



QUARTERLY STATEMENT

As of September 30, 2013
of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730 (Current Period) (Prior Period)	NAIC Company Code..... 62375	Employer's ID Number..... 21-0706531
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... October 3, 1955	Commenced Business..... October 3, 1955	
Statutory Home Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland OH US 44115-1355 (Street and Number) (City or Town, State, Country and Zip Code)	216-687-7000 (Area Code) (Telephone Number)
Internet Web Site Address	www.ConsumersLife.com	
Statutory Statement Contact	Sharon Matonis (Name) Sharon.Matonis@medmutual.com (E-Mail Address)	216-687-6049 (Area Code) (Telephone Number) (Extension) 216-360-4073 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President	2. Patrick Joseph Dugan	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

Jared Paul Chaney	Richard Alan Chiricosta	Patrick Joseph Dugan	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio
County of..... Cuyahoga

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)	(Signature)	(Signature)
Richard Alan Chiricosta	Patrick Joseph Dugan	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me This _____ day of _____	a. Is this an original filing? b. If no: 1. State the amendment number 2. Date filed 3. Number of pages attached	Yes [X] No [] _____ _____ _____
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ASSETS

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1. Bonds.....	15,234,803		15,234,803	16,084,903
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....7,766,503), cash equivalents (\$.....0) and short-term investments (\$.....5,101,199).....	12,867,702		12,867,702	9,235,629
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	28,102,505	.0	28,102,505	25,320,532
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	173,145		173,145	224,934
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,847,245	383	2,846,862	3,086,394
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	7,406,572		7,406,572	7,432,432
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....	632,224		632,224	62,174
18.1 Current federal and foreign income tax recoverable and interest thereon.....	185,890		185,890	183,400
18.2 Net deferred tax asset.....	625,000	625,000	.0	
19. Guaranty funds receivable or on deposit.....	1,345,928		1,345,928	1,344,822
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	97,504	97,504	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	2,230,647		2,230,647	172,048
24. Health care (\$.....1,140,443) and other amounts receivable.....	1,439,782	299,339	1,140,443	59,654
25. Aggregate write-ins for other than invested assets.....	1,038,114	169,201	868,913	866,280
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	46,124,556	1,191,427	44,933,129	38,752,670
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	46,124,556	1,191,427	44,933,129	38,752,670

DETAILS OF WRITE-INS

1101. ....			.0	
1102. ....			.0	
1103. ....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Prepaid Assets.....	134,760	134,760	.0	
2502. Other Assets.....	29,000	29,000	.0	
2503. State Tax Recoverables.....	868,913		868,913	866,280
2598. Summary of remaining write-ins for Line 25 from overflow page.....	5,441	5,441	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	1,038,114	169,201	868,913	866,280

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....1,480,000 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	1,480,000	1,443,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	2,296,000	3,430,000
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life.....	3,921,379	3,595,921
4.2 Accident and health.....	2,490,000	2,419,600
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$....2,109,204 accident and health premiums.....	2,517,213	2,660,946
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	3,783,588	1,410,562
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$....5,924,803 ceded.....	5,924,803	6,633,505
9.4 Interest Maintenance Reserve.....	271	1,085
10. Commissions to agents due or accrued - life and annuity contracts \$....99,093, accident and health \$....864,821 and deposit-type contract funds \$.....0.....	963,914	1,211,033
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued.....	280,351	403,567
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	2,955,858	2,561,706
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....	6,603	3,272
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....	15,844	9,387
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	25,495	20,771
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	26,661,319	25,804,355
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....	26,661,319	25,804,355
29. Common capital stock.....	1,600,000	1,600,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus.....	35,925,250	30,925,250
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(19,253,440)	(19,576,935)
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	16,671,810	11,348,315
38. Totals of Lines 29, 30 and 37.....	18,271,810	12,948,315
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	44,933,129	38,752,670

DETAILS OF WRITE-INS

2501.		
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	49,365,590	46,674,770	63,020,042
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	197,413	301,233	364,417
4. Amortization of Interest Maintenance Reserve (IMR).....	814	2,141	2,855
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....	2,020,000	0	0
9. Totals (Lines 1 to 8.3).....	51,583,817	46,978,144	63,387,314
10. Death benefits.....	10,795,158	11,767,788	15,718,020
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	19,269,109	14,780,630	21,633,700
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	(1,097,000)	857,000	2,450,500
20. Totals (Lines 10 to 19).....	28,967,267	27,405,418	39,802,220
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	9,619,671	9,405,807	12,997,300
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	9,952,265	10,105,086	13,944,011
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	2,181,954	1,365,308	1,844,557
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	470,991	37,711	57,730
28. Totals (Lines 20 to 27).....	51,192,148	48,319,330	68,645,818
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	391,669	(1,341,186)	(5,258,504)
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	391,669	(1,341,186)	(5,258,504)
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	285,510		(343,400)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	106,159	(1,341,186)	(4,915,104)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.0 (excluding taxes of \$.0 transferred to the IMR).....			
35. Net income (Line 33 plus Line 34).....	106,159	(1,341,186)	(4,915,104)
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year.....	12,948,315	18,347,661	18,347,661
37. Net income (Line 35).....	106,159	(1,341,186)	(4,915,104)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....		(305,000)	(423,000)
41. Change in nonadmitted assets.....	222,060	175,107	105,409
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	(4,724)	(5,167)	(6,651)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			(160,000)
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....	5,000,000		
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....			
53. Aggregate write-ins for gains and losses in surplus.....	0	0	0
54. Net change in capital and surplus (Lines 37 through 53).....	5,323,495	(1,476,246)	(5,399,346)
55. Capital and surplus as of statement date (Lines 36 + 54).....	18,271,810	16,871,415	12,948,315
DETAILS OF WRITE-INS			
08.301. Other Income.....	2,020,000		
08.302.			
08.303.			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	2,020,000	0	0
2701. Other Expense.....	470,991	37,711	57,730
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	470,991	37,711	57,730
5301.			
5302.			
5303.			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

Consumers Life Insurance Company
CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	51,834,090	46,314,843	62,557,845
2. Net investment income.....	515,328	549,484	668,108
3. Miscellaneous income.....			
4. Total (Lines 1 through 3).....	52,349,418	46,864,327	63,225,953
5. Benefit and loss related payments.....	30,351,251	23,518,167	35,027,681
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	22,772,220	21,060,842	27,569,377
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$0 tax on capital gains (losses).....			
10. Total (Lines 5 through 9).....	53,123,471	44,579,009	62,597,058
11. Net cash from operations (Line 4 minus Line 10).....	(774,053)	2,285,318	628,895
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	775,000	1,000,000	3,000,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	775,000	1,000,000	3,000,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	191,025	100,395	1,668,493
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	191,025	100,395	1,668,493
14. Net increase (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	583,975	899,605	1,331,507
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....	5,000,000		
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	(1,177,849)	(1,344,415)	(1,460,000)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	3,822,151	(1,344,415)	(1,460,000)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	3,632,073	1,840,508	500,402
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	9,235,629	8,735,227	8,735,227
19.2 End of period (Line 18 plus Line 19.1).....	12,867,702	10,575,735	9,235,629

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001			
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EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	211,602	161,849	224,047
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	16,833,235	16,504,729	22,102,547
6. Group annuities.....			
7. A&H - group.....	82,446,626	70,719,165	99,008,882
8. A&H - credit (group and individual).....			
9. A&H - other.....	7,869,995	6,760,024	9,207,977
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal.....	107,361,458	94,145,767	130,543,453
12. Deposit-type contracts.....			
13. Total.....	107,361,458	94,145,767	130,543,453

DETAILS OF WRITE-INS

1001.			
1002.			
1003.			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

NOTES TO FINANCIAL STATEMENTS

Note 1 - Summary of Significant Accounting Policies

A. Basis of Presentation

Consumers Life Insurance Company (the Company) is a stock life insurance company, wholly-owned by Medical Mutual of Ohio (MMO and Parent), a mutual casualty insurance organization. The Company is licensed to sell life and accident and health insurance in 34 states and the District of Columbia.

The accompanying financial statements of the Company have been prepared in conformity with the National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures Manual, as prescribed by the Ohio Department of Insurance (ODI). No permitted practices have been utilized in the preparation of these statements.

Note 2 - Accounting Changes and Corrections of Errors

No significant change.

Note 3 - Business Combinations and Goodwill

No significant change.

Note 4 - Discontinued Operations

At the end of June 2013, we announced our decision to exit the individual and group medical insurance business in the states of Georgia, Pennsylvania, West Virginia and Wisconsin and entered into an agreement with United Healthcare Services, Inc. to provide marketing assistance as they offer a renewal option for our customers in certain of these states.

Note 5 - Investments

D. Loan-Backed Securities

- (1) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from broker dealer survey values or internal estimates.
- (2) Not applicable.
- (3) Not applicable.
- (4) No loan backed securities held by the Company are considered impaired.
- (5) Not applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

- (3)b Not applicable.

Note 6 - Joint Ventures, Partnerships and Limited Liability Companies

No significant change.

Note 7 - Investment Income

No significant change.

Note 8 - Derivative Instruments

No significant change.

Note 9 - Income Taxes

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

Effective February 1, 2006, the Company entered into a quota share reinsurance agreement with its parent, Medical Mutual of Ohio, to cede 80% of CLIC’s health business written from that date. CLIC retains an expense allowance annually pursuant to the agreement. Under this agreement, the Company assumed \$54,542,000 in premiums and \$65,783,000 in claims during the first nine months of 2013.

During the first nine months of 2013, commission expense includes \$3,409,000 of net commissions paid to and retained by wholesale insurance agencies that are affiliates of the Company. For the comparable period in 2012, these commissions amounted to \$3,527,000, and for the year ended December 31, 2012, these commissions amounted to \$4,815,000.

In March 2013, the Company received a \$5,000,000 capital contribution from MMO.

Note 11 - Debt

No significant change.

Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

(6) Not applicable

Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations

In March 2013, the Company received a \$5,000,000 capital contribution from MMO.

Note 14 - Contingencies

No significant change.

Note 15 - Leases

No significant change.

Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

No significant change.

Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

B. Transfer and Servicing of Financial Assets

- (2b) Not applicable.
- (4a) Not applicable.
- (4b) Not applicable.

C. The Company has executed no wash sales through September 30, 2013.

Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 20 - Fair Value

Note 20A

The Company has no assets or liabilities that are reported at fair value as of September 30, 2013.

Note 20C

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 15,648,080	\$15,234,803	-	\$15,648,080	-	-

Note 21 - Other Items

No significant change.

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

During 2012, the Company entered into agreements with certain group life and accidental death & dismemberment customers, whereby premium surpluses that exist at the conclusion of an experience period will be refunded. The Company has recorded a provision for experience rating refunds of \$3,783,600, which represents the surplus balance related to these agreements at September 30, 2013.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid health claims and claims adjustment expenses as of December 31, 2012 were \$2.5 million. As of September 30, 2013, \$2.4 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are negligible as a result of the re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0.1 million favorable development since December 31, 2012. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

Note 26 - Intercompany Pooling Arrangements

No significant change.

Note 27 - Structured Settlements

No significant change.

NOTES TO FINANCIAL STATEMENTS

Note 28 - Health Care Receivables

Effective January 1, 2013, the Company amended its existing pharmacy benefit management services agreement with Express Scripts, Inc. (ESI) which included a change in the timing of pharmaceutical rebate payments. Previously, the Company carried immaterial rebate receivable balances, all of which were nonadmitted under SSAP No. 84, Certain Health Care Receivables and Receivables Under Government Insured Plans. Beginning in 2013, all rebates will be paid to the Company in arrears resulting in admitted and nonadmitted receivable balances, also in accordance with SSAP No. 84. Pharmaceutical rebate payments received from ESI are based on the guaranteed rebate minimums set forth in the management services agreement. Because of this methodology, a true-up of the actual rebates received by ESI from the pharmaceutical companies will be made in mid-2014. Any difference between the guaranteed minimums paid and the actual rebates earned will be reported to and, if necessary, settled with the Company in mid-2014.

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
9/30/2013	762,000				
6/30/2013	720,000	835,605	60,271		
3/31/2013	690,000	845,199	845,199		

Note 29 - Participating Policies

No significant change.

Note 30 - Premium Deficiency Reserves

No significant change.

Note 31 - Reserves for Life Contracts and Annuity Contracts

No significant change.

Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics

No significant change.

Note 33 - Premiums and Annuity Considerations Deferred and Uncollected

No significant change.

Note 34 - Separate Accounts

No significant change.

Note 35 - Loss/Claim Adjustment Expenses

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [☐] No [☒ X]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [☐] No [☐]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [☐] No [☒ X]
- 2.2

If yes, date of change:

.....
- 3.1

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [☐] No [☒ X]
- 3.2

If the response to 3.1 is yes, provide a brief description of those changes.

- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [☐] No [☒ X]
- 4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?
If yes, attach an explanation.

Yes [☐] No [☐] N/A [☒ X]
-
-

- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2009.....
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2009.....
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

3/2/2011.....
- 6.4

By what department or departments?
OHIO DEPARTMENT OF INSURANCE

- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [☐] No [☐] N/A [☒ X]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [☐] No [☐] N/A [☒ X]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [☐] No [☒ X]
- 7.2

If yes, give full information:

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [☐] No [☒ X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [☐] No [☒ X]
- 8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
(c) Compliance with applicable governmental laws, rules and regulations;
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
(e) Accountability for adherence to the code.

Yes [☒ X] No [☐]
- 9.11

If the response to 9.1 is No, please explain:

- 9.2

Has the code of ethics for senior managers been amended?

Yes [☒ X] No [☐]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
Sections added regarding unlawful harrassment, political activities, social media guidelines and records management. Other sections amended for clarification.

- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐] No [☒ X]
- 9.31

If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [☒ X] No [☐]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount:

\$.....2,230,440

Consumers Life Insurance Company

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.0

13. Amount of real estate and mortgages held in short-term investments: \$.0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

14.2 If yes, please complete the following:

	1	2
	Prior Year-End	Current Quarter
	Book/Adjusted Carrying Value	Book/Adjusted Carrying Value
14.21 Bonds.....	\$0	\$0
14.22 Preferred Stock.....	\$0	\$0
14.23 Common Stock.....	\$0	\$0
14.24 Short-Term Investments.....	\$0	\$0
14.25 Mortgage Loans on Real Estate.....	\$0	\$0
14.26 All Other.....	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$0	\$0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.0

16.3 Total payable for securities lending reporting on the liability page: \$.0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OH 45263

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1	2	3
Name(s)	Location(s)	Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [] No [X]

17.4 If yes, give full and complete information relating thereto:

1	2	3	4
Old Custodian	New Custodian	Date of Change	Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

18.2 If no, list exceptions:

Consumers Life Insurance Company

GENERAL INTERROGATORIES (continued)

PART 2 - LIFE & HEALTH

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1 Long-term mortgages in good standing

1.11 Farm mortgages..... \$.....

1.12 Residential mortgages..... \$.....

1.13 Commercial mortgages..... \$.....

1.14 Total mortgages in good standing..... \$.....0

1.2 Long-term mortgages in good standing with restructured terms

1.21 Total mortgages in good standing with restructured terms..... \$.....

1.3 Long-term mortgage loans upon which interest is overdue more than three months

1.31 Farm mortgages..... \$.....

1.32 Residential mortgages..... \$.....

1.33 Commercial mortgages..... \$.....

1.34 Total mortgages with interest overdue more than three months..... \$.....0

1.4 Long-term mortgage loans in process of foreclosure

1.41 Farm mortgages..... \$.....

1.42 Residential mortgages..... \$.....

1.43 Commercial mortgages..... \$.....

1.44 Total mortgages in process of foreclosure..... \$.....0

1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2)

\$.....0

1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter

1.61 Farm mortgages..... \$.....

1.62 Residential mortgages..... \$.....

1.63 Commercial mortgages..... \$.....

1.64 Total mortgages foreclosed and transferred to real estate..... \$.....0

2. Operating Percentages:

2.1 A&H loss percent.....

2.2 A&H cost containment percent.....

2.3 A&H expense percent excluding cost containment expenses.....

.....63.6

.....7.1

.....44.4

3.1 Do you act as a custodian for health savings accounts?.....

Yes [] No [X]

3.2 If yes, please provide the amount of custodial funds held as of the reporting date.....

\$.....

3.3 Do you act as an administrator for health savings accounts?.....

Yes [] No [X]

3.4 If yes, please provide the balance of the funds administered as of the reporting date.....

\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (YES or NO)
------------------------------	------------------------------	------------------------	------------------------	-------------------------------	--------------------------------------	---

NONE

Consumers Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Current Year to Date - Allocated by States and Territories

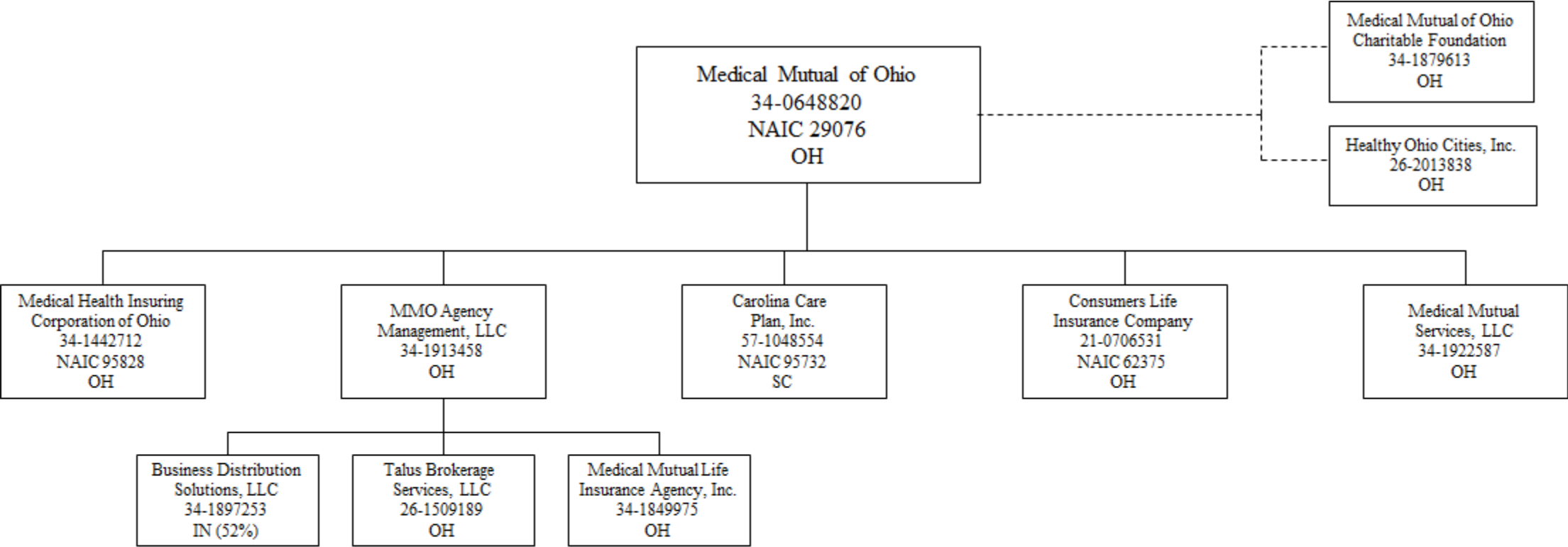
States, Etc.		1	Direct Business Only					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL.....N.....					.....0	
2.	Alaska.....	AK.....N.....					.....0	
3.	Arizona.....	AZ.....L.....					.....0	
4.	Arkansas.....	AR.....L.....					.....0	
5.	California.....	CA.....N.....					.....0	
6.	Colorado.....	CO.....L.....					.....0	
7.	Connecticut.....	CT.....N.....					.....0	
8.	Delaware.....	DE.....L.....					.....0	
9.	District of Columbia.....	DC.....L.....					.....0	
10.	Florida.....	FL.....N.....					.....0	
11.	Georgia.....	GA.....L.....	.....263,031		.....82,997,633		.....83,260,664	
12.	Hawaii.....	HI.....N.....					.....0	
13.	Idaho.....	ID.....N.....					.....0	
14.	Illinois.....	IL.....L.....					.....0	
15.	Indiana.....	IN.....L.....	.....434,162		.....63,811		.....497,973	
16.	Iowa.....	IA.....L.....					.....0	
17.	Kansas.....	KS.....L.....					.....0	
18.	Kentucky.....	KY.....L.....					.....0	
19.	Louisiana.....	LA.....L.....					.....0	
20.	Maine.....	ME.....N.....					.....0	
21.	Maryland.....	MD.....L.....					.....0	
22.	Massachusetts.....	MA.....N.....					.....0	
23.	Michigan.....	MI.....L.....	.....564,729				.....564,729	
24.	Minnesota.....	MN.....L.....					.....0	
25.	Mississippi.....	MS.....L.....					.....0	
26.	Missouri.....	MO.....L.....					.....0	
27.	Montana.....	MT.....L.....					.....0	
28.	Nebraska.....	NE.....L.....					.....0	
29.	Nevada.....	NV.....L.....					.....0	
30.	New Hampshire.....	NH.....N.....					.....0	
31.	New Jersey.....	NJ.....L.....					.....0	
32.	New Mexico.....	NM.....L.....					.....0	
33.	New York.....	NY.....N.....					.....0	
34.	North Carolina.....	NC.....N.....					.....0	
35.	North Dakota.....	ND.....L.....					.....0	
36.	Ohio.....	OH.....L.....	.....15,179,761		.....5,647,773		.....20,827,534	
37.	Oklahoma.....	OK.....L.....					.....0	
38.	Oregon.....	OR.....L.....					.....0	
39.	Pennsylvania.....	PA.....L.....	.....1,008		.....10,011		.....11,019	
40.	Rhode Island.....	RI.....N.....					.....0	
41.	South Carolina.....	SC.....L.....	.....550,355		.....608,058		.....1,158,413	
42.	South Dakota.....	SD.....L.....					.....0	
43.	Tennessee.....	TN.....N.....					.....0	
44.	Texas.....	TX.....L.....					.....0	
45.	Utah.....	UT.....L.....					.....0	
46.	Vermont.....	VT.....N.....					.....0	
47.	Virginia.....	VA.....L.....					.....0	
48.	Washington.....	WA.....N.....					.....0	
49.	West Virginia.....	WV.....L.....	.....8,207		.....889,186		.....897,393	
50.	Wisconsin.....	WI.....L.....					.....0	
51.	Wyoming.....	WY.....L.....					.....0	
52.	American Samoa.....	AS.....N.....					.....0	
53.	Guam.....	GU.....N.....					.....0	
54.	Puerto Rico.....	PR.....N.....					.....0	
55.	US Virgin Islands.....	VI.....N.....					.....0	
56.	Northern Mariana Islands.....	MP.....N.....					.....0	
57.	Canada.....	CAN.....N.....					.....0	
58.	Aggregate Other Alien.....	OT.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
59.	Subtotal.....	(a).....35.....	.....17,001,253	.....0	.....90,216,472	.....0	.....107,217,725	.....0
90.	Reporting entity contributions for employee benefit plans.....	XXX.....					.....0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....					.....0	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....					.....0	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....					.....0	
94.	Aggregate other amounts not allocable by State.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
95.	Totals (Direct Business).....	XXX.....	.....17,001,253	.....0	.....90,216,472	.....0	.....107,217,725	.....0
96.	Plus Reinsurance Assumed.....	XXX.....					.....0	
97.	Totals (All Business).....	XXX.....	.....17,001,253	.....0	.....90,216,472	.....0	.....107,217,725	.....0
98.	Less Reinsurance Ceded.....	XXX.....	.....1,562,832		.....56,433,036		.....57,995,868	
99.	Totals (All Business) less Reinsurance Ceded.....	XXX.....	.....15,438,421	.....0	.....33,783,436	.....0	.....49,221,857	.....0
DETAILS OF WRITE-INS								
58001.	.....	XXX.....					.....0	
58002.	.....	XXX.....					.....0	
58003.	.....	XXX.....					.....0	
58998.	Summary of remaining write-ins for line 58 from overflow page.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
9401.	.....	XXX.....					.....0	
9402.	.....	XXX.....					.....0	
9403.	.....	XXX.....					.....0	
9498.	Summary of remaining write-ins for line 94 from overflow page.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Q12



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														
0730.....	Medical Mutual of Ohio.....	29076.....	34-0648820	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	95828.....	34-1442712	.....	.....	.....	Medical Health Insuring Corporation of Ohio.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	95732.....	57-1048554	.....	.....	.....	Carolina Care Plan, Inc.....	SC.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	62375.....	21-0706531	.....	.....	.....	Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1913458	.....	.....	.....	MMO Agency Management, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1897253	.....	.....	.....	Business Distribution Solutions, LLC.....	IN.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...52.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	26-1509189	.....	.....	.....	Talus Brokerage Services, LLC.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1849975	.....	.....	.....	Medical Mutual Life Insurance Agency, Inc.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

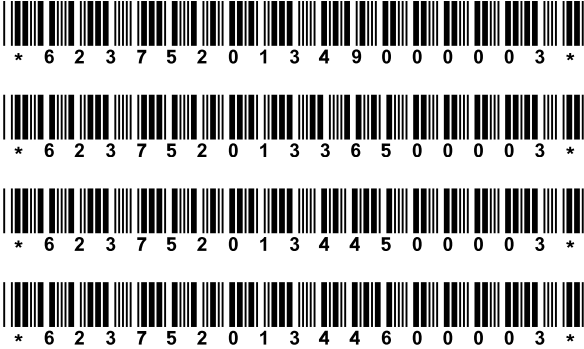
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing 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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. 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?	NO
5. 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?	NO
6. 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?	NO
7. 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?	NO

Explanations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Bar Code:



Consumers Life Insurance Company

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1	2	3	
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Other Receivables.....	.....5,441	.....5,441	.....0	.....
2597. Summary of remaining write-ins for Line 25.....	.....5,441	.....5,441	.....0	.....0

Consumers Life Insurance Company
SCHEDULE A - VERIFICATION
Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION
Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION
Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION
Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	16,084,903	17,717,932
2. Cost of bonds and stocks acquired.....	191,025	1,668,493
3. Accrual of discount.....	1,782	5,991
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	775,000	3,000,000
7. Deduct amortization of premium.....	267,907	307,513
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	15,234,803	16,084,903
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	15,234,803	16,084,903

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

QSI02

	1	2	3	4	5	6	7	8
	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	21,459,606		1,034,218	(89,386)	21,424,759	21,459,606	20,336,002	21,284,063
2. Class 2 (a).....								
3. Class 3 (a).....								
4. Class 4 (a).....								
5. Class 5 (a).....								
6. Class 6 (a).....								
7. Total Bonds.....	21,459,606	0	1,034,218	(89,386)	21,424,759	21,459,606	20,336,002	21,284,063
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	21,459,606	0	1,034,218	(89,386)	21,424,759	21,459,606	20,336,002	21,284,063

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....5,101,199	.....XXX.....	.....5,101,199	.....392	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....199,160	.....5,285,730
2. Cost of short-term investments acquired.....	.....4,902,039	.....8,357,876
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....		.....13,444,446
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....5,101,199	.....199,160
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	.....5,101,199	.....199,160

Sch. DB-Pt A-Verification
NONE

Sch. DB-Pt B-Verification
NONE

Sch. DB-Pt C-Sn 1
NONE

Sch. DB-Pt C-Sn 2
NONE

Sch. DB-Verification
NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	5,000,000	
2. Cost of cash equivalents acquired.....		5,000,000
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	5,000,000	
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	5,000,000
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	5,000,000

Sch. A-Pt 2
NONE

Sch. A-Pt 3
NONE

Sch. B-Pt 2
NONE

Sch. B-Pt 3
NONE

Sch. BA-Pt 2
NONE

Sch. BA-Pt 3
NONE

Sch. D-Pt 3
NONE

Sch. D-Pt 4
NONE

Sch. DB-Pt A-Sn 1
NONE

Sch. DB-Pt B-Sn 1
NONE

Sch. DB-Pt B-Sn 1B-Broker List
NONE

Sch. DB-Pt D-Sn 1
NONE

Sch. DB-Pt D-Sn 2
NONE

Sch. DL-Pt. 1
NONE

Sch. DL-Pt. 2
NONE

Consumers Life Insurance Company
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
FIFTH THIRD BANK..... CINCINNATI, OHIO.....		N/A.....			.....1		.....1	XXX..
HUNTINGTON BANK..... CLEVELAND, OHIO.....		.....0.100	.....64		.....252,491	.....252,512	.....252,533	XXX..
PNC BANK..... CLEVELAND, OHIO.....		N/A.....			.....3,941,064	.....(1,576,701)	.....7,513,969	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....64	.....0	.....4,193,556	.....(1,324,189)	.....7,766,503	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....64	.....0	.....4,193,556	.....(1,324,189)	.....7,766,503	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....64	.....0	.....4,193,556	.....(1,324,189)	.....7,766,503	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

QE13

NONE