

---

---

## AMENDED FILING EXPLANATION

---

This amendment, filed on July 10, 2014 revises the 2013 March Supplement Medicare Supplement Experience Exhibit - 360 and Annual Statement Page 21 General Interrogatories Part 2 for Continental General Insurance Company (NAIC # 71404). Seven Policy Form Numbers were errantly included that did not belong in this Supplement filing, impacting four different states. This amendment correctly presents this Supplement and the impacted numbers on Page 21.



ANNUAL STATEMENT

For the Year Ended December 31, 2013  
of the Condition and Affairs of the

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Group Code.....0084, 0084  
(Current Period) (Prior Period)

Organized under the Laws of Ohio  
Incorporated/Organized..... May 24, 1961  
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 71404

State of Domicile or Port of Entry Ohio  
Commenced Business..... July 11, 1961

11001 Lakeline Boulevard Suite 120..... Austin ..... TX ..... US ..... 78717  
(Street and Number) (City or Town, State, Country and Zip Code)

11001 Lakeline Boulevard Suite 120..... Austin ..... TX ..... US..... 78717  
(Street and Number) (City or Town, State, Country and Zip Code)

301 East Fourth Street..... Cincinnati ..... OH ..... US ..... 45202  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

301 East Fourth Street..... Cincinnati ..... OH ..... US ..... 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

www.gaig.com

Brian Patrick Sponaule  
(Name)  
bsponaule@gaig.com  
(E-Mail Address)

Employer's ID Number..... 47-0463747

Country of Domicile US

513-357-3300  
(Area Code) (Telephone Number)

513-357-3300  
(Area Code) (Telephone Number)

513-412-2931  
(Area Code) (Telephone Number) (Extension)  
513-412-1673  
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael William Mazur	Sr. Vice President	2. Brian Patrick Sponaule #	Assistant Treasurer
3. Mark Francis Muething	Secretary	4. Mark Edward Alberts	Appointed Actuary

OTHER

Stephen Craig Lindner	President	Richard Lee Magoteaux #	Chief Financial Officer
Christopher Patrick Miliano	Vice President	John Paul Gruber	Vice President
Michael Harrison Haney #	Vice President	Roger Eugene Desjardins	Vice President
William Carey Ellis	Assistant Vice President	Patrick John Maloney	Assistant Vice President
Howard Kim Baird	Assistant Vice President		

DIRECTORS OR TRUSTEES

Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething	Michael James Prager
Jeffrey Gene Hester			

State of..... Ohio  
County of..... Hamilton

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)
Michael William Mazur	Brian Patrick Sponaule	Mark Francis Muething
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Sr. Vice President	Assistant Treasurer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ X ] No [ ]
This _____ day of February 2014	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached

# OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

- 1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ X ] No [ ]
- 1.2

If yes, indicate premium earned on U.S. business only

\$.....61,312,598
- 1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$.....0
- 1.31

Reason for excluding

- 1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$.....0
- 1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....42,417,193
- 1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$.....9,758,053

1.62

Total incurred claims

\$.....6,950,975

1.63

Number of covered lives

.....5,448

All years prior to most current three years:

1.64

Total premium earned

\$.....51,420,756

1.65

Total incurred claims

\$.....35,292,604

1.66

Number of covered lives

.....14,746
- 1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$.....0

1.72

Total incurred claims

\$.....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$.....133,789

1.75

Total incurred claims

\$.....173,615

1.76

Number of covered lives

.....62

2. Health test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator.....	.....0	.....17,582,319
2.2 Premium Denominator.....	.....15,307,673	.....27,553,018
2.3 Premium Ratio (2.1/2.2).....	.....0.0	.....63.8
2.4 Reserve Numerator.....	.....15,014,241	.....15,953,077
2.5 Reserve Denominator.....	.....187,533,925	.....193,739,262
2.6 Reserve Ratio (2.4/2.5).....	.....8.0	.....8.2

- 3.1

Does this reporting entity have Separate Accounts?

Yes [ ] No [ X ]
- 3.2

If yes, has a Separate Accounts statement been filed with this Department?

Yes [ ] No [ ] N/A [ X ]
- 3.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

.....
- 3.4

State the authority under which Separate Accounts are maintained:

- 3.5

Was any of the reporting entity's Separate Accounts business reinsured as of December 31?

Yes [ ] No [ X ]
- 3.6

Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?

Yes [ ] No [ X ]
- 3.7

If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)?"

.....

- 4.1

Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?

Yes [ X ] No [ ]
- 4.2

Net reimbursement of such expenses between reporting entities:

4.21

Paid

\$.....2,542,063

4.22

Received

\$.....0
- 5.1

Does the reporting entity write any guaranteed interest contracts?

Yes [ ] No [ X ]
- 5.2

If yes, what amount pertaining to these items is included in:

5.21

Page 3, Line 1

.....

5.22

Page 4, Line 1

.....

6.

For stock reporting entities only:

6.1

Total amount paid in by stockholders as surplus funds since organization of the reporting entity:

\$.....7,638,870
7.

Total dividends paid stockholders since organization of the reporting entity:

7.11

Cash

\$.....76,041,493

7.12

Stock

\$.....3,500,844

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes [ ] No [X]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes [ ] No [ ]

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1	2	3
Reinsurance Assumed	Reinsurance Ceded	Net Retained
8.31 Earned premium.....	.....	.....
8.32 Paid claims.....	.....	.....
8.33 Claim liability and reserve (beginning of year).....	.....	.....
8.34 Claim liability and reserve (end of year).....	.....	.....
8.35 Incurred claims.....	.....	.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Col. (1) are:

Attachment Point	1	2
	Earned Premium	Claim Liability and Reserve
8.41 < \$25,000.....	.....	.....
8.42 \$25,000 -- 99,999.....	.....	.....
8.43 \$100,000 -- 249,999.....	.....	.....
8.44 \$250,000 -- 999,999.....	.....	.....
8.45 \$1,000,000 or more.....	.....	.....

8.5 What portion of earned premium reported in 8.31, Col. 1 was assumed from pools? .....

9.1 Does the company have variable annuities with guaranteed benefits? Yes [ ] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	Guaranteed Living Benefit							

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

11.1 Do you act as a custodian for health savings account? Yes [ ] No [X]

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

11.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

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