.....142,021	.....63,500
0799999	Total - Life and Annuity.....				.....142,021	.....63,500
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	.....301,553	.....144,558
1199999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....301,553	.....144,558
1399999	Total - Accident and Health Non-Affiliates.....				.....301,553	.....144,558
1499999	Total - Accident and Health.....				.....301,553	.....144,558
1599999	Total U.S.....				.....443,574	.....208,058
1799999	Total.....				.....443,574	.....208,058

## 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>													
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	130,250	29,103	29,997	9,276				
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	OTH/I.....	14,704,593	2,062,986		2,780,533				
0499999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0
0699999	Total - General Account - Authorized - Non-Affiliates.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0
0799999	Total - General Account - Authorized.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0
2299999	Total - General Account - Authorized, Unauthorized and Certified.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0
4599999	Total U.S.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0
4799999	Total.....					14,834,843	2,092,089	29,997	2,789,809	0	0	0	0

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>												
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	.....2,055,836	.....131,114	.....20,286	.....	.....	.....	.....
60836.....	42-0113630....	08/01/2006	American Republic Insurance Co.....	IA.....	OTH/I.....	.....13,932	.....39	.....	.....	.....	.....	.....
0499999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					.....2,069,768	.....131,153	.....20,286	.....0	.....0	.....0	.....0
0699999.	Total - General Account - Authorized - Non-Affiliates.....					.....2,069,768	.....131,153	.....20,286	.....0	.....0	.....0	.....0
0799999.	Total - General Account - Authorized.....					.....2,069,768	.....131,153	.....20,286	.....0	.....0	.....0	.....0
2299999.	Total - General Account - Authorized, Unauthorized and Certified.....					.....2,069,768	.....131,153	.....20,286	.....0	.....0	.....0	.....0
4599999.	Total - U.S.....					.....2,069,768	.....131,153	.....20,286	.....0	.....0	.....0	.....0
4799999.	Total.....					.....2,069,768	.....131,153	.....20,286	.....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.....	4,860	2,514	3,438	4,632	5,990
2. Commissions and reinsurance expense allowances.....	352	498	746	1,167	1,612
3. Contract claims.....	1,601	1,668	2,330	3,611	4,339
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.....	1,313	615	762	956	1,257
9. Aggregate reserves for life and accident and health contracts.....	2,244	204	233	251	274
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	208	170	200	343	500
12. Amounts recoverable on reinsurance.....	444	362	527	720	922
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).....					
19. Letters of credit (L).....					
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).....	22,309,770		22,309,770
2. Reinsurance (Line 16).....	578,296	(578,296)	0
3. Premiums and considerations (Line 15).....	(807,663)	1,175,049	367,386
4. Net credit for ceded reinsurance.....	XXX	1,797,459	1,797,459
5. All other admitted assets (balance).....	1,540,774		1,540,774
6. Total assets excluding Separate Accounts (Line 26).....	23,621,177	2,394,212	26,015,389
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	23,621,177	2,394,212	26,015,389
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2).....	981,882	2,243,531	3,225,413
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	1,194,079	208,058	1,402,137
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	163,081	17,190	180,271
14. Other contract liabilities (Line 9).....	74,801	(74,567)	234
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).....	869,876		869,876
20. Total liabilities excluding Separate Accounts (Line 26).....	3,283,719	2,394,212	5,677,931
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	3,283,719	2,394,212	5,677,931
23. Capital & surplus (Line 38).....	20,337,458	XXX	20,337,458
24. Total liabilities, capital & surplus (Line 39).....	23,621,177	2,394,212	26,015,389
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves.....	2,243,531		
26. Claim reserves.....	208,058		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	17,190		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	(74,567)		
31. Reinsurance ceded assets.....	578,296		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	2,972,508		
34. Premiums and considerations.....	1,175,049		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	1,175,049		
41. Total net credit for ceded reinsurance.....	1,797,459		

**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	16,697					16,697
2. Alaska.....AK						0
3. Arizona.....AZ	1,871					1,871
4. Arkansas.....AR						0
5. California.....CA	475					475
6. Colorado.....CO	719					719
7. Connecticut.....CT						0
8. Delaware.....DE						0
9. District of Columbia.....DC						0
10. Florida.....FL	2,098					2,098
11. Georgia.....GA	2,491					2,491
12. Hawaii.....HI						0
13. Idaho.....ID	1,210					1,210
14. Illinois.....IL	24,221					24,221
15. Indiana.....IN	2,248					2,248
16. Iowa.....IA	17,587					17,587
17. Kansas.....KS						0
18. Kentucky.....KY	21,292					21,292
19. Louisiana.....LA	6,647					6,647
20. Maine.....ME						0
21. Maryland.....MD	1,766					1,766
22. Massachusetts.....MA						0
23. Michigan.....MI						0
24. Minnesota.....MN						0
25. Mississippi.....MS	19,714					19,714
26. Missouri.....MO	13,645					13,645
27. Montana.....MT	2,396					2,396
28. Nebraska.....NE	5,444					5,444
29. Nevada.....NV						0
30. New Hampshire.....NH						0
31. New Jersey.....NJ						0
32. New Mexico.....NM	1,522					1,522
33. New York.....NY	580					580
34. North Carolina.....NC	1,590					1,590
35. North Dakota.....ND	751					751
36. Ohio.....OH	24,312					24,312
37. Oklahoma.....OK	53,906					53,906
38. Oregon.....OR	36,763					36,763
39. Pennsylvania.....PA	65,685					65,685
40. Rhode Island.....RI						0
41. South Carolina.....SC	124,046					124,046
42. South Dakota.....SD	211					211
43. Tennessee.....TN	1,369					1,369
44. Texas.....TX	627,904					627,904
45. Utah.....UT	19,232					19,232
46. Vermont.....VT						0
47. Virginia.....VA	4,905					4,905
48. Washington.....WA	312					312
49. West Virginia.....WV	11,230					11,230
50. Wisconsin.....WI	4,231					4,231
51. Wyoming.....WY						0
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT						0
59. Totals.....	1,119,070	0	0	0	0	1,119,070

**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.....	CAN.....	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		Merrick 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.....	

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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.....		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.....	UIP.....	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.....	IA.....	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.....	UDP.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	65722.....	63-0343428				Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	67903.....	23-1335885				Provident American Life and Health Insurance Company	OH.....		Central Reserve Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	
	Cigna Group.....	65269.....	75-2305400				United Benefit Life Insurance Company.....	OH.....	DS.....	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.....	CHN.....	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)	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Worldwide General Insurance Company Limited	CHN.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Worldwide Life Insurance Company Limited.	CHN.....	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)	GBR.....	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 Realty 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 Realty 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 Realty 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	
	06-0861092	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	
12814	81-0585518	Benefit Management Corp.		2,500,000							2,500,000	253,402
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	
10095	81-0400550	Allegiance Benefit Plan Management, Inc.					3,048,521				3,048,521	
11254	71-0916514	Allegiance COBRA Services, Inc.					11,781				11,781	
12902	00-0000000	Allegiance Provider Direct, LLC									0	
95781	00-0000000	Community Health Network, LLC									0	
11532	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)	1,411,608,622
	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	
11175	33-1033586	NewQuest Management of Alabama, LLC					64,458,081				64,458,081	
95380	72-1559530	HealthSpring USA, LLC					8,993,924				8,993,924	
52021	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
11160	41-1648670	Cigna Behavioral Health, Inc.	(75,000,000)				47,056,753				(27,943,247)	
11167	59-2308055	Cigna Dental Health, Inc.	(39,865,116)				38,810,728				(1,054,388)	
95179	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	59-2619589	Cigna Dental Health Of Kentucky, Inc.	(200,000)				(128,519)				(328,519)	
11160	06-1582068	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)	1,630,274
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc.	(1,486,995)				(602,700)				(2,089,695)	8,872,587
95037	59-2676977	Cigna Dental Health Of Texas, Inc.	(7,472,889)				(3,627,626)				(11,100,515)	202,646
52617	52-2188914	Cigna Dental Health Of Virginia, Inc.	(1,100,000)				(704,012)				(1,804,012)	26,628
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc.	(3,400,000)				(103,815)				(3,503,815)	109,259
48119	59-2740468	Cigna Dental Health Of Maryland, Inc.	(2,800,000)				(1,319,827)				(4,119,827)	17,745
95477	62-1312478	Cigna Health Corporation	(14,100,000)	(5,155,419)			89,153,160				69,897,741	
95220	02-0387748	Healthsource, Inc.					(5,810,575)				(5,810,575)	64
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	(5,000,000)	155,419			(32,925,857)	(457,808)			(38,228,246)	1,630,274
95493	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)	79,605
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)	9,870
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)	512,033
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	11-2758941	Cigna HealthCare of New York, Inc.	-			(170,500)	(37,955)	-			(208,455)	136,150,842
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)	(2,741,146)
	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	111,540,496
	20-8064696	Kronos Optimal Health Company					7,846,145				7,846,145	

**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	9,852
	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)	(2,634,881)
90859	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	1,665,647,897

# Provident American Life and Health Insurance Company

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

### MARCH FILING

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

### APRIL FILING

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

### JUNE FILING

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

### AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	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?	NO
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?	NO
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO

### 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

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**EXPLANATIONS:**

**BAR CODE:**

- 1.
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- 26.



# 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. SEE EXPLANATION



34.



35.

36.



37. SEE EXPLANATION



38. SEE EXPLANATION



39. SEE EXPLANATION



40.

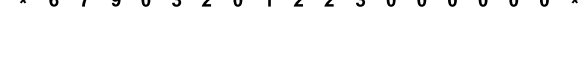


41.



42.

43.



44.



45.



46.



47.



48.



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

**Additional Write-ins for Assets:**

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Suspense.....	4,556	4,556	0	0
2597. Summary of remaining write-ins for Line 25.....	4,556	4,556	0	0

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

	1 Current Year	2 Prior Year
08.304 Miscellaneous Income.....	63,719	0
08.397 Summary of remaining write-ins for Line 8.3.....	63,719	0

**Additional Write-ins for Nonadmitted Assets:**

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Suspense.....	4,556	0	(4,556)
2597. Summary of remaining write-ins for Line 25.....	4,556	0	(4,556)

## Overflow Page for Write-Ins

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

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
08.304. Miscellaneous Income.....	63,719		12,106								51,613	
08.397. Summary of remaining write-ins for Line 8.3.....	63,719	.0	12,106	.0	.0	.0	.0	.0	.0	.0	51,613	.0

**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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3LD(AZ).....	D.....	.....NO.....	.....34000.....	.....12/22/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....6,309.....	.....3,373.....	.....53.5.....	.....1.....	.....	.....0.0.....	.....	
.....YES.....	3LF(AZ).....	F.....	.....NO.....	.....34000.....	.....12/22/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....4,608.....	.....	.....0.0.....	.....1.....	.....	.....0.0.....	.....	
.....YES.....	3LK(AZ).....	F.....	.....NO.....	.....34000.....	.....12/22/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....793.....	.....	.....0.0.....	.....1.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....11,710.....	.....3,373.....	.....28.8.....	.....3.....	.....0.....	.....0.....	.....0.....	

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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.....Colorado



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(CO).....	F.....	.....NO.....	.....34000.....	.....07/22/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....4,315.....	.....1,105.....	.....25.6.....	.....1.....	.....	.....0.0.....	.....	.....	.....
.....YES.....	3PH(CO).....	H.....	.....NO.....	.....34000.....	.....12/11/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....2,496.....	.....2,552.....	.....102.2.....	.....1.....	.....	.....0.0.....	.....	.....	.....
.....YES.....	3PJ(CO).....	J.....	.....NO.....	.....34000.....	.....12/11/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....104,846.....	.....62,563.....	.....59.7.....	.....25.....	.....	.....0.0.....	.....	.....	.....
.....YES.....	3PK(CO).....	F.....	.....NO.....	.....34000.....	.....07/22/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....638.....	.....	.....0.0.....	.....1.....	.....	.....0.0.....	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....112,295.....	.....66,220.....	.....59.0.....	.....28.....	.....0.....	.....0.0.....	.....	.....	.....0.....

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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.....Georgia



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3LD(GA).....	D.....	.....NO.....	.....34000.....	.....05/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....7,336.....	.....4,008.....	.....54.6.....	.....3.....	.....	.....	.....0.0.....	.....
.....YES.....	3LF(GA).....	F.....	.....NO.....	.....34000.....	.....05/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....31,141.....	.....20,553.....	.....66.0.....	.....9.....	.....	.....	.....0.0.....	.....
.....YES.....	3LK(GA).....	F.....	.....NO.....	.....34000.....	.....05/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....3,272.....	.....	.....0.0.....	.....5.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....41,749.....	.....24,561.....	.....58.8.....	.....17.....	.....0.....	.....0.....	.....0.0.....	.....0.....

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

**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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(IA).....	F.....	.....NO.....	.....34000.....	.....05/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....250,349.....	.....167,067.....	.....66.7.....	.....64.....	.....	.....	.....0.0.....	.....
.....YES.....	3PG(IA).....	G.....	.....NO.....	.....34000.....	.....11/09/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....2,429.....	.....346.....	.....14.2.....	.....1.....	.....	.....0.0.....	.....	
.....YES.....	3PH(IA).....	H.....	.....NO.....	.....34000.....	.....11/09/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....9,636.....	.....20,827.....	.....216.1.....	.....4.....	.....	.....0.0.....	.....	
.....YES.....	3PI(IA).....	I.....	.....NO.....	.....34000.....	.....11/09/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....4,477.....	.....175.....	.....3.9.....	.....1.....	.....	.....0.0.....	.....	
.....YES.....	3PJ(IA).....	J.....	.....NO.....	.....34000.....	.....11/09/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....644,894.....	.....432,578.....	.....67.1.....	.....227.....	.....	.....0.0.....	.....	
.....YES.....	3PK(IA).....	F.....	.....NO.....	.....34000.....	.....05/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....613.....	.....	.....0.0.....	.....1.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....912,398.....	.....620,993.....	.....68.1.....	.....298.....	.....0.....	.....0.....	.....0.0.....	.....0.....

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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.....Idaho



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3LF.....	F.....	.....NO.....	.....34000.....	.05/03/2005			.05/31/2010	MEDICARE SUPPLEMENT.....	.....29,051	.....18,277	.....62.9	.....8	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....29,051	.....18,277	.....62.9	.....8	.....0	.....0	.....0.0	.....0

360

### GENERAL INTERROGATORIES

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

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Illinois



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(IL).....	D.....	.....NO.....	.....34000.....	.....06/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....2,652.....	.....765.....	.....28.8.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	3PF(IL).....	F.....	.....NO.....	.....34000.....	.....06/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....49,830.....	.....12,125.....	.....24.3.....	.....9.....	.....	.....	.....0.0.....	.....
.....YES.....	3PH(IL).....	H.....	.....NO.....	.....34000.....	.....04/26/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....17,681.....	.....15,649.....	.....88.5.....	.....6.....	.....	.....	.....0.0.....	.....
.....YES.....	3PJ(IL).....	J.....	.....NO.....	.....34000.....	.....04/26/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....423,917.....	.....259,422.....	.....61.2.....	.....99.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....494,080.....	.....287,961.....	.....58.3.....	.....114.....	.....0.....	.....0.....	.....0.0.....	.....0.....

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

## 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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD.....	D.....	.....NO.....	.....34000.....	.....11/01/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....27,762.....	.....6,300.....	.....22.7.....	.....7.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PF.....	F.....	.....NO.....	.....34000.....	.....11/01/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....166,229.....	.....118,764.....	.....71.4.....	.....30.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PH(IN).....	H.....	.....NO.....	.....34000.....	.....04/10/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....9,847.....	.....7,035.....	.....71.4.....	.....4.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PJ(IN).....	J.....	.....NO.....	.....34000.....	.....04/10/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....84,169.....	.....80,854.....	.....96.1.....	.....20.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PK.....	F.....	.....NO.....	.....34000.....	.....11/01/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....623.....	.....0.0.....	.....0.0.....	.....1.....	.....	.....	.....0.0.....	.....		
0199999.	Total Policy Experience on Individual Policies.....									.....288,630.....	.....212,953.....	.....73.8.....	.....62.....	.....0.....	.....0.....	.....0.0.....	.....0.....		

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

## 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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(KY).....	D.....	.....NO.....	.....34000.....	.....05/25/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....20,831.....	.....14,605.....	.....70.1.....	.....6.....	.....	.....0.0.....	.....	.....	.....	.....	
.....YES.....	3PF(KY).....	F.....	.....NO.....	.....34000.....	.....05/25/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....49,457.....	.....25,142.....	.....50.8.....	.....11.....	.....	.....0.0.....	.....	.....	.....	.....	
.....YES.....	3PG(KY).....	G.....	.....NO.....	.....34000.....	.....12/17/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....9,746.....	.....11,482.....	.....117.8.....	.....2.....	.....	.....0.0.....	.....	.....	.....	.....	
.....YES.....	3PH(KY).....	H.....	.....NO.....	.....34000.....	.....01/09/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....24,336.....	.....27,646.....	.....113.6.....	.....7.....	.....	.....0.0.....	.....	.....	.....	.....	
.....YES.....	3PI(KY).....	I.....	.....NO.....	.....34000.....	.....01/09/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....11,132.....	.....7,135.....	.....64.1.....	.....3.....	.....	.....0.0.....	.....	.....	.....	.....	
.....YES.....	3PJ(KY).....	J.....	.....NO.....	.....34000.....	.....01/09/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....71,085.....	.....39,778.....	.....56.0.....	.....17.....	.....	.....0.0.....	.....	.....	.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....186,587.....	.....125,788.....	.....67.4.....	.....46.....	.....0.....	.....0.....	.....0.0.....	.....	.....	.....	.....0.....

360

### GENERAL INTERROGATORIES

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

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Louisiana



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(LA) R7/05.....	F.....	.....NO.....	.....34000.....	.....08/10/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....66,522.....	.....35,705.....	.....53.7.....	.....12.....	.....	.....	.....0.0.....	.....
.....YES.....	3PG(LA).....	G.....	.....NO.....	.....34000.....	.....10/02/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....3,411.....	.....1,577.....	.....46.2.....	.....1.....	.....	.....	.....0.0.....	.....
.....YES.....	3PH(LA).....	H.....	.....NO.....	.....34000.....	.....12/22/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....15,982.....	.....4,128.....	.....25.8.....	.....5.....	.....10,341.....	.....16,166.....	.....156.3.....	.....3.....
.....YES.....	3PJ(LA).....	J.....	.....NO.....	.....34000.....	.....12/22/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....84,180.....	.....47,051.....	.....55.9.....	.....22.....	.....	.....	.....0.0.....	.....
.....YES.....	3PK(LA) R7/05.....	F.....	.....NO.....	.....34000.....	.....08/10/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....1,022.....	.....713.....	.....69.8.....	.....1.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....171,117.....	.....89,174.....	.....52.1.....	.....41.....	.....10,341.....	.....16,166.....	.....156.3.....	.....3.....

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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

NAIC Company Code.....67903

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Director, Actuarial Rate Maintenance.....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.....	3LD(MO).....	D.....	.....NO.....	.....34000.....	.....06/14/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....382.....	.....0.0.....	.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3LF(MO).....	F.....	.....NO.....	.....34000.....	.....06/14/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....76,832.....	.....40,783.....	.....53.1.....	.....17.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3LK(MO).....	F.....	.....NO.....	.....34000.....	.....06/14/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....3,378.....	.....0.0.....	.....5.....	.....0.0.....	.....	.....	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....80,592.....	.....40,783.....	.....50.6.....	.....22.....	.....0.....	.....0.....	.....0.0.....	.....0.....	.....0.....

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

## 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

NAIC Company Code.....67903

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(MS).....	F.....	.....NO.....	.....34000.....	.....04/07/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....111,002.....	.....40,065.....	.....36.1.....	.....22.....	.....	.....	.....0.0.....	.....	
.....YES.....	3PH(MS).....	H.....	.....NO.....	.....34000.....	.....03/22/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....16,412.....	.....19,459.....	.....118.6.....	.....5.....	.....	.....	.....0.0.....	.....	
.....YES.....	3PJ(MS).....	J.....	.....NO.....	.....34000.....	.....03/22/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....353,931.....	.....240,055.....	.....67.8.....	.....102.....	.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....481,345.....	.....299,579.....	.....62.2.....	.....129.....	.....0.....	.....0.....	.....0.0.....	.....0.....	

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

**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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(MT).....	F.....	.....NO.....	...34000.....	.05/10/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....105,900	.....27,342	.....25.8	.....31	.....	.....	.....0.0	.....
.....YES.....	3PH(MT).....	H.....	.....NO.....	...34000.....	.11/15/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....16,047	.....5,308	.....33.1	.....7	.....	.....	.....0.0	.....
.....YES.....	3PI(MT).....	I.....	.....NO.....	...34000.....	.11/15/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....12,910	.....4,125	.....32.0	.....5	.....	.....	.....0.0	.....
.....YES.....	3PJ(MT).....	J.....	.....NO.....	...34000.....	.11/15/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....199,497	.....106,062	.....53.2	.....70	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....334,354	.....142,837	.....42.7	.....113	.....0	.....0	.....0.0	.....0

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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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(ND).....	D.....	.....NO.....	.....34000.....	.05/13/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,355	.....270	.....8.0	.....1	.....	.....	.....0.0	.....
.....YES.....	3PF(ND).....	F.....	.....NO.....	.....34000.....	.05/13/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....13,806	.....7,477	.....54.2	.....4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....17,161	.....7,747	.....45.1	.....5	.....0	.....0	.....0.0	.....0

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

## 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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(NE).....	D.....	.....NO.....	.....34000.....	.....05/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....6,895.....	.....2,095.....	.....30.4.....	.....1.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3PF(NE).....	F.....	.....NO.....	.....34000.....	.....05/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....212,781.....	.....160,287.....	.....75.3.....	.....44.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3PG(NE).....	G.....	.....NO.....	.....34000.....	.....10/01/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....8,866.....	.....9,799.....	.....110.5.....	.....3.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3PH(NE).....	H.....	.....NO.....	.....34000.....	.....10/24/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....6,612.....	.....9,531.....	.....144.1.....	.....2.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3PJ(NE).....	J.....	.....NO.....	.....34000.....	.....10/24/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....127,379.....	.....122,659.....	.....96.3.....	.....37.....	.....	.....0.0.....	.....	.....	.....	.....
.....YES.....	3PK(NE).....	F.....	.....NO.....	.....34000.....	.....05/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....4,229.....	.....891.....	.....21.1.....	.....6.....	.....	.....0.0.....	.....	.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....366,762.....	.....305,262.....	.....83.2.....	.....93.....	.....0.....	.....0.....	.....0.0.....	.....	.....	.....0.....

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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

NAIC Company Code.....67903

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Director, Actuarial Rate Maintenance.....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.....	3PH(NV).....	H.....	.....NO.....	.....34000.....	.....11/06/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....7,261.....	.....2,397.....	.....33.0.....	.....2.....	.....	.....0.0.....	.....	
.....YES.....	3PI(NV).....	I.....	.....NO.....	.....34000.....	.....11/06/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....12,055.....	.....955.....	.....7.9.....	.....3.....	.....	.....0.0.....	.....	
.....YES.....	3PJ(NV).....	J.....	.....NO.....	.....34000.....	.....11/06/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....17,183.....	.....18,175.....	.....105.8.....	.....4.....	.....	.....0.0.....	.....	
.....YES.....	3PK(NV).....	F.....	.....NO.....	.....34000.....	.....11/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....778.....	.....	.....0.0.....	.....1.....	.....	.....0.0.....	.....	
0199999.	Total Policy Experience on Individual Policies.....									.....37,277.....	.....21,527.....	.....57.7.....	.....10.....	.....0.....	.....0.0.....	.....0.....	

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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.....Ohio



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(OH).....	D.....	.....NO.....	.....34000.....	.....04/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....53,019.....	.....45,263.....	.....85.4.....	.....11.....	.....	.....	.....0.0.....	.....
.....YES.....	3PF(OH).....	F.....	.....NO.....	.....34000.....	.....04/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....103,637.....	.....27,202.....	.....26.2.....	.....20.....	.....	.....	.....0.0.....	.....
.....YES.....	3PH(OH).....	H.....	.....NO.....	.....34000.....	.....10/19/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....67,042.....	.....60,097.....	.....89.6.....	.....19.....	.....	.....	.....0.0.....	.....
.....YES.....	3PJ(OH).....	J.....	.....NO.....	.....34000.....	.....10/19/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....234,306.....	.....83,513.....	.....35.6.....	.....52.....	.....	.....	.....0.0.....	.....
.....YES.....	3PK(OH).....	F.....	.....NO.....	.....34000.....	.....04/18/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....3,628.....	.....1,463.....	.....40.3.....	.....5.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....461,632.....	.....217,538.....	.....47.1.....	.....107.....	.....0.....	.....0.....	.....0.0.....	.....0.....

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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.....Oregon



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD(OR).....	D.....	.....NO.....	.....34000.....	.....04/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....10,776.....	.....5,930.....	.....55.0.....	.....3.....	.....	.....0.0.....	.....	.....
.....YES.....	3PF(OR).....	F.....	.....NO.....	.....34000.....	.....04/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....530,620.....	.....395,431.....	.....74.5.....	.....153.....	.....	.....0.0.....	.....	.....
.....YES.....	3PH(OR).....	H.....	.....NO.....	.....34000.....	.....01/19/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....18,162.....	.....10,071.....	.....55.5.....	.....8.....	.....	.....0.0.....	.....	.....
.....YES.....	3PI(OR).....	I.....	.....NO.....	.....34000.....	.....01/19/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....7,553.....	.....4,559.....	.....60.4.....	.....3.....	.....	.....0.0.....	.....	.....
.....YES.....	3PJ(OR).....	J.....	.....NO.....	.....34000.....	.....01/19/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....1,053,750.....	.....746,149.....	.....70.8.....	.....375.....	.....	.....0.0.....	.....	.....
.....YES.....	3PK(OR).....	F.....	.....NO.....	.....34000.....	.....04/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....5,354.....	.....	.....0.0.....	.....8.....	.....	.....0.0.....	.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,626,215.....	.....1,162,140.....	.....71.5.....	.....550.....	.....0.....	.....0.0.....	.....	.....0.....

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**GENERAL INTERROGATORIES**

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

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2012

(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PB(PA).....	B.....	.....NO.....	.....34000.....	.....03/16/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....3,478	.....5,801	.....166.8	.....1	.....	.....	.....0.0	.....
.....YES.....	3PD(PA).....	D.....	.....NO.....	.....34000.....	.....03/16/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....35,750	.....25,411	.....71.1	.....8	.....	.....	.....0.0	.....
.....YES.....	3PF(PA).....	F.....	.....NO.....	.....34000.....	.....03/16/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....16,977	.....14,129	.....83.2	.....4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....56,205	.....45,341	.....80.7	.....13	.....0	.....0	.....0.0	.....0

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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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD.....	D.....	.....NO.....	.....34000.....	.....06/03/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....41,715.....	.....26,135.....	.....62.7.....	.....10.....	.....	.....	.....0.0.....	.....
.....YES.....	3PF.....	F.....	.....NO.....	.....34000.....	.....06/03/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....559,078.....	.....342,725.....	.....61.3.....	.....132.....	.....	.....	.....0.0.....	.....
.....YES.....	3PG.....	G.....	.....NO.....	.....34000.....	.....10/24/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....12,172.....	.....9,732.....	.....80.0.....	.....4.....	.....	.....	.....0.0.....	.....
.....YES.....	3PH.....	H.....	.....NO.....	.....34000.....	.....11/13/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....141,553.....	.....80,105.....	.....56.6.....	.....48.....	.....9,644.....	.....473.....	.....4.9.....	.....4.....
.....YES.....	3PI.....	I.....	.....NO.....	.....34000.....	.....11/13/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....2,377.....	.....57.....	.....2.4.....	.....	.....	.....	.....0.0.....	.....
.....YES.....	3PJ.....	J.....	.....NO.....	.....34000.....	.....11/13/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....953,241.....	.....576,238.....	.....60.5.....	.....261.....	.....	.....	.....0.0.....	.....
.....YES.....	3PK.....	F.....	.....NO.....	.....34000.....	.....06/03/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....7,839.....	.....2,893.....	.....36.9.....	.....11.....	.....	.....	.....0.0.....	.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,717,975.....	.....1,037,885.....	.....60.4.....	.....466.....	.....9,644.....	.....473.....	.....4.9.....	.....4.....

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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 Dakota

NAIC Group Code.....0901

NAIC Company Code.....67903

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF.....	F.....	.....NO.....	.....34000.....	.....04/08/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....673.....	.....168.....	.....25.0.....	.....	.....	.....	.....0.0.....	.....
0199999. Total Policy Experience on Individual Policies.....										.....673.....	.....168.....	.....25.0.....	.....0.....	.....0.....	.....0.....	.....0.0.....	.....0.....

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

## 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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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	Amount				Percent of Premiums Earned	Number of Covered Lives		
<b>Individual Policies</b>																			
.....YES.....	3PA(TX).....	A.....	.....NO.....	.....34000.....	.....06/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....53,599.....	.....66,823.....	.....124.7.....	.....16.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PD(TX).....	D.....	.....NO.....	.....34000.....	.....06/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....266,291.....	.....171,033.....	.....64.2.....	.....56.....	.....	.....0.0.....	.....			
.....YES.....	3PF(TX).....	F.....	.....NO.....	.....34000.....	.....06/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....1,142,350.....	.....776,192.....	.....67.9.....	.....239.....	.....	.....0.0.....	.....			
.....YES.....	3PG(TX).....	G.....	.....NO.....	.....34000.....	.....11/08/2007.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....89,552.....	.....72,795.....	.....81.3.....	.....30.....	.....	.....0.0.....	.....			
.....YES.....	3PH(TX).....	H.....	.....NO.....	.....34000.....	.....12/04/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....2,608,183.....	.....1,545,918.....	.....59.3.....	.....776.....	.....3,850.....	.....12,684.....	.....329.5.....	.....1.....		
.....YES.....	3PI(TX).....	I.....	.....NO.....	.....34000.....	.....12/04/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....179,318.....	.....111,048.....	.....61.9.....	.....58.....	.....	.....0.0.....	.....			
.....YES.....	3PJ(TX).....	J.....	.....NO.....	.....34000.....	.....12/04/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....7,846,184.....	.....4,603,604.....	.....58.7.....	.....1,906.....	.....	.....0.0.....	.....			
.....YES.....	3PK(TX).....	F.....	.....NO.....	.....34000.....	.....06/21/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE.....	.....48,622.....	.....24,675.....	.....50.7.....	.....55.....	.....	.....0.0.....	.....			
0199999.	Total Policy Experience on Individual Policies.....									.....12,234,099.....	.....7,372,088.....	.....60.3.....	.....3,136.....	.....3,850.....	.....12,684.....	.....329.5.....	.....1.....		

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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.....Utah



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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		
<b>Individual Policies</b>																			
.....YES.....	3PD(UT).....	D.....	.....NO.....	.....34000.....	.....09/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....10.....	.....	.....0.0.....	.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PF(UT).....	F.....	.....NO.....	.....34000.....	.....09/09/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....34,333.....	.....14,329.....	.....41.7.....	.....6.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PH(UT).....	H.....	.....NO.....	.....34000.....	.....12/08/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....8,617.....	.....2,380.....	.....27.6.....	.....3.....	.....	.....	.....0.0.....	.....		
.....YES.....	3PJ(UT).....	J.....	.....NO.....	.....34000.....	.....12/08/2006.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....68,125.....	.....40,541.....	.....59.5.....	.....16.....	.....	.....	.....0.0.....	.....		
0199999.	Total Policy Experience on Individual Policies.....									.....111,085.....	.....57,250.....	.....51.5.....	.....25.....	.....0.....	.....0.....	.....0.0.....	.....0.....		

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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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PD.....	D.....	.....NO.....	...34000.....	.05/20/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....8,016	.....4,962	.....61.9	.....2	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	.....NO.....	...34000.....	.05/20/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....83,341	.....26,497	.....31.8	.....15	.....	.....	.....0.0	.....
.....YES.....	3PG.....	G.....	.....NO.....	...34000.....	.10/15/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....20,379	.....3,166	.....15.5	.....6	.....	.....	.....0.0	.....
.....YES.....	3PH.....	H.....	.....NO.....	...34000.....	.12/12/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....14,635	.....16,213	.....110.8	.....4	.....	.....	.....0.0	.....
.....YES.....	3PJ.....	J.....	.....NO.....	...34000.....	.12/12/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....44,349	.....31,571	.....71.2	.....12	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....170,720	.....82,409	.....48.3	.....39	.....0	.....0	.....0.0	.....0

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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.....Wyoming



NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....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.....	3PF(WY).....	F.....	.....NO.....	.....34000.....	.....04/13/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT.....	.....8,794	.....6,362	.....72.3	.....2	.....	.....	.....0.0	.....
.....YES.....	3PK(WY).....	F.....	.....NO.....	.....34000.....	.....04/13/2005.....	.....	.....	.....05/31/2010.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....2,274	.....1,377	.....60.6	.....3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....11,068	.....7,739	.....69.9	.....5	.....0	.....0	.....0.0	.....0

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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  
 (To Be Filed March)

Of The....Provident American Life and Health Insurance Company

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

NAIC Group Code.....0901

NAIC Company Code.....67903

Employer's ID Number....23-1335885

**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.....	1				1
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.....	2,506	40	(1)		2,545
2. 2008.....	24,257	4,009	36	(1)	28,300
3. 2009.....	XXX	27,571	2,239	(1)	29,768
4. 2010.....	XXX	XXX	19,695	1,610	21,287
5. 2011.....	XXX	XXX	XXX	13,547	14,764
6. 2012.....	XXX	XXX	XXX	XXX	10,444

**Section C - Credit Accident and Health**

1. Prior.....					
2. 2008.....					
3. 2009.....	XXX	<b>NONE</b>			
4. 2010.....	XXX		XXX		
5. 2011.....	XXX		XXX	XXX	
6. 2012.....	XXX		XXX	XXX	XXX

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

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

Development of Incurred Losses  
(\$000 OMITTED)

**Section A - Group Accident and Health**

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

**Section B - Other Accident and Health**

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

**Section C - Credit Accident and Health**

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

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

Development of Incurred Losses  
(\$000 OMITTED)

**Section A - Group Accident and Health**

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

**Section B - Other Accident and Health**

1. 2008.....	29,153	28,265	28,305	XXX	XXX
2. 2009.....	XXX	31,016	29,995	28,809	XXX
3. 2010.....	XXX	XXX	21,471	21,451	21,285
4. 2011.....	XXX	XXX	XXX	14,898	14,890
5. 2012.....	XXX	XXX	XXX	XXX	11,638

**Section C - Credit Accident and Health**

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

**Section B - Other Accident and Health**

1. 2008.....	29,153	28,265	28,305		
2. 2009.....	XXX	31,016	29,995	29,809	
3. 2010.....	XXX	XXX	21,471	21,451	21,285
4. 2011.....	XXX	XXX	XXX	14,898	14,890
5. 2012.....	XXX	XXX	XXX	XXX	11,638

**Section C - Credit Accident and Health**

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

**SUPPLEMENTAL SCHEDULE O - PART 5**

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	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.....	None.....	
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	1,194
11. Total.....		1,194

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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