



ANNUAL STATEMENT

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

American Retirement Life Insurance Company

| | | |
|---|---|--|
| NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) | NAIC Company Code..... 88366 | Employer's ID Number..... 59-2760189 |
| Organized under the Laws of Ohio | State of Domicile or Port of Entry Ohio | Country of Domicile US |
| Incorporated/Organized..... May 12, 1978 | Commenced Business..... November 27, 1978 | |
| Statutory Home Office | 1300 East Ninth Street..... Cleveland OH 44114 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i> | |
| Main Administrative Office | 11200 Lakeline Blvd., Suite 100..... Austin TX 78717 <i>(Street and Number) (City or Town, State, Country and Zip Code)</i> | 512-451-2224 <i>(Area Code) (Telephone Number)</i> |
| Mail Address | 11200 Lakeline Blvd., Suite 100..... Austin TX 78717 <i>(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)</i> | |
| Primary Location of Books and Records | 11200 Lakeline Blvd., Suite 100..... Austin TX 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 | | |
| Statutory Statement Contact | Jesse Navarrete <i>(Name)</i> CSBFinRpt@cigna.com <i>(E-Mail Address)</i> | 512-807-4801 <i>(Area Code) (Telephone Number) (Extension)</i> 512-467-1399 <i>(Fax Number)</i> |

OFFICERS

| Name | Title | Name | Title |
|--------------------------|-------------------------|------------------------------|---------------------|
| 1. Bradley Allen Wolfram | President | 2. Brenda Weigilia Hardison | Secretary |
| 3. Byron Keith Buescher | Treasurer | 4. James Monroe Garvin III # | Appointed Actuary |
| Paul Adolph Severt | Chief Financial Officer | Michael Kenneth Brown # | Vice President |
| Maureen Hardiman Ryan # | Assistant Treasurer | Barry Richard McHale # | Assistant Treasurer |

OTHER

DIRECTORS OR TRUSTEES

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

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

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

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

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

a. Is this an original filing? Yes [X] No []
b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **ALABAMA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 8,845 | | | | 8,845 |
| 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..... | 8,845 | 0 | 0 | 0 | 8,845 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 2,470 | (a) | | | | | | 1 | 2,470 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 65 | | | | | | | 0 | 65 |
| 23. In force December 31 of current year..... | 1 | 2,535 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,535 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | .0 |
| 2. Annuity considerations..... | .85 | | | | .85 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | .0 |
| 4. Other considerations..... | | | | | .0 |
| 5. Totals (Sum of Lines 1 to 4)..... | .85 | .0 | .0 | .0 | .85 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | .0 |
| 6.2 Applied to pay renewal premiums..... | | | | | .0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | .0 |
| 6.4 Other..... | | | | | .0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | .0 | .0 | .0 | .0 | .0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | .0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | .0 |
| 7.3 Other..... | | | | | .0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | .0 | .0 | .0 | .0 | .0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | .0 | .0 | .0 | .0 | .0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 12,749 | | | | 12,749 |
| 10. Matured endowments..... | | | | | .0 |
| 11. Annuity benefits..... | 295,954 | | | | 295,954 |
| 12. Surrender values and withdrawals for life contracts..... | 9,857 | | | | 9,857 |
| 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..... | 318,560 | .0 | .0 | .0 | 318,560 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | .0 | .0 |
| 17. Incurred during current year..... | .2 | 12,749 | | | | | | | .2 | 12,749 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | .2 | 12,749 | | | | | | | .2 | 12,749 |
| 18.2 By payment on compromised claims..... | | | | | | | | | .0 | .0 |
| 18.3 Totals paid..... | .2 | 12,749 | .0 | .0 | .0 | .0 | .0 | .0 | .2 | 12,749 |
| 18.4 Reduction by compromise..... | | | | | | | | | .0 | .0 |
| 18.5 Amount rejected..... | | | | | | | | | .0 | .0 |
| 18.6 Total settlements..... | .2 | 12,749 | .0 | .0 | .0 | .0 | .0 | .0 | .2 | 12,749 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .74 | 430,149 | (a) | | | | | | .74 | 430,149 |
| 21. Issued during year..... | | | | | | | | | .0 | .0 |
| 22. Other changes to in force (Net)..... | (2) | (2,194) | | | | | | | (2) | (2,194) |
| 23. In force December 31 of current year..... | .72 | 427,955 | .0 | .0 | .0 | .0 | .0 | .0 | .72 | 427,955 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 14,392 | | | | 14,392 |
| 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..... | 14,392 | 0 | 0 | 0 | 14,392 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **COLORADO** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 10,305 | | | | 10,305 |
| 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..... | 10,305 | 0 | 0 | 0 | 10,305 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **CONNECTICUT** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | 1,152 | | | | 1,152 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,152 | 0 | 0 | 0 | 1,152 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 24,824 | | | | 24,824 |
| 12. Surrender values and withdrawals for life contracts..... | 17,100 | | | | 17,100 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 41,924 | 0 | 0 | 0 | 41,924 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2 | 11,230 | (a) | | | | | | 2 | 11,230 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 303 | | | | | | | 0 | 303 |
| 23. In force December 31 of current year..... | 2 | 11,533 | 0 | (a) | 0 | 0 | 0 | 0 | 2 | 11,533 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | 1,086 | | | | 1,086 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,086 | 0 | 0 | 0 | 1,086 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 24,671 | | | | 24,671 |
| 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..... | 24,671 | 0 | 0 | 0 | 24,671 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 3 | 22,646 | (a) | | | | | | 3 | 22,646 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 518 | | | | | | | 0 | 518 |
| 23. In force December 31 of current year..... | 3 | 23,164 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 23,164 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 2,291 | | | | 2,291 |
| 2. Annuity considerations..... | 5,432 | | | | 5,432 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 7,723 | 0 | 0 | 0 | 7,723 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 29,422 | | | | 29,422 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 1,564,004 | | | | 1,564,004 |
| 12. Surrender values and withdrawals for life contracts..... | 39,458 | | | | 39,458 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 1,632,884 | 0 | 0 | 0 | 1,632,884 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 5 | 29,422 | | | | | | | 5 | 29,422 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 5 | 29,422 | | | | | | | 5 | 29,422 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 5 | 29,422 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 29,422 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 5 | 29,422 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 29,422 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 177 | 1,022,937 | (a) | | | | | | 177 | 1,022,937 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (5) | (5,157) | | | | | | | (5) | (5,157) |
| 23. In force December 31 of current year..... | 172 | 1,017,780 | 0 | 0 | 0 | 0 | 0 | 0 | 172 | 1,017,780 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 9,377 | | | | 9,377 |
| 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..... | 9,377 | 0 | 0 | 0 | 9,377 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 2 | 9,377 | | | | | | | 2 | 9,377 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 9,377 | | | | | | | 2 | 9,377 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 9,377 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 9,377 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 9,377 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 9,377 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2 | 9,377 | | (a) | | | | | 2 | 9,377 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (9,377) | | | | | | | (2) | (9,377) |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a) | 0 | 0 | 0 | 0 | 0 | 0 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 86,608 | | | | 86,608 |
| 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..... | 86,608 | 0 | 0 | 0 | 86,608 |

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **INDIANA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **KANSAS** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 4,120 | | | | 4,120 |
| 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..... | 4,120 | 0 | 0 | 0 | 4,120 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 2,635 | | | | 2,635 |
| 12. Surrender values and withdrawals for life contracts..... | 8,733 | | | | 8,733 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 11,368 | 0 | 0 | 0 | 11,368 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **LOUISIANA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 36,641 | | | | 36,641 |
| 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..... | 36,641 | 0 | 0 | 0 | 36,641 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 2,030 | (a) | | | | | | 1 | 2,030 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 55 | | | | | | | 0 | 55 |
| 23. In force December 31 of current year..... | 1 | 2,085 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,085 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **MICHIGAN** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 6,919 | | | | 6,919 |
| 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..... | 6,919 | 0 | 0 | 0 | 6,919 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 1,170 | | | | 1,170 |
| 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..... | 1,170 | 0 | 0 | 0 | 1,170 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **MISSOURI** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 161,278 | | | | 161,278 |
| 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..... | 161,278 | 0 | 0 | 0 | 161,278 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 2,074 | (a) | | | | | | 1 | 2,074 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 44 | | | | | | | 0 | 44 |
| 23. In force December 31 of current year..... | 1 | 2,118 | 0 (a) | 0 | 0 | 0 | 0 | 0 | 1 | 2,118 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **MISSISSIPPI** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 2,847 | | | | 2,847 |
| 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..... | 2,847 | 0 | 0 | 0 | 2,847 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **MONTANA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 166,709 | | | | 166,709 |
| 12. Surrender values and withdrawals for life contracts..... | 3,618 | | | | 3,618 |
| 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..... | 170,327 | 0 | 0 | 0 | 170,327 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 12 | 53,804 | (a) | | | | | | 12 | 53,804 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 1,356 | | | | | | | 0 | 1,356 |
| 23. In force December 31 of current year..... | 12 | 55,160 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 55,160 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



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

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEW HAMPSHIRE** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEW JERSEY** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 2,514 | | | | 2,514 |
| 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..... | 2,514 | 0 | 0 | 0 | 2,514 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



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

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 2,816 | | | | 2,816 |
| 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..... | 2,816 | 0 | 0 | 0 | 2,816 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **OKLAHOMA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 45,188 | | | | 45,188 |
| 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..... | 45,188 | 0 | 0 | 0 | 45,188 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 6 | 32,134 | (a) | | | | | | 6 | 32,134 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 854 | | | | | | | 0 | 854 |
| 23. In force December 31 of current year..... | 6 | 32,988 | 0 (a) | 0 | 0 | 0 | 0 | 0 | 6 | 32,988 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **OREGON** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **RHODE ISLAND** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 23,285 | | | | 23,285 |
| 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..... | 23,285 | 0 | 0 | 0 | 23,285 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 2,291 | | | | 2,291 |
| 2. Annuity considerations..... | 1,072 | | | | 1,072 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 3,363 | 0 | 0 | 0 | 3,363 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 7,296 | | | | 7,296 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 469,598 | | | | 469,598 |
| 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..... | 476,894 | 0 | 0 | 0 | 476,894 |

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 |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | 1 | 7,296 | | | | | | | 1 | 7,296 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 7,296 | | | | | | | 1 | 7,296 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 7,296 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7,296 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 7,296 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7,296 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 54 | 346,108 | (a) | | | | | | 54 | 346,108 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (1) | 1,037 | | | | | | | (1) | 1,037 |
| 23. In force December 31 of current year..... | 53 | 347,145 | 0 | 0 | 0 | 0 | 0 | 0 | 53 | 347,145 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | 1,554 | | | | 1,554 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,554 | 0 | 0 | 0 | 1,554 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 154,915 | | | | 154,915 |
| 12. Surrender values and withdrawals for life contracts..... | 150 | | | | 150 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 155,065 | 0 | 0 | 0 | 155,065 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|--|----------|-------------|---------------------------------------|-------------|----------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | | | | 0 | 0 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 21 | 110,915 | (a) | | | | | | 21 | 110,915 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 2,182 | | | | | | | 0 | 2,182 |
| 23. In force December 31 of current year..... | 21 | 113,097 | 0 (a) | 0 | 0 | 0 | 0 | 0 | 21 | 113,097 |

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 17,770 | | | | 17,770 |
| 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..... | 17,770 | 0 | 0 | 0 | 17,770 |

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **WISCONSIN** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **WYOMING** DURING THE YEAR
 NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|--|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | | 0 |
| 2. Annuity considerations..... | 483 | | | | 483 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 483 | 0 | 0 | 0 | 483 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|--|-------------|
| 1. Reserve as of December 31, prior year..... | 48,060 |
| 2. Current year's realized pre-tax capital gains/(losses) of \$.....7,655 transferred into the reserve net of taxes of \$.....2,679..... | 4,976 |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve..... | (66,998) |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)..... | (13,962) |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)..... | (446) |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5)..... | (13,516) |

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..... | 726 | 159 | (1,331) | (446) |
| 2. 2013..... | 1,674 | 331 | (2,934) | (929) |
| 3. 2014..... | 1,805 | 336 | (3,084) | (943) |
| 4. 2015..... | 2,003 | 328 | (3,251) | (920) |
| 5. 2016..... | 2,134 | 319 | (3,348) | (895) |
| 6. 2017..... | 2,397 | 310 | (3,577) | (870) |
| 7. 2018..... | 2,595 | 328 | (3,843) | (920) |
| 8. 2019..... | 2,792 | 355 | (4,143) | (996) |
| 9. 2020..... | 3,121 | 383 | (4,579) | (1,075) |
| 10. 2021..... | 3,318 | 422 | (4,924) | (1,184) |
| 11. 2022..... | 3,785 | 462 | (5,543) | (1,296) |
| 12. 2023..... | 4,276 | 433 | (5,924) | (1,215) |
| 13. 2024..... | 4,605 | 345 | (5,918) | (968) |
| 14. 2025..... | 4,408 | 258 | (5,390) | (724) |
| 15. 2026..... | 3,553 | 155 | (4,143) | (435) |
| 16. 2027..... | 2,631 | 52 | (2,829) | (146) |
| 17. 2028..... | 1,645 | | (1,645) | 0 |
| 18. 2029..... | 592 | | (592) | 0 |
| 19. 2030..... | | | | 0 |
| 20. 2031..... | | | | 0 |
| 21. 2032..... | | | | 0 |
| 22. 2033..... | | | | 0 |
| 23. 2034..... | | | | 0 |
| 24. 2035..... | | | | 0 |
| 25. 2036..... | | | | 0 |
| 26. 2037..... | | | | 0 |
| 27. 2038..... | | | | 0 |
| 28. 2039..... | | | | 0 |
| 29. 2040..... | | | | 0 |
| 30. 2041..... | | | | 0 |
| 31. 2042 and Later..... | | | | 0 |
| 32. Total (Lines 1 to 31)..... | 48,060 | 4,976 | (66,998) | (13,962) |

ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 Total Amount (Cols. 3 + 6) |
|--|--------------------------------------|------------------------|-----------------------------|----------------------|--|-----------------------------|---------------------------------------|
| | 1 Other Than Mortgage Loans | 2 Mortgage Loans | 3 Total (Cols. 1 + 2) | 4 Common Stock | 5 Real Estate and Other Invested Assets | 6 Total (Cols. 4 + 5) | |
| 1. Reserve as of December 31, prior year..... | .0 | | .0 | | | .0 | .0 |
| 2. Realized capital gains/(losses) net of taxes - General Account..... | | | .0 | | | .0 | .0 |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts..... | .26 | | .26 | | | .0 | .26 |
| 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..... | | | .0 | | | .0 | .0 |
| 8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)..... | .26 | .0 | .26 | .0 | .0 | .0 | .26 |
| 9. Maximum reserve..... | | | .0 | | | .0 | .0 |
| 10. Reserve objective..... | | | .0 | | | .0 | .0 |
| 11. 20% of (Line 10 minus Line 8)..... | (.5) | .0 | (.5) | .0 | .0 | .0 | (.5) |
| 12. Balance before transfers (Lines 8 + 11)..... | .21 | .0 | .21 | .0 | .0 | .0 | .21 |
| 13. Transfers..... | | | .0 | | | .0 | XXX |
| 14. Voluntary contribution..... | | | .0 | | | .0 | .0 |
| 15. Adjustment down to maximum/up to zero..... | (.21) | | (.21) | | | .0 | (.21) |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)..... | (0) | .0 | (0) | .0 | .0 | .0 | (0) |

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------------------|------------------|--|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt obligations..... | 1,174,317 | XXX | XXX | 1,174,317 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 2 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 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)..... | 1,174,317 | XXX | XXX | 1,174,317 | XXX | 0 | XXX | 0 | XXX | 0 |
| PREFERRED STOCKS | | | | | | | | | | | | |
| 10 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 11 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 12 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 13 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 14 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 15 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 16 | | Affiliated life with AVR..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 17 | | Total preferred stocks (sum of Lines 10 through 16)..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt obligations..... | 1,316,716 | XXX | XXX | 1,316,716 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 19 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 20 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 21 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 22 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 23 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 24 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 25 | | Total short-term bonds (sum of Lines 18 thru 24)..... | 1,316,716 | XXX | XXX | 1,316,716 | XXX | 0 | XXX | 0 | XXX | 0 |

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------------------------|------------------|--|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange-traded..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 27 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 28 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 29 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 30 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 31 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 32 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 33 | | Total derivative instruments..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 34 | | TOTAL (Lines 9 + 17 + 25 + 33)..... | 2,491,033 | XXX | XXX | 2,491,033 | XXX | 0 | XXX | 0 | XXX | 0 |
| MORTGAGE LOANS | | | | | | | | | | | | |
| In good standing: | | | | | | | | | | | | |
| 35 | | Farm mortgages..... | | | XXX | 0 | (a) | 0 | (a) | 0 | (a) | 0 |
| 36 | | Residential mortgages-insured or guaranteed..... | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 37 | | Residential mortgages-all other..... | | | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 |
| 38 | | Commercial mortgages-insured or guaranteed..... | | | 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.

AVR-Equity Component (Lines 1-30)
NONE

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-74)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

Sch. H-Pt. 1
NONE

Sch. H-Pt. 2
NONE

Sch. H-Pt. 3
NONE

Sch. H-Pt. 4
NONE

Sch. H-Pt. 5
NONE

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

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

SCHEDULE S - PART 2

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

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Paid Losses | 7 Unpaid Losses |
|--|--|------------------------|--|----------------------------------|------------------|--------------------|
| Life and Annuity - Non-Affiliates - U.S. Non-Affiliates | | | | | | |
| 82627..... | 06-0839705.... | 10/01/1990 | Swiss Re Life & Health of America..... | IN..... |6,573 |8,194 |
| 82627..... | 06-0839705.... | 10/01/1990 | Swiss Re Life & Health of America..... | IN..... |432,179 |41,310 |
| 63312..... | 13-1935920.... | 08/31/2012 | Great American Life Insurance Company..... | OH..... | ..... | .....3,000 |
| 0499999 | Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates..... | | | |438,752 |52,504 |
| 0699999 | Total - Life and Annuity Non-Affiliates..... | | | |438,752 |52,504 |
| 0799999 | Total - Life and Annuity..... | | | |438,752 |52,504 |
| 1599999 | Total U.S..... | | | |438,752 |52,504 |
| 1799999 | Total..... | | | |438,752 |52,504 |

SCHEDULE S - PART 3 - SECTION 1

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

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Amount In Force at End of Year | Reserve Credit Taken | | 10 Premiums | Outstanding Surplus Relief | | 13 Modified Coinsurance Reserve | 14 Funds Withheld Under Coinsurance |
|--|--|------------------------|--|----------------------------------|--------------------------------------|---|----------------------|--------------------|----------------|----------------------------|---------------------|--|---|
| | | | | | | | 8 Current Year | 9 Prior Year | | 11 Current Year | 12 Prior Year | | |
| General Account - Authorized - Affiliates - U.S. Affiliates | | | | | | | | | | | | | |
| 82627..... | 06-0839705.... | 10/01/1990 | Swiss Re Life & Health of America..... | IN..... | ACO/i..... | ..... | .....429,984 |485,966 | ..... | ..... | ..... | ..... | ..... |
| 82627..... | 06-0839705.... | 10/01/1990 | Swiss Re Life & Health of America..... | IN..... | ACO/i..... | ..... | .....14,564,544 |15,566,573 |5,432 | ..... | ..... | ..... | ..... |
| 63312..... | 13-1935920.... | 08/31/2012 | Great American Life Insurance Company..... | OH..... | ACO/i..... |1,018,000 |630,226 |696,380 | ..... | ..... | ..... | ..... | ..... |
| 0199999 | Total - General Account - Authorized - Affiliates - U.S. Affiliates..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |
| 0399999 | Total - General Account - Authorized - Affiliates..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |
| 0799999 | Total - General Account - Authorized..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |
| 2299999 | Total - General Account - Authorized, Unauthorized and Certified..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |
| 4599999 | Total U.S..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |
| 4799999 | Total..... | | | | |1,018,000 |15,624,754 |16,052,539 |701,812 |0 |0 |0 |0 |

Sch. S-Pt. 3-Sn. 2
NONE

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

Sch. S-Pt. 5
NONE

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

| | 1 2012 | 2 2011 | 3 2010 | 4 2009 | 5 2008 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 702 | 6 | 5 | 8 | 7 |
| 2. Commissions and reinsurance expense allowances..... | 30 | 39 | 47 | 48 | 48 |
| 3. Contract claims..... | 1,565 | 1,865 | 1,829 | 1,718 | 1,776 |
| 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..... | (528) | (1,865) | (1,237) | (1,085) | (1,117) |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | 3 | 1 | 1 | 0 | 1 |
| 9. Aggregate reserves for life and accident and health contracts..... | 15,625 | 16,053 | 17,340 | 18,577 | 19,662 |
| 10. Liability for deposit-type contracts..... | | | | | |
| 11. Contract claims unpaid..... | 53 | 52 | 50 | 75 | 35 |
| 12. Amounts recoverable on reinsurance..... | 439 | 196 | 281 | 262 | 255 |
| 13. Experience rating refunds due or unpaid..... | | | | | |
| 14. Policyholders' dividends (not included in Line 10)..... | | | | | |
| 15. Commissions and reinsurance expense allowances due..... | | | | | |
| 16. Unauthorized reinsurance offset..... | | | | | |
| 17. Offset for reinsurance with certified reinsurers..... | | XXX | XXX | XXX | XXX |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 18. Funds deposited by and withheld from (F)..... | | | | | |
| 19. Letters of credit (L)..... | | | | | |
| 20. Trust agreements (T)..... | | | | | |
| 21. Other (O)..... | | | | | |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 22. Multiple beneficiary trust..... | | XXX | XXX | XXX | XXX |
| 23. Funds deposited by and withheld from (F)..... | | XXX | XXX | XXX | XXX |
| 24. Letters of credit (L)..... | | XXX | XXX | XXX | XXX |
| 25. Trust agreements (T)..... | | XXX | XXX | XXX | XXX |
| 26. Other (O)..... | | XXX | XXX | XXX | XXX |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | 1 As Reported (Net of Ceded) | 2 Restatement Adjustments | 3 Restated (Gross of Ceded) |
|---|------------------------------------|---------------------------------|-----------------------------------|
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12)..... | 5,128,283 | | 5,128,283 |
| 2. Reinsurance (Line 16)..... | 455,870 | (455,870) | 0 |
| 3. Premiums and considerations (Line 15)..... | (2,051) | 2,388 | 337 |
| 4. Net credit for ceded reinsurance..... | XXX | 15,921,780 | 15,921,780 |
| 5. All other admitted assets (balance)..... | 87,806 | | 87,806 |
| 6. Total assets excluding Separate Accounts (Line 26)..... | 5,669,908 | 15,468,298 | 21,138,206 |
| 7. Separate Account Assets (Line 27)..... | | | 0 |
| 8. Total assets (Line 28)..... | 5,669,908 | 15,468,298 | 21,138,206 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2)..... | | 15,624,754 | 15,624,754 |
| 10. Liability for deposit-type contracts (Line 3)..... | | | 0 |
| 11. Claim reserves (Line 4)..... | | 52,504 | 52,504 |
| 12. Policyholder dividends/reserves (Lines 5 through 7)..... | | | 0 |
| 13. Premium & annuity considerations received in advance (Line 8)..... | | | 0 |
| 14. Other contract liabilities (Line 9)..... | 208,960 | (208,960) | 0 |
| 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)..... | 24,144 | | 24,144 |
| 20. Total liabilities excluding Separate Accounts (Line 26)..... | 233,104 | 15,468,298 | 15,701,402 |
| 21. Separate Account liabilities (Line 27)..... | | | 0 |
| 22. Total liabilities (Line 28)..... | 233,104 | 15,468,298 | 15,701,402 |
| 23. Capital & surplus (Line 38)..... | 5,436,804 | XXX | 5,436,804 |
| 24. Total liabilities, capital & surplus (Line 39)..... | 5,669,908 | 15,468,298 | 21,138,206 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves..... | 15,624,754 | | |
| 26. Claim reserves..... | 52,504 | | |
| 27. Policyholder dividends/reserves..... | 0 | | |
| 28. Premium & annuity considerations received in advance..... | 0 | | |
| 29. Liability for deposit-type contracts..... | 0 | | |
| 30. Other contract liabilities..... | (208,960) | | |
| 31. Reinsurance ceded assets..... | 455,870 | | |
| 32. Other ceded reinsurance recoverables..... | 0 | | |
| 33. Total ceded reinsurance recoverables..... | 15,924,168 | | |
| 34. Premiums and considerations..... | 2,388 | | |
| 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..... | 2,388 | | |
| 41. Total net credit for ceded reinsurance..... | 15,921,780 | | |

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | 6 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 | | | | | | .0 |
| 2. Alaska.....AK | | | | | | .0 |
| 3. Arizona.....AZ | | | | | | .0 |
| 4. Arkansas.....AR | | .85 | | | | .85 |
| 5. California.....CA | | | | | | .0 |
| 6. Colorado.....CO | | | | | | .0 |
| 7. Connecticut.....CT | | | | | | .0 |
| 8. Delaware.....DE | | | | | | .0 |
| 9. District of Columbia.....DC | | | | | | .0 |
| 10. Florida.....FL | | 1,152 | | | | 1,152 |
| 11. Georgia.....GA | | 1,086 | | | | 1,086 |
| 12. Hawaii.....HI | | | | | | .0 |
| 13. Idaho.....ID | | | | | | .0 |
| 14. Illinois.....IL | | | | | | .0 |
| 15. Indiana.....IN | | | | | | .0 |
| 16. Iowa.....IA | | | | | | .0 |
| 17. Kansas.....KS | | | | | | .0 |
| 18. Kentucky.....KY | | | | | | .0 |
| 19. Louisiana.....LA | | | | | | .0 |
| 20. Maine.....ME | | | | | | .0 |
| 21. Maryland.....MD | | | | | | .0 |
| 22. Massachusetts.....MA | | | | | | .0 |
| 23. Michigan.....MI | | | | | | .0 |
| 24. Minnesota.....MN | | | | | | .0 |
| 25. Mississippi.....MS | | | | | | .0 |
| 26. Missouri.....MO | | | | | | .0 |
| 27. Montana.....MT | | | | | | .0 |
| 28. Nebraska.....NE | | | | | | .0 |
| 29. Nevada.....NV | | | | | | .0 |
| 30. New Hampshire.....NH | | | | | | .0 |
| 31. New Jersey.....NJ | | | | | | .0 |
| 32. New Mexico.....NM | | | | | | .0 |
| 33. New York.....NY | | | | | | .0 |
| 34. North Carolina.....NC | | | | | | .0 |
| 35. North Dakota.....ND | | | | | | .0 |
| 36. Ohio.....OH | | | | | | .0 |
| 37. Oklahoma.....OK | | | | | | .0 |
| 38. Oregon.....OR | | | | | | .0 |
| 39. Pennsylvania.....PA | | | | | | .0 |
| 40. Rhode Island.....RI | | | | | | .0 |
| 41. South Carolina.....SC | | | | | | .0 |
| 42. South Dakota.....SD | | | | | | .0 |
| 43. Tennessee.....TN | 2,291 | 1,072 | | | | 3,363 |
| 44. Texas.....TX | | 1,554 | | | | 1,554 |
| 45. Utah.....UT | | | | | | .0 |
| 46. Vermont.....VT | | | | | | .0 |
| 47. Virginia.....VA | | | | | | .0 |
| 48. Washington.....WA | | | | | | .0 |
| 49. West Virginia.....WV | | | | | | .0 |
| 50. Wisconsin.....WI | | | | | | .0 |
| 51. Wyoming.....WY | | 483 | | | | 483 |
| 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..... | 2,291 | 5,432 | .0 | .0 | .0 | 7,723 |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|----------------|------------------|-------------------|-------------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| Members | | | | | | | | | | | | | | |
| | 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..... | UDP..... | 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..... | |

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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..... | | 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..... | |

53.1

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|---|----------------------|----------------------------------|---|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | 95660..... | 06-1141174 | 1591167..... | 0000701221 | | Cigna HealthCare of Connecticut, Inc..... | CT..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95136..... | 59-2089259 | 1591167..... | 0000701221 | | Cigna HealthCare of Florida, Inc..... | FL..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95602..... | 36-3385638 | 1591167..... | 0000701221 | | Cigna HealthCare of Illinois, Inc..... | IL..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95477..... | 01-0418220 | 1591167..... | 0000701221 | | Cigna HealthCare of Maine, Inc..... | ME..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95220..... | 02-0402111 | 1591167..... | 0000701221 | | Cigna HealthCare of Massachusetts, Inc..... | MA..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95599..... | 52-1404350 | 1591167..... | 0000701221 | | Cigna HealthCare Mid-Atlantic, Inc..... | MD..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95493..... | 02-0387749 | 1591167..... | 0000701221 | | Cigna HealthCare of New Hampshire, Inc..... | MA..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95500..... | 22-2720890 | 1591167..... | 0000701221 | | Cigna HealthCare of New Jersey, Inc..... | ME..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95121..... | 23-2301807 | 1591167..... | 0000701221 | | Cigna HealthCare of Pennsylvania, Inc..... | PA..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95635..... | 36-3359925 | 1591167..... | 0000701221 | | Cigna HealthCare of St. Louis, Inc..... | MO..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95518..... | 62-1230908 | 1591167..... | 0000701221 | | Cigna HealthCare of Utah, Inc..... | UT..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 96229..... | 58-1641057 | 1591167..... | 0000701221 | | Cigna HealthCare of Georgia, Inc..... | GA..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95383..... | 74-2767437 | 1591167..... | 0000701221 | | Cigna HealthCare of Texas, Inc..... | TX..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95525..... | 35-1679172 | 1591167..... | 0000701221 | | Cigna HealthCare of Indiana, Inc..... | IN..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95488..... | 11-2758941 | 1591167..... | 0000701221 | | Cigna HealthCare of New York, Inc..... | NY..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95606..... | 62-1218053 | 1591167..... | 0000701221 | | Cigna HealthCare of Tennessee, Inc..... | TN..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95132..... | 56-1479515 | 1591167..... | 0000701221 | | Cigna HealthCare of North Carolina, Inc..... | NC..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95708..... | 06-1185590 | 1591167..... | 0000701221 | | Cigna HealthCare of South Carolina, Inc..... | SC..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Temple Insurance Company Limited (Bermuda)..... | BMU..... | IA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 86-3581583 | 1591167..... | 0000701221 | | Arizona Health Plan, Inc..... | AZ..... | NIA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 02-0467679 | 1591167..... | 0000701221 | | Healthsource Properties, Inc..... | NH..... | NIA..... | Healthsource, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Managed Care Consultants, Inc..... | NV..... | NIA..... | Cigna Health Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 02-0515554 | 1591167..... | 0000701221 | | Choicelinx Corporation..... | DE..... | NIA..... | Cigna Health Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 35-1641636 | 1591167..... | 0000701221 | | Sagamore Health Network, Inc..... | IN..... | NIA..... | Cigna Health Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 84-0985843 | 1591167..... | 0000701221 | | Cigna Healthcare Holdings, Inc..... | CO..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 95388..... | 93-1174749 | 1591167..... | 0000701221 | | Great-West Healthcare of Illinois, Inc..... | IL..... | IA..... | Cigna Healthcare Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 02-0495422 | 1591167..... | 0000701221 | | Cigna Healthcare, Inc..... | VT..... | NIA..... | Cigna Healthcare Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | AA-1560515 | 1591167..... | 0000701221 | | Cigna Life Insurance Co. of Canada..... | CA..... | IA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 64548..... | 13-2556568 | 3281743..... | 0000701221 | | Cigna Life Insurance Company of New York..... | NY..... | IA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 62308..... | 06-0303370 | 1591167..... | 0000701221 | | Connecticut General Life Insurance Company..... | CT..... | IA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-5402936 | 1591167..... | 0000701221 | | CARING - Albuquerque, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-0303370 | 1591167..... | 0000701221 | | CG Gillette Ridge, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 74-3091940 | 1591167..... | 0000701221 | | Gillette Ridge Apartments, LLC..... | MD..... | NIA..... | CG Gillette Ridge LLC..... | Ownership..... | 65.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-0303370 | 1591167..... | 0000701221 | | CG Merrick, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 52-2345309 | 1591167..... | 0000701221 | | Merrick Park, LLC..... | DE..... | NIA..... | CG Merrick LLC..... | Ownership..... | 30.000 | General Growth Properties, Inc. (non-affiliate)..... | |
| | Cigna Group..... | | 52-2225244 | 1591167..... | 0000701221 | | Merricak Park Parking, LLC..... | MD..... | NIA..... | CG Merrick LLC..... | Ownership..... | 30.000 | General Growth Properties, Inc. (non-affiliate)..... | |
| | Cigna Group..... | | 20-2542572 | 1591167..... | 0000701221 | | CG Morrison LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Civic Holding, LLC..... | DE..... | NIA..... | CG Morrison LLC..... | Ownership..... | ...85.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 45-3481107 | 1591167.... | 0000701221 | | CG Mystic Center LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Station Landing Holding, LLC..... | DE..... | NIA..... | CG Mystic Center LLC..... | Ownership..... | ...85.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 45-3481241 | 1591167.... | 0000701221 | | CG Mystic Land LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND/CG HOLDING, LLC..... | MA..... | NIA..... | CG Mystic Land LLC..... | Ownership..... | ...50.000 | Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate) | |
| | Cigna Group..... | | 58-2455703 | 1591167.... | 0000701221 | | CG Pinnacle, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Pinnacle Industrial Center, LP..... | TX..... | NIA..... | CG Pinnacle LLC..... | Ownership..... | ...50.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 20-3870049 | 1591167.... | 0000701221 | | CG Skyline, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Skyline ND/CG LLC..... | MA..... | NIA..... | CG Skyline LLC..... | Ownership..... | ...85.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND Mystic Center Note LLC..... | DE..... | NIA..... | Skyline ND/CG LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Skyline Mezzanine Borrower LLC..... | MA..... | NIA..... | Skyline ND/CG LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Skyline at Station Landing LLC..... | MA..... | NIA..... | Skyline Mezzanine Borrower LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 26-0180898 | 1591167.... | 0000701221 | | CareAllies, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Carson Bayport I LP..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...59.400 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG Bayport LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Bayport Colony Apartments LLC..... | FL..... | NIA..... | CG Bayport LLC..... | Ownership..... | ...99.900 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG Shirlington LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Shirlington Apartments LLC..... | DE..... | NIA..... | CG Shirlington LLC..... | Ownership..... | ...60.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG Wheaton LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG-LINA Bayport I LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG-LINA Colonial LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND/CG Colonial LLC..... | MA..... | NIA..... | CG-LINA Colonial LLC..... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | PHF-ND Colonial LLC..... | DE..... | NIA..... | ND/CG Colonial LLC..... | Ownership..... | ...50.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 26-1133516 | 1591167.... | 0000701221 | | CG-LINA Commonwealth LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | UNICO/CG Commonwealth LLC..... | DE..... | NIA..... | CG-LINA Commonwealth LLC..... | Ownership..... | ...80.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Commonwealth Acquisition LLC..... | DE..... | NIA..... | Unico / CG Commonwealth LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 26-1585711 | 1591167.... | 0000701221 | | CG-LINA Jacob Way LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 20-8323494 | 1591167.... | 0000701221 | | CG-LINA Lovejoy LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | UNICO-CG Lovejoy LLC..... | OR..... | NIA..... | CG-LINA Lovejoy, LLC..... | Ownership..... | ...80.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 32-0222252 | 1591167.... | 0000701221 | | Cigan Onsite Health, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CR Longwood Investors L.P..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...24.600 | Charles River Realty Longwood, LLC (non-affiliate) | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND/CR Longwood LLC..... | DE..... | NIA..... | CR Longwood Investors L.P..... | Ownership..... | ...95.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ARE/ND/CR Longwood LLC..... | DE..... | NIA..... | ND / CR Longwood LLC..... | Ownership..... | ...35.000 | RE-MA Region No. 41, LLC (non-affiliate) | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Gillette Ridge Community Council, Inc..... | CT..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 20-3700105 | 1591167.... | 0000701221 | | Gillette Ridge Golf, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | ...60.000 | Cigna Corporation..... | |

53.3

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|---|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | | 52-2149519 | 1591167.... | 0000701221 | | Hazard Center Investment Company LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Secon Properties, LP..... | CA..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 50.000 | South Coast Plaza Associates, LLC (non-affiliate) | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Teal Rock 501 Grant Street GP, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.273 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Teal Rock 501 Grant Street, LP..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 55.710 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-3074013 | 1591167.... | 0000701221 | | TEL-DRUG of Pennsylvania, L.L.C..... | PA..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | AEW/FDG, LP..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CR Washington Investors LP..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND/CR Unicorn LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Union Wharf Apartments LLC..... | MD..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | AMD Apartments Limited Partership..... | TX..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | SP Newport Crossing LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 56.250 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | PUR Arbors Apartment Venture LLC..... | CA..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 35.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | CG Seventh LLC..... | CA..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 35.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Ideal Properties II LLC..... | CA..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 35.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 41-2189110 | 1591167.... | 0000701221 | | CG-LINA Realty Investors LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 80-0668090 | 1591167.... | 0000701221 | | CG-LINA Alessandro II LLC..... | DE..... | NIA..... | CG-LINA Realty Investors, LLC..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 45-2242273 | 1591167.... | 0000701221 | | 115 Sansome Street Associates, LLC..... | DE..... | NIA..... | CG-LINA Realty Investors, LLC..... | Ownership..... | 90.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | 121 Tasman Apartments LLC..... | DE..... | NIA..... | CG-LINA Realty Investors, LLC..... | Ownership..... | 85.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Alto Apartments LLC..... | WA..... | NIA..... | CG-LINA Realty Investors, LLC..... | Ownership..... | 80.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 20-4786821 | 1591167.... | 0000701221 | | CG-LINA Paper Box LLC..... | DE..... | NIA..... | CG-LINA Realty Investors, LLC..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 26-4032640 | 1591167.... | 0000701221 | | CG-LINA 10 Brookline, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | ND/CR 10 Brookline LLC..... | DE..... | NIA..... | CG-LINA 10 Brookline LLC..... | Ownership..... | 50.000 | Cigna Corporation and CR/ND Brookline LLC (non-affiliate) | |
| | Cigna Group..... | | 27-5402196 | 1591167.... | 0000701221 | | Cigna Affiliates Realty Investment Group, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-0303370 | 1591167.... | 0000701221 | | Cigna Dulles Town, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Dulles Town Center Mall, LLC..... | VA..... | NIA..... | Cigna Dulles Town, LLC..... | Ownership..... | 50.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-0268530 | 1591167.... | 0000701221 | | CORAC, LLC..... | DE..... | NIA..... | Connecticut General Life Insurance Company.... | Ownership..... | 50.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-3923999 | 1591167.... | 0000701221 | | Bridgepoint Office Park Associates, LLC..... | DE..... | NIA..... | Corac, LLC..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-3126102 | 1591167.... | 0000701221 | | Fairway Center Associates, LLC..... | DE..... | NIA..... | Corac, LLC..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-3582688 | 1591167.... | 0000701221 | | Henry on the Park Associates, LLC..... | DE..... | NIA..... | Corac, LLC..... | Ownership..... | 80.000 | Cigna Corporation..... | |
| | Cigna Group..... | 67369 | 59-1031071 | 1591167.... | 0000701221 | | Cigna Health and Life Insurance Company..... | CT..... | IA..... | Connecticut General Life Insurance Company.... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 45-2681649 | 1591167.... | 0000701221 | | CarePlexus, LLC..... | DE..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-3396038 | 1591167.... | 0000701221 | | Cigna Corporate Services, LLC..... | DE..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 27-1903785 | 1591167.... | 0000701221 | | Cigna Insurance Agency, LLC..... | CT..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 34-1970892 | | | | Ceres Sales of Ohio, LLC..... | OH..... | NIA..... | Cigna Health and Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 88366 | 59-2760189 | | | | American Retirement Life Insurance Company..... | OH..... | | Loyal American Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |

53.4

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|--|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | 61727..... | 34-0970995 | | | | Central Reserve Life Insurance Company..... | OH..... | IA..... | Cigna Health and Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 65722..... | 63-0343428 | | | | Loyal American Life Insurance Company..... | OH..... | 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..... | IA..... | Central Reserve Life Insurance Company..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 65269..... | 75-2305400 | | | | United Benefit Life Insurance Company..... | OH..... | IA..... | Provident American Life and Health Insurance Company | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-1728483 | 1591167.... | 0000701221 | | Cigna Health Management, Inc..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 20-8064696 | 1591167.... | 0000701221 | | Kronos Optimal Health Company..... | AZ..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 65498..... | 23-1503749 | 1591167.... | 0000701221 | | Life Insurance Company of North America..... | PA..... | IA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Cigna & CMC Life Insurance Company Limited (China) (50%) | CHN..... | IA..... | Life Insurance Company of North America..... | Ownership..... | 50.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | LINA Life Insurance Company of Korea..... | KOR..... | IA..... | Life Insurance Company of North America..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 58-1136865 | 1591167.... | 0000701221 | | Cigna Direct Marketing Company, Inc. | DE..... | NIA..... | Life Insurance Company of North America..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 46-0427127 | 1591167.... | 0000701221 | | Tel-Drug, Inc..... | SD..... | IA..... | Connecticut General Life Insurance Company... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vielife Holdings Limited (United Kingdom)..... | GBR..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vielife Limited (United Kingdom)..... | GBR..... | NIA..... | Vielife Holdings Limited..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 98-0463704 | 1591167.... | 0000701221 | | Vielife Services, Inc. | DE..... | NIA..... | Vielife Limited..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Businesshealth UK Limited..... | GBR..... | NIA..... | Vielife Holdings Limited..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1332403 | 1591167.... | 0000701221 | | CG Individual Tax Benefits Payments, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1332405 | 1591167.... | 0000701221 | | CG Life Pension Benefits Payments, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 62-1724116 | 1591167.... | 0000701221 | | Cigna Federal Benefits, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-2741293 | 1591167.... | 0000701221 | | Cigna Healthcare Benefits, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-2924152 | 1591167.... | 0000701221 | | Cigna Integratedcare, Inc..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-2741294 | 1591167.... | 0000701221 | | Cigna Managed Care Benefits Company..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1071502 | 1591167.... | 0000701221 | | Cigna RE Corporation..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1522976 | 1591167.... | 0000701221 | | Blodget & Hazard Limited..... | GBR..... | NIA..... | Cigna Re Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1567902 | 1591167.... | 0000701221 | | Cigna Resource Manager, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1252419 | 1591167.... | 0000701221 | | Connecticut General Benefit Payments, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1533555 | 1591167.... | 0000701221 | | Healthsource Benefits, Inc. | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 35-2041388 | 1591167.... | 0000701221 | | IHN, Inc..... | IN..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 06-1252418 | 1591167.... | 0000701221 | | LINA Benefit Payments, Inc..... | DE..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 88-0334401 | 1591167.... | 0000701221 | | Mediversal, Inc. | NV..... | NIA..... | Connecticut General Corporation..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 88-0344624 | 1591167.... | 0000701221 | | Universal Claims Administration..... | MT..... | NIA..... | Mediversal, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 51-0389196 | 1591167.... | 0000701221 | | Cigna Global Holdings, Inc..... | DE..... | NIA..... | Cigna Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 51-0111677 | 1591167.... | 0000701221 | | Cigna International Corporation, Inc..... | DE..... | NIA..... | Cigna Global Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-2610178 | 1591167.... | 0000701221 | | Cigna International Services..... | DE..... | NIA..... | Cigna Global Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 30-3087621 | 1591167.... | 0000701221 | | Cigna International Marketing (Thailand) Limited... | THA..... | NIA..... | Cigna Global Holdings, Inc..... | Ownership..... | 100.000 | Cigna Corporation..... | |

53.5

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|---|----------------------|----------------------------------|--|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | CGO PARTICIPATOS LTDA..... | BRA..... | NIA..... | Cigna Global Holdings, Inc..... | Ownership..... | ...99.780 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | YCFM Servicios LTDA..... | BRA..... | NIA..... | Cigna Global Holdings, Inc..... | Ownership..... | ...59.930 | Cigna Corporation..... | |
| | Cigna Group..... | | 98-0210110 | 1591167..... | 0000701221 | | Cigna Global Reinsurance Company, Ltd. (Bermuda) | BMU..... | IA..... | Cigna Global Holdings, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 23-3009279 | 1591167..... | 0000701221 | | Cigna Holdings Overseas, Inc..... | DE..... | NIA..... | Cigna Global Reinsurance Company, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Bellevue Alpha LLC..... | DE..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Hayat Sigorta, A.S..... | TUR..... | IA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.999 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Nederland Alpha Cooperatief U.A..... | NLD..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.999 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Nederland Beta B.V..... | NLD..... | NIA..... | Cigna Nederland Alpha Cooperatief U.A..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Nederland Gamma B.V..... | NLD..... | NIA..... | Cigna Nederland Beta B.V..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | AA-1240009 | 1591167..... | 0000701221 | | Cigna Life Insurance Co. of Europe S.A.-N.V..... | BEL..... | IA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.999 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Europe Insurance Company S.A.-N.V..... | BEL..... | IA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.999 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna European Services (UK) Limited..... | GBR..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | CIGNA 2000 UK Pension LTD..... | GBR..... | NIA..... | Cigna European Services (UK) Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Health Solution India Pvt. Ltd..... | IND..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.999 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna International Services Australia Pty Ltd..... | AUS..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Apac Holdings Limited (New Zealand)..... | NZL..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Life Insurance New Zealand Limited (New Zealand) | NZL..... | IA..... | Cigna Apac Holdings Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Taiwan Life Assurance Company Limited | TWN..... | IA..... | Cigna Apac Holdings Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Taiwan Life Insurance Company Limited (New Zealand) | NZL..... | IA..... | Cigna Apac Holdings Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Hong Kong Holdings Company Limited..... | HKG..... | NIA..... | Cigna Apac Holdings Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Data Services (Shangai) Company Limited (China) | CHN..... | NIA..... | Cigna Hong Kong Holdings Company Limited.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna HLA Technology Services Limited (Hong Kong) | HKG..... | NIA..... | Cigna Hong Kong Holdings Company Limited.... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Worldwide General Insurance Company Limited | HKG..... | IA..... | Cigna Hong Kong Holdings Company Limited.... | Ownership..... | ...97.500 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Worldwide Life Insurance Company Limited. | HKG..... | IA..... | Cigna Hong Kong Holdings Company Limited.... | Ownership..... | ...97.500 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | PT GAR Indonesia..... | IDN..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.160 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | PT PGU Indonesia..... | IDN..... | NIA..... | PT GAR Indonesia..... | Ownership..... | ...99.990 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | RHP (Thailand) Limited..... | THA..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...49.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Brokerage Services (Thailand) Limited..... | THA..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...25.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | Cigna Non-Life Insurance Brokerage (Thailand) Limited | THA..... | NIA..... | RHP Thailand Limited..... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167..... | 0000701221 | | KDM (Thailand) Limited (Thailand)..... | THA..... | NIA..... | RHP Thailand Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |

53.6

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
|------------|------------------|-------------------|-------------------|--------------|------------|--|--|----------------------|----------------------------------|---|--|--|--|----|
| Group Code | Group Name | NAIC Company Code | Federal ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | * |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Cigna Insurance Public Company Limited..... | THA..... | IA..... | KDM Thailand Limited..... | Ownership..... | ...75.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Cigna Global Insurance Company Limited (Guernsey) | GGY..... | IA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vanbreda International NV (Brussels)..... | BEL..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...99.990 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vanbreda International Sdn. Bhd. (Malaysia)..... | MYS..... | NIA..... | Vanbreda International N.V..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China) | CHN..... | NIA..... | Vanbreda International N.V..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vanbreda International, LLC (FL)..... | FL..... | NIA..... | Vanbreda International N.V..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Vanbreda International (Dubai) Limited (United Arab Emirates) | ARE..... | NIA..... | Vanbreda International N.V..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | 90859 | 23-2088429 | 1591167.... | 0000701221 | | Cigna Worldwide Insurance Company..... | DE..... | IA..... | Cigna Global Reinsurance Company, Ltd..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | AA-5360003 | 1591167.... | 0000701221 | | PT. Asuransi Cigna (Indonesia) (80%)..... | IDN..... | IA..... | Cigna Worldwide Insurance Company..... | Ownership..... | ...80.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | FirstAssist Group Holdings Limited (UK)..... | GBR..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | FirstAssist Group Limited (UK)..... | GBR..... | NIA..... | FirstAssist Group Holdings Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | FirstAssist Administration Limited (UK)..... | GBR..... | NIA..... | Cigna Holdings Overseas, Inc..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | Brighter Business Limited (UK)..... | GBR..... | NIA..... | FirstAssist Group Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | FirstAssist Legal Protection Limited (UK)..... | GBR..... | IA..... | FirstAssist Group Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | 1591167.... | 0000701221 | | FirstAssist Insurance Services Limited (UK)..... | GBR..... | IA..... | FirstAssist Group Limited..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | | | | Market Street Residential Holdings LLC..... | DE..... | NIA..... | Cigna Affiliates Reality Investment Group LLC.. | Ownership..... | ...85.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | | | | Arborpoint at Market Street LLC..... | DE..... | NIA..... | Market Street Residential Holdings LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | | | | Market Street Retail Holdings LLC..... | DE..... | NIA..... | Cigna Affiliates Reality Investment Group LLC.. | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | | | | Market Street South LLC..... | DE..... | NIA..... | Market Street Retail Holdings LLC..... | Ownership..... | ...100.000 | Cigna Corporation..... | |
| | Cigna Group..... | | 00-0000000 | | | | Diamondview Tower CM-CG LLC..... | DE..... | NIA..... | Cigna Affiliates Reality Investment Group LLC.. | Ownership..... | ...90.000 | Cigna Corporation..... | |

53.7

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|--------------------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|----|--|-----------------|---|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| Affiliated Transactions | | | | | | | | | | | | |
| | 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 | |
| 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) | |
| | 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) | |
| 47041 | 52-1220578 | Cigna Dental Health Of Pennsylvania, Inc. | (1,486,995) | | | | (602,700) | | | | (2,089,695) | |
| 95037 | 59-2676977 | Cigna Dental Health Of Texas, Inc. | (7,472,889) | | | | (3,627,626) | | | | (11,100,515) | |
| 52617 | 52-2188914 | Cigna Dental Health Of Virginia, Inc. | (1,100,000) | | | | (704,012) | | | | (1,804,012) | |
| 47013 | 86-0807222 | Cigna Dental Health Plan Of Arizona, Inc. | (3,400,000) | | | | (103,815) | | | | (3,503,815) | |
| 48119 | 59-2740468 | Cigna Dental Health Of Maryland, Inc. | (2,800,000) | | | | (1,319,827) | | | | (4,119,827) | |
| 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) | |
| 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) | |
| 95220 | 02-0402111 | Cigna HealthCare of Massachusetts, Inc. | (1,400,000) | | | | 9,318 | (71) | | | (1,390,753) | 64 |
| 95599 | 52-1404350 | Cigna HealthCare Mid-Atlantic, Inc. | (2,500,000) | | | | (15,539) | - | | | (2,515,539) | |
| 95493 | 02-0387749 | Cigna HealthCare of New Hampshire, Inc. | (500,000) | | | | 30,767 | - | | | (469,233) | |
| 95500 | 22-2720890 | Cigna HealthCare of New Jersey, Inc. | - | | | | (44,292) | (39,410) | | | (83,702) | 35,590 |
| 95121 | 23-2301807 | Cigna HealthCare of Pennsylvania, Inc. | - | | | | (16,062) | - | | | (16,062) | |
| 95635 | 36-3359925 | Cigna HealthCare of St. Louis, Inc. | (2,000,000) | | | | (769,533) | (99,942) | | | (2,869,475) | 15,113 |
| 95518 | 62-1230908 | Cigna HealthCare of Utah, Inc. | - | | | | 12,763 | - | | | 12,763 | |
| 96229 | 58-1641057 | Cigna HealthCare of Georgia, Inc. | - | | | | (850,021) | 170,755 | | | (679,266) | 79,605 |
| 95383 | 74-2767437 | Cigna HealthCare of Texas, Inc. | (3,000,000) | | | | (11,071,786) | (338,548) | | | (14,410,334) | 1,456,330 |
| 95525 | 35-1679172 | Cigna HealthCare of Indiana, Inc. | (500,000) | | | | (194,637) | (10,930) | | | (705,567) | 9,870 |
| 95488 | 11-2758941 | Cigna HealthCare of New York, Inc. | - | | | (170,500) | (37,955) | - | | | (208,455) | |
| 95606 | 62-1218053 | Cigna HealthCare of Tennessee, Inc. | (3,000,000) | | | | (7,301,281) | 770,210 | | | (9,531,071) | 928,605 |
| 95132 | 56-1479515 | Cigna HealthCare of North Carolina, Inc. | (5,000,000) | | | | (4,599,772) | (192,452) | | | (9,792,224) | 512,033 |
| 95708 | 06-1185590 | Cigna HealthCare of South Carolina, Inc. | (1,000,000) | | | | (258,500) | (17,844) | | | (1,276,344) | 16,114 |
| | 00-0000000 | Temple Insurance Company Limited (Bermuda) | | | | | (43,525) | | | | (43,525) | |
| | 35-1641636 | Sagamore Health Network, Inc. | | | | | 1,146,753 | | | | 1,146,753 | |
| 95388 | 93-1174749 | Great-West Healthcare of Illinois, Inc. | | | | | (702) | | | | (702) | |
| | AA-1560515 | Cigna Life Insurance Co. of Canada | (2,000,000) | | | | (11,316,857) | (484,833) | | | (13,801,690) | |
| 64548 | 13-2556568 | Cigna Life Insurance Company of New York | (25,000,000) | | | | (872,263) | (9,215,731) | | | (35,087,994) | 136,150,842 |
| 62308 | 06-0303370 | Connecticut General Life Insurance Company | (1,054,000,000) | 16,894,557 | | | (107,142,377) | (1,497,449) | | | (1,145,745,269) | (2,763,196,541) |
| | 32-0222252 | Cigna Onsite Health, LLC | | 5,000,000 | | | 5,053,453 | | | | 10,053,453 | |
| | 23-3074013 | TEL-DRUG of Pennsylvania, L.L.C. | | | | | (44,227) | | | | (44,227) | |
| | 27-5402196 | Cigna Affiliates Realty Investment Group, LLC | | 150,455,547 | | | | | | | 150,455,547 | |
| | 27-0268530 | CORAC, LLC | | (748,442) | | | | | | | (748,442) | |
| 67369 | 59-1031071 | Cigna Health and Life Insurance Company | | 176,075,679 | | | (37,580,300) | (2,433,663) | | | 136,061,716 | (3,946,933) |
| | 23-1728483 | Cigna Health Management, Inc. | (10,000,000) | | | | 152,918,081 | | | | 142,918,081 | |
| | 20-8064696 | Kronos Optimal Health Company | | | | | 7,846,145 | | | | 7,846,145 | |

54.1

SCHEDULE Y

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|---------------|---|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
| 65498 | 23-1503749 | Life Insurance Company of North America | (175,000,000) | (35,810,341) | | | (18,865,942) | (109,979,021) | | | (339,655,304) | 1,116,651,803 |
| | 46-0427127 | Tel-Drug, Inc. | (36,000,000) | | | | (18,954) | | | | (36,018,954) | |
| | 00-0000000 | Vielife Holdings Limited (United Kingdom) | | 2,300,000 | | | | | | | 2,300,000 | |
| | 35-2041388 | IHN, Inc. | | | | | (3,510) | | | | (3,510) | |
| | 51-0389196 | Cigna Global Holdings, Inc. | | 96,588,380 | | | | | | | 96,588,380 | |
| | 51-0111677 | Cigna International Corporation, Inc. | | | | | (3,159,000) | | | | (3,159,000) | |
| 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) |

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 |
|--|-----|

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? | NO |
| 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? | YES |
| 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? | NO |
| 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? | NO |
| 44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? | YES |
| 45. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? | YES |
| 46. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | 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 |
|--|----|















SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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27.



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33. Not applicable



34.



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36.



37. Not applicable



38. Not applicable



39. Not applicable



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