FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... , NAIC Company Code..... 56383 Employer's ID Number..... 31-4273120
(Current Period) (Prior Period)

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Incorporated/Organized..... October 4, 1890 Commenced Business..... January 16, 1888

Statutory Home Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.uct.org

Statutory Statement Contact Kevin C Hecker 800-848-0123-0142
(Name) (Area Code) (Telephone Number) (Extension)
khecker@uct.org 614-487-9675
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Robert James Kellogg #	President	2. Gerald Edwin Thomas	Secretary/Treasurer
3. Joseph Henry Hoffman	Chief Executive Officer	4.	

OTHER

Ronald Allen Ives	Vice-President	Kevin Clare Hecker	Senior Vice-President & CFO
John Michael Marshall	Vice-President	Benjamin Michael Cohen FSA, MAAA	Consulting Actuary

DIRECTORS OR TRUSTEES

David Leonard Burt	Thomas David Hoffman	Jerry George Giff	Gordon Paul Woodworth
George Ira Bohn	Gerald Edwin Thomas	Robert James Kellogg	Larry Raymond Pilon
Kevin Harold Stinson #			

State of..... Ohio
County of..... Franklin

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)
Robert James Kellogg	Gerald Edwin Thomas	Joseph Henry Hoffman
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Chief Executive Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2014

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 _____

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien #2 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	253
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	253
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	9,385	9,389		7,786	7,421
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	507	527			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,892	9,916	0	7,786	7,421
26.	Totals (Line 24 + 25.7)	9,892	9,916	0	7,786	7,421

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	11,860
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	11,860
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	637
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	2,121
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,758

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	601
	Settled during current year:		
18.1	By payment in full	1	601
18.2	By payment on compromised claims		
18.3	Total paid	1	601
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	601
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	37	491,757
21.	Issued during year		
22.	Other changes to in force (net)	(2)	30,899
23.	In force December 31, current year	35	522,656

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	986,678	987,092		734,992	700,554
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,391	7,676		200	207
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	994,069	994,768	0	735,192	700,761
26.	Totals (Line 24 + 25.7)	994,069	994,768	0	735,192	700,761

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,455
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,455
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	14	136,538
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	14	136,538

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,950,603	1,951,423		1,776,934	1,693,676
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	27,130	28,174		2,198	2,273
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,977,733	1,979,597	0	1,779,132	1,695,949
26.	Totals (Line 24 + 25.7)	1,977,733	1,979,597	0	1,779,132	1,695,949

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,041
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	6,041
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	196
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	196

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	12	84,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	12	84,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,489,486	2,490,531		1,786,829	1,703,107
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,613	6,867		15,100	15,613
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,496,098	2,497,398	0	1,801,929	1,718,721
26.	Totals (Line 24 + 25.7)	2,496,098	2,497,398	0	1,801,929	1,718,721

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	82,920
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	82,920
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	200,939
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	2,143
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	203,082

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	15,506
17.	Incurred during current year	41	197,237
	Settled during current year:		
18.1	By payment in full	42	202,743
18.2	By payment on compromised claims		
18.3	Total paid	42	202,743
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	42	202,743
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	244	2,706,459
21.	Issued during year		
22.	Other changes to in force (net)	(41)	(201,175)
23.	In force December 31, current year	203	2,505,284

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	361,569	361,720		253,796	241,904
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	21,238	22,056		613	634
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	382,807	383,777	0	254,409	242,538
26.	Totals (Line 24 + 25.7)	382,807	383,777	0	254,409	242,538

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LIFE INSURANCE

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	30,860
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	30,860
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	80,315
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	14,423
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	94,738

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	16	80,057
	Settled during current year:		
18.1	By payment in full	16	80,057
18.2	By payment on compromised claims		
18.3	Total paid	16	80,057
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	16	80,057
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	383	3,310,694
21.	Issued during year	2	56,481
22.	Other changes to in force (net)	(30)	(472,045)
23.	In force December 31, current year	355	2,895,130

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	24,824	24,834		11,804	11,251
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	193,624	201,080		94,430	97,640
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	218,448	225,914	0	106,234	108,891
26.	Totals (Line 24 + 25.7)	218,448	225,914	0	106,234	108,891

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,320
2.	Annuity considerations	5,400
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,720
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,849
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,849

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	102,686
	Settled during current year:		
18.1	By payment in full	2	2,686
18.2	By payment on compromised claims		
18.3	Total paid	2	2,686
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	2,686
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	100,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	22	336,137
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(2,686)
23.	In force December 31, current year	20	333,451

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,088,970	2,089,847		1,334,339	1,271,819
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,490	5,701		30,000	31,020
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,094,460	2,095,548	0	1,364,339	1,302,838
26.	Totals (Line 24 + 25.7)	2,094,460	2,095,548	0	1,364,339	1,302,838

* 5 6 3 8 3 2 0 1 3 4 3 0 0 7 1 0 0 *

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,535
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,535
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,526
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,526

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	2,292
	Settled during current year:		
18.1	By payment in full	1	2,292
18.2	By payment on compromised claims		
18.3	Total paid	1	2,292
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	2,292
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	8	124,922
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(2,292)
23.	In force December 31, current year	7	122,630

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	22,682	22,691		60,944	58,088
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,542	4,717		60	62
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	27,224	27,408	0	61,004	58,151
26.	Totals (Line 24 + 25.7)	27,224	27,408	0	61,004	58,151

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25	26			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	25	26	0	0	0
26.	Totals (Line 24 + 25.7)	25	26	0	0	0

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	458
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	458
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	591
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	591
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	21,472
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	3	21,472

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	12,267	12,272		1,706	1,626
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	221	230			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	12,488	12,501	0	1,706	1,626
26.	Totals (Line 24 + 25.7)	12,488	12,501	0	1,706	1,626

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	92,049
2.	Annuity considerations	20,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	112,049
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	243,153
10.	Matured endowments	
11.	Annuity benefits	90,891
12.	Surrender values. and withdrawals for life contracts	63,111
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	397,156

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	8,689
17.	Incurred during current year	84	296,254
	Settled during current year:		
18.1	By payment in full	83	259,943
18.2	By payment on compromised claims		
18.3	Total paid	83	259,943
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	83	259,943
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	45,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	432	5,118,837
21.	Issued during year		
22.	Other changes to in force (net)	(95)	(553,192)
23.	In force December 31, current year	337	4,565,645

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	3	3			
25.2	Guaranteed renewable	4,322,590	4,324,405		4,108,118	3,915,632
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	27,612	28,676		5,890	6,090
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	57	57			
25.7	Totals (sum of Lines 25.1 to 25.6)	4,350,262	4,353,141	0	4,114,007	3,921,721
26.	Totals (Line 24 + 25.7)	4,350,262	4,353,141	0	4,114,007	3,921,721

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	43,732
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	43,732
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	125,591
10.	Matured endowments	
11.	Annuity benefits	9,840
12.	Surrender values. and withdrawals for life contracts	15,857
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	151,289

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	21	114,479
	Settled during current year:		
18.1	By payment in full	22	124,479
18.2	By payment on compromised claims		
18.3	Total paid	22	124,479
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	22	124,479
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	181	1,794,906
21.	Issued during year		
22.	Other changes to in force (net)	(24)	(174,479)
23.	In force December 31, current year	157	1,620,427

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	473,761	473,959		305,086	290,791
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,818	5,004		10,000	10,340
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	478,579	478,963	0	315,086	301,131
26.	Totals (Line 24 + 25.7)	478,579	478,963	0	315,086	301,131

LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,351,640
2.	Annuity considerations	113,641
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,465,281
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,610,240
10.	Matured endowments	673
11.	Annuity benefits	311,377
12.	Surrender values. and withdrawals for life contracts	458,217
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,380,507

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	24	189,918
17.	Incurred during current year	678	2,762,060
	Settled during current year:		
18.1	By payment in full	676	2,636,953
18.2	By payment on compromised claims		
18.3	Total paid	676	2,636,953
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	676	2,636,953
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	315,025
	POLICY EXHIBIT		
20.	In force December 31, prior year	5,452	65,350,352
21.	Issued during year	44	889,261
22.	Other changes to in force (net)	(810)	(6,056,090)
23.	In force December 31, current year	4,686	60,183,523

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	82	86			
25.2	Guaranteed renewable	82,540,988	82,575,650		65,880,972	62,794,119
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	962,282	999,337		409,840	423,770
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	286	286			
25.7	Totals (sum of Lines 25.1 to 25.6)	83,503,638	83,575,359	0	66,290,813	63,217,889
26.	Totals (Line 24 + 25.7)	83,503,638	83,575,359	0	66,290,813	63,217,889

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,909	1,910		1,008	961
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	100	104			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,009	2,013	0	1,008	961
26.	Totals (Line 24 + 25.7)	2,009	2,013	0	1,008	961

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	64,100
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	64,100
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	48,792
10.	Matured endowments	
11.	Annuity benefits	2,668
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	51,460

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	18	49,207
	Settled during current year:		
18.1	By payment in full	18	49,207
18.2	By payment on compromised claims		
18.3	Total paid	18	49,207
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	18	49,207
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	90	682,928
21.	Issued during year	3	61,335
22.	Other changes to in force (net)	(18)	(75,030)
23.	In force December 31, current year	75	669,233

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,445,766	1,446,373		1,041,237	992,450
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	18,152	18,851		13,086	13,531
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,463,917	1,465,223	0	1,054,324	1,005,981
26.	Totals (Line 24 + 25.7)	1,463,917	1,465,223	0	1,054,324	1,005,981

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,465,728	4,467,603		3,504,277	3,340,084
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,381	2,472		1,201	1,242
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,468,108	4,470,075	0	3,505,478	3,341,326
26.	Totals (Line 24 + 25.7)	4,468,108	4,470,075	0	3,505,478	3,341,326

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	64,826
2.	Annuity considerations	600
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	65,426
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	207,104
10.	Matured endowments	
11.	Annuity benefits	75,533
12.	Surrender values. and withdrawals for life contracts	5,712
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	288,350
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	8,865
17.	Incurred during current year	60	210,204
	Settled during current year:		
18.1	By payment in full	62	219,069
18.2	By payment on compromised claims		
18.3	Total paid	62	219,069
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	62	219,069
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	390	5,048,116
21.	Issued during year	4	33,000
22.	Other changes to in force (net)	(76)	(647,779)
23.	In force December 31, current year	318	4,433,337

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,230,196	4,231,973		3,217,622	3,066,861
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	59,141	61,419		12,362	12,782
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,289,338	4,293,391	0	3,229,984	3,079,643
26.	Totals (Line 24 + 25.7)	4,289,338	4,293,391	0	3,229,984	3,079,643

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	45,040
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	45,040
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	42,992
10.	Matured endowments	
11.	Annuity benefits	39,400
12.	Surrender values. and withdrawals for life contracts	44,141
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	126,534

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	15	47,257
	Settled during current year:		
18.1	By payment in full	15	47,257
18.2	By payment on compromised claims		
18.3	Total paid	15	47,257
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	15	47,257
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	162	2,565,538
21.	Issued during year	4	58,000
22.	Other changes to in force (net)	(24)	(320,376)
23.	In force December 31, current year	142	2,303,162

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,385,720	4,387,562		3,259,824	3,107,085
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	32,515	33,767		11,268	11,651
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,418,236	4,421,330	0	3,271,093	3,118,736
26.	Totals (Line 24 + 25.7)	4,418,236	4,421,330	0	3,271,093	3,118,736

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,096
2.	Annuity considerations	26,550
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	40,646
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	37,245
10.	Matured endowments	
11.	Annuity benefits	3,573
12.	Surrender values. and withdrawals for life contracts	17,310
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	58,129
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	14	36,718
	Settled during current year:		
18.1	By payment in full	14	36,718
18.2	By payment on compromised claims		
18.3	Total paid	14	36,718
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	14	36,718
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	78	700,970
21.	Issued during year		
22.	Other changes to in force (net)	(19)	(114,468)
23.	In force December 31, current year	59	586,502

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	517,896	518,113		396,245	377,679
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	16,153	16,774		9,544	9,869
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	534,048	534,888	0	405,789	387,547
26.	Totals (Line 24 + 25.7)	534,048	534,888	0	405,789	387,547

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	37,875
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	37,875
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	114,038
10.	Matured endowments	
11.	Annuity benefits	716
12.	Surrender values. and withdrawals for life contracts	4,332
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	119,086

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	3	27,614
17.	Incurred during current year	26	95,087
	Settled during current year:		
18.1	By payment in full	28	117,701
18.2	By payment on compromised claims		
18.3	Total paid	28	117,701
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	28	117,701
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	172	2,415,441
21.	Issued during year		
22.	Other changes to in force (net)	(33)	(233,207)
23.	In force December 31, current year	139	2,182,234

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	290,941	291,063		162,027	154,435
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	9,265	9,622		30	31
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	300,206	300,685	0	162,057	154,466
26.	Totals (Line 24 + 25.7)	300,206	300,685	0	162,057	154,466

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	31,391
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	31,391
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	107,505
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	584
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	108,088

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	9	102,185
	Settled during current year:		
18.1	By payment in full	10	107,185
18.2	By payment on compromised claims		
18.3	Total paid	10	107,185
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	10	107,185
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	92	1,399,374
21.	Issued during year	1	15,000
22.	Other changes to in force (net)	(13)	(136,670)
23.	In force December 31, current year	80	1,277,704

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,855,516	3,857,135		2,936,191	2,798,616
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,485	5,696		17,023	17,601
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,861,001	3,862,831	0	2,953,214	2,816,217
26.	Totals (Line 24 + 25.7)	3,861,001	3,862,831	0	2,953,214	2,816,217

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,465
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,465
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,951
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,951

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	5,839
	Settled during current year:		
18.1	By payment in full	2	1,839
18.2	By payment on compromised claims		
18.3	Total paid	2	1,839
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	1,839
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	29	206,999
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(1,839)
23.	In force December 31, current year	27	205,160

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	55,593	55,617		24,767	23,606
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	19,289	20,032		508	525
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	24	24			
25.7	Totals (sum of Lines 25.1 to 25.6)	74,906	75,672	0	25,274	24,131
26.	Totals (Line 24 + 25.7)	74,906	75,672	0	25,274	24,131

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,725
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,725
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	41,158
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	7	41,158

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	67,196	67,224		33,764	32,182
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,377	4,545		256	265
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	71,572	71,769	0	34,020	32,447
26.	Totals (Line 24 + 25.7)	71,572	71,769	0	34,020	32,447

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	914
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	10,914
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	52,441
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	52,441

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	57,555
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	5	57,555

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,230	4,232		1,691	1,612
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,038	3,155			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	7,268	7,387	0	1,691	1,612
26.	Totals (Line 24 + 25.7)	7,268	7,387	0	1,691	1,612

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	124,336
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	124,336
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	294,866
10.	Matured endowments	
11.	Annuity benefits	12,018
12.	Surrender values. and withdrawals for life contracts	33,668
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	340,551

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	25,000
17.	Incurred during current year	69	314,273
	Settled during current year:		
18.1	By payment in full	65	296,475
18.2	By payment on compromised claims		
18.3	Total paid	65	296,475
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	65	296,475
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	42,798
	POLICY EXHIBIT		
20.	In force December 31, prior year	610	8,886,561
21.	Issued during year	6	157,500
22.	Other changes to in force (net)	(83)	(753,544)
23.	In force December 31, current year	533	8,290,517

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,961,623	1,962,447		1,420,989	1,354,409
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	58,594	60,850		28,397	29,362
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,020,217	2,023,297	0	1,449,386	1,383,771
26.	Totals (Line 24 + 25.7)	2,020,217	2,023,297	0	1,449,386	1,383,771

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,649
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,649
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	325
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	13,517
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	13,842

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	306
	Settled during current year:		
18.1	By payment in full	1	306
18.2	By payment on compromised claims		
18.3	Total paid	1	306
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	306
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	30	780,901
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(300,426)
23.	In force December 31, current year	25	480,475

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	118,858	118,908		89,590	85,392
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	20,402	21,188		778	804
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	139,260	140,096	0	90,367	86,196
26.	Totals (Line 24 + 25.7)	139,260	140,096	0	90,367	86,196

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	26,286
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	26,286
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	49,220
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	49,220

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	14	34,596
	Settled during current year:		
18.1	By payment in full	15	39,596
18.2	By payment on compromised claims		
18.3	Total paid	15	39,596
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	15	39,596
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	115	1,098,400
21.	Issued during year	2	31,000
22.	Other changes to in force (net)	(13)	(38,311)
23.	In force December 31, current year	104	1,091,089

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,058,208	1,058,652		608,868	580,339
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	19,169	19,907		2,293	2,371
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,077,377	1,078,559	0	611,161	582,710
26.	Totals (Line 24 + 25.7)	1,077,377	1,078,559	0	611,161	582,710

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	38,173
2.	Annuity considerations	23,441
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	61,614
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	660
10.	Matured endowments	
11.	Annuity benefits	2,602
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,262

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	2	628
	Settled during current year:		
18.1	By payment in full	2	628
18.2	By payment on compromised claims		
18.3	Total paid	2	628
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	628
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	103	1,277,992
21.	Issued during year	3	67,611
22.	Other changes to in force (net)	(3)	(15,362)
23.	In force December 31, current year	103	1,330,241

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	7,400,403	7,403,511		6,287,337	5,992,744
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,702	4,883		250	259
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	7,405,105	7,408,393	0	6,287,587	5,993,002
26.	Totals (Line 24 + 25.7)	7,405,105	7,408,393	0	6,287,587	5,993,002

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	624
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	624
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	3,178
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,178

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	3,000
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full	1	3,000
18.2	By payment on compromised claims		
18.3	Total paid	1	3,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	3,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	11	151,146
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(34,000)
23.	In force December 31, current year	9	117,146

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,754,420	1,755,157		1,366,149	1,302,138
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	10,993	11,416		90	93
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,765,413	1,766,573	0	1,366,239	1,302,231
26.	Totals (Line 24 + 25.7)	1,765,413	1,766,573	0	1,366,239	1,302,231

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	57,192
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	57,192
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	7,929
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	117,360
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	125,289

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	6	22,443
	Settled during current year:		
18.1	By payment in full	5	7,443
18.2	By payment on compromised claims		
18.3	Total paid	5	7,443
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	5	7,443
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	15,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	93	1,682,469
21.	Issued during year	2	56,527
22.	Other changes to in force (net)	(9)	(307,262)
23.	In force December 31, current year	86	1,431,734

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,865,599	2,866,802		2,551,555	2,432,002
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	14,170	14,715		650	672
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,879,768	2,881,518	0	2,552,205	2,432,674
26.	Totals (Line 24 + 25.7)	2,879,768	2,881,518	0	2,552,205	2,432,674

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,613
2.	Annuity considerations	3,200
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	8,813
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	145
10.	Matured endowments	
11.	Annuity benefits	198
12.	Surrender values. and withdrawals for life contracts	604
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	948

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	137
	Settled during current year:		
18.1	By payment in full	1	137
18.2	By payment on compromised claims		
18.3	Total paid	1	137
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	137
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	33	332,471
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(10,137)
23.	In force December 31, current year	31	322,334

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,027,716	3,028,987		2,395,640	2,283,392
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,871	9,213		2,216	2,291
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,036,587	3,038,200	0	2,397,856	2,285,683
26.	Totals (Line 24 + 25.7)	3,036,587	3,038,200	0	2,397,856	2,285,683

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	39,290
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	49,290
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	14,572
10.	Matured endowments	
11.	Annuity benefits	195
12.	Surrender values. and withdrawals for life contracts	1,621
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	16,388

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	24,179
	Settled during current year:		
18.1	By payment in full	3	24,179
18.2	By payment on compromised claims		
18.3	Total paid	3	24,179
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	24,179
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	41	360,123
21.	Issued during year	3	58,118
22.	Other changes to in force (net)	(4)	(17,362)
23.	In force December 31, current year	40	400,879

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	7,787,528	7,790,798		6,173,061	5,883,822
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25,576	26,561		3,340	3,453
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	7,813,104	7,817,359	0	6,176,400	5,887,275
26.	Totals (Line 24 + 25.7)	7,813,104	7,817,359	0	6,176,400	5,887,275

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,811
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,811
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	11	45,192
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	11	45,192

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	10,370	10,374		5,801	5,529
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,143	4,302			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	14,513	14,676	0	5,801	5,529
26.	Totals (Line 24 + 25.7)	14,513	14,676	0	5,801	5,529

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	23,757
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	23,757
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	75,509
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	20,410
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	95,919

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	25	65,273
	Settled during current year:		
18.1	By payment in full	26	75,273
18.2	By payment on compromised claims		
18.3	Total paid	26	75,273
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	26	75,273
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	119	872,100
21.	Issued during year		
22.	Other changes to in force (net)	(29)	(115,273)
23.	In force December 31, current year	90	756,827

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	29,052	29,065		24,745	23,585
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,074	1,115			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	46	46			
25.7	Totals (sum of Lines 25.1 to 25.6)	30,172	30,226	0	24,745	23,585
26.	Totals (Line 24 + 25.7)	30,172	30,226	0	24,745	23,585

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	222
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	222
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	11,470	11,475		5,430	5,176
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	759	788			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	12,229	12,263	0	5,430	5,176
26.	Totals (Line 24 + 25.7)	12,229	12,263	0	5,430	5,176

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	6,289
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	6,289
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	214
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	214

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	204
	Settled during current year:		
18.1	By payment in full	1	204
18.2	By payment on compromised claims		
18.3	Total paid	1	204
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	204
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	53,951
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(204)
23.	In force December 31, current year	5	53,747

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	810,680	811,020		699,426	666,654
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,093	2,174			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	812,773	813,194	0	699,426	666,654
26.	Totals (Line 24 + 25.7)	812,773	813,194	0	699,426	666,654

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,484
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	4,484
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	42,500
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	6	42,500

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	108,028	108,073		68,062	64,873
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	27,378	28,433		740	765
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	135,406	136,506	0	68,803	65,639
26.	Totals (Line 24 + 25.7)	135,406	136,506	0	68,803	65,639

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	99,213
2.	Annuity considerations	1,700
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	100,913
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	373,522
10.	Matured endowments	
11.	Annuity benefits	12,158
12.	Surrender values. and withdrawals for life contracts	23,037
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	408,718
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	3	39,052
17.	Incurred during current year	83	328,319
	Settled during current year:		
18.1	By payment in full	81	354,735
18.2	By payment on compromised claims		
18.3	Total paid	81	354,735
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	81	354,735
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	12,636
	POLICY EXHIBIT		
20.	In force December 31, prior year	563	6,773,330
21.	Issued during year	2	15,000
22.	Other changes to in force (net)	(88)	(344,672)
23.	In force December 31, current year	477	6,443,658

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	52	54			
25.2	Guaranteed renewable	694,910	695,202		471,517	449,425
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	85,264	88,548		29,064	30,052
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	46	46			
25.7	Totals (sum of Lines 25.1 to 25.6)	780,271	783,849	0	500,581	479,476
26.	Totals (Line 24 + 25.7)	780,271	783,849	0	500,581	479,476

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	15,063
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	15,063
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	17,123
10.	Matured endowments	
11.	Annuity benefits	2,090
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	19,213

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	2	17,000
	Settled during current year:		
18.1	By payment in full	2	17,000
18.2	By payment on compromised claims		
18.3	Total paid	2	17,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	17,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	82	1,181,310
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(114,751)
23.	In force December 31, current year	77	1,066,559

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	737,474	737,784		434,482	414,124
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	14,774	15,343		341	352
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	752,249	753,127	0	434,823	414,477
26.	Totals (Line 24 + 25.7)	752,249	753,127	0	434,823	414,477

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	13,646
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	13,646
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	266
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	266

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	250
	Settled during current year:		
18.1	By payment in full	1	250
18.2	By payment on compromised claims		
18.3	Total paid	1	250
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	250
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	37	1,233,510
21.	Issued during year	1	10,000
22.	Other changes to in force (net)	(2)	(10,456)
23.	In force December 31, current year	36	1,233,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,273,842	4,275,636		3,726,309	3,551,712
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	10,275	10,671		1,450	1,500
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,284,117	4,286,307	0	3,727,759	3,553,212
26.	Totals (Line 24 + 25.7)	4,284,117	4,286,307	0	3,727,759	3,553,212

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	61,967
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	61,967
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	123,995
10.	Matured endowments	
11.	Annuity benefits	4,500
12.	Surrender values. and withdrawals for life contracts	12,195
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	140,690

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	1,517
17.	Incurred during current year	40	127,166
	Settled during current year:		
18.1	By payment in full	40	123,683
18.2	By payment on compromised claims		
18.3	Total paid	40	123,683
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	40	123,683
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	320	2,978,019
21.	Issued during year	1	25,000
22.	Other changes to in force (net)	(41)	(176,054)
23.	In force December 31, current year	280	2,826,965

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	28	29			
25.2	Guaranteed renewable	800,093	800,429		492,296	469,229
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	37,387	38,827		15,837	16,375
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	837,508	839,285	0	508,132	485,604
26.	Totals (Line 24 + 25.7)	837,508	839,285	0	508,132	485,604

LIFE INSURANCE

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,805
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,805
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	4,429
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	4,429

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	3,235
	Settled during current year:		
18.1	By payment in full	3	3,235
18.2	By payment on compromised claims		
18.3	Total paid	3	3,235
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	3,235
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	21	157,562
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(10,485)
23.	In force December 31, current year	16	147,077

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,976	3,978		3,837	3,658
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	10,615	11,024		1,715	1,774
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	14,592	15,002	0	5,553	5,431
26.	Totals (Line 24 + 25.7)	14,592	15,002	0	5,553	5,431

* 5 6 3 8 3 2 0 1 3 4 3 0 4 1 1 0 0 *

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	11,712
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	11,712
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	7,822
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	1,001
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	8,823

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	6	32,730
	Settled during current year:		
18.1	By payment in full	5	7,730
18.2	By payment on compromised claims		
18.3	Total paid	5	7,730
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	5	7,730
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	25,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	43	495,587
21.	Issued during year		
22.	Other changes to in force (net)	(6)	(13,730)
23.	In force December 31, current year	37	481,857

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	405,930	406,100		279,201	266,119
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,495	4,668			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	410,424	410,768	0	279,201	266,119
26.	Totals (Line 24 + 25.7)	410,424	410,768	0	279,201	266,119

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	11,573
2.	Annuity considerations	649
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	12,222
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	37,821
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	757
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	38,578

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	2	37,579
	Settled during current year:		
18.1	By payment in full	2	37,579
18.2	By payment on compromised claims		
18.3	Total paid	2	37,579
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	37,579
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	47	508,304
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(62,579)
23.	In force December 31, current year	44	445,725

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,317,435	1,317,988		1,067,061	1,017,064
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,073	8,383		759	785
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,325,507	1,326,371	0	1,067,820	1,017,848
26.	Totals (Line 24 + 25.7)	1,325,507	1,326,371	0	1,067,820	1,017,848

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	42,941
2.	Annuity considerations	400
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	43,341
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	119,852
10.	Matured endowments	673
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	9,232
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	129,757

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	4	30,084
17.	Incurred during current year	34	99,733
	Settled during current year:		
18.1	By payment in full	36	119,817
18.2	By payment on compromised claims		
18.3	Total paid	36	119,817
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	36	119,817
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	219	1,648,049
21.	Issued during year		
22.	Other changes to in force (net)	(42)	(164,557)
23.	In force December 31, current year	177	1,483,492

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	383,207	383,368		275,081	262,192
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,272	7,552		519	537
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	390,478	390,919	0	275,600	262,729
26.	Totals (Line 24 + 25.7)	390,478	390,919	0	275,600	262,729

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	137,021
2.	Annuity considerations	840
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	137,861
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	174,756
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	48,500
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	223,256

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	54	229,634
	Settled during current year:		
18.1	By payment in full	51	189,634
18.2	By payment on compromised claims		
18.3	Total paid	51	189,634
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	51	189,634
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	40,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	345	4,138,190
21.	Issued during year	8	210,905
22.	Other changes to in force (net)	(62)	(482,143)
23.	In force December 31, current year	291	3,866,952

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,630,208	1,630,892		1,719,875	1,639,290
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	20,617	21,410		41,734	43,152
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	114	114			
25.7	Totals (sum of Lines 25.1 to 25.6)	1,650,938	1,652,417	0	1,761,609	1,682,443
26.	Totals (Line 24 + 25.7)	1,650,938	1,652,417	0	1,761,609	1,682,443

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,220
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,220
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	590,804	591,053		468,985	447,011
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,354	4,521			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	595,158	595,574	0	468,985	447,011
26.	Totals (Line 24 + 25.7)	595,158	595,574	0	468,985	447,011

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	34,560
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	34,560
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	63,207
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	5,629
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	68,836

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	18	59,272
	Settled during current year:		
18.1	By payment in full	18	59,272
18.2	By payment on compromised claims		
18.3	Total paid	18	59,272
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	18	59,272
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	149	1,819,780
21.	Issued during year	2	33,784
22.	Other changes to in force (net)	(20)	(99,443)
23.	In force December 31, current year	131	1,754,121

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,158,874	4,160,621		3,306,361	3,151,442
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25,483	26,464		11,110	11,487
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	4,184,357	4,187,085	0	3,317,471	3,162,929
26.	Totals (Line 24 + 25.7)	4,184,357	4,187,085	0	3,317,471	3,162,929

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	235
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	235
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	7,158	7,161		3,018	2,877
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,187	1,233			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	8,345	8,394	0	3,018	2,877
26.	Totals (Line 24 + 25.7)	8,345	8,394	0	3,018	2,877

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	782
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	782
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	20,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	1	20,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	171,233	171,304		204,194	194,627
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,571	6,824		10,227	10,575
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	177,803	178,128	0	214,422	205,202
26.	Totals (Line 24 + 25.7)	177,803	178,128	0	214,422	205,202

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	21,505
2.	Annuity considerations	9,861
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	31,366
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	25,192
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	25,192

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	25,000
	Settled during current year:		
18.1	By payment in full	1	25,000
18.2	By payment on compromised claims		
18.3	Total paid	1	25,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	25,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	59	895,477
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(60,000)
23.	In force December 31, current year	58	835,477

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	5,030,361	5,032,473		4,293,171	4,092,014
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	45,872	47,639		29,562	30,566
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	5,076,233	5,080,112	0	4,322,733	4,122,581
26.	Totals (Line 24 + 25.7)	5,076,233	5,080,112	0	4,322,733	4,122,581

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	8,415
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	8,415
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	386
12.	Surrender values. and withdrawals for life contracts	948
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,334

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	25	648,627
21.	Issued during year		
22.	Other changes to in force (net)	(4)	(21,000)
23.	In force December 31, current year	21	627,627

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,017,283	2,018,130		1,551,391	1,478,700
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	11,518	11,962			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,028,801	2,030,091	0	1,551,391	1,478,700
26.	Totals (Line 24 + 25.7)	2,028,801	2,030,091	0	1,551,391	1,478,700

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,340
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,340
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	1,971
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,971

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	2	25,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	2	25,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,310,743	1,311,294		926,552	883,138
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,496	1,554		5,000	5,170
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,312,240	1,312,848	0	931,552	888,308
26.	Totals (Line 24 + 25.7)	1,312,240	1,312,848	0	931,552	888,308

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	322,439
2. Current year's realized pre-tax capital gains/(losses) of $.....0 transferred into the reserve net of taxes of $.....0	72,018
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	394,457
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	81,764
6. Reserve as of December 31, current year (Line 4 minus Line 5)	312,693

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. 2013	59,699	22,065		81,764
2. 2014	40,773	23,626		64,399
3. 2015	32,792	10,659		43,451
4. 2016	25,161	7,849		33,010
5. 2017	19,269	4,959		24,228
6. 2018	16,179	1,941		18,120
7. 2019	14,427	322		14,749
8. 2020	13,274	257		13,531
9. 2021	13,250	186		13,436
10. 2022	13,097	115		13,212
11. 2023	12,625	39		12,664
12. 2024	12,033			12,033
13. 2025	11,351			11,351
14. 2026	10,078			10,078
15. 2027	7,851			7,851
16. 2028	5,886			5,886
17. 2029	4,561			4,561
18. 2030	3,254			3,254
19. 2031	2,155			2,155
20. 2032	1,592			1,592
21. 2033	1,302			1,302
22. 2034	1,003			1,003
23. 2035	619			619
24. 2036	207			207
25. 2037				0
26. 2038				0
27. 2039				0
28. 2040				0
29. 2041				0
30. 2042				0
31. 2043 and Later				0
32. Total (Lines 1 to 31)	322,438	72,018	0	394,456

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	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)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	54,314	2,224	56,538	0	0	0	56,539
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	1,824		1,824			0	1,824
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	9,367		9,367			0	9,367
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	65,505	2,224	67,729	0	0	0	67,730
9. Maximum reserve	58,193		58,193			0	58,193
10. Reserve objective	42,088		42,088			0	42,088
11. 20% of (Line 10 minus Line 8)	(4,683)	(445)	(5,128)	(0)	(0)	(0)	(5,128)
12. Balance before transfers (Lines 8 + 11)	60,822	1,779	62,601	0	0	0	62,602
13. Transfers			0			0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(2,629)	(1,779)	(4,408)			0	(4,408)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	58,193	0	58,193	0	0	0	58,194

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	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	1,766,555	XXX	XXX	1,766,555	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	12,507,682	XXX	XXX	12,507,682	0.0004	5,003	0.0023	28,768	0.0030	37,523
3	2	High quality	2,296,636	XXX	XXX	2,296,636	0.0019	4,364	0.0058	13,320	0.0090	20,670
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	
9		Total bonds (sum of Lines 1 through 8)	16,570,873	XXX	XXX	16,570,873	XXX	9,367	XXX	42,088	XXX	58,193
		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	244,514	XXX	XXX	244,514	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)	244,514	XXX	XXX	244,514	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	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 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 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)	16,815,387	XXX	XXX	16,815,387	XXX	9,367	XXX	42,088	XXX	58,193
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages			XXX	0	0.0035	0	0.0100	0	0.0130	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	0.0035	0	0.0100	0	0.0130	0
40		In good standing with restructured terms			XXX	0	0.0035	0	0.0100	0	0.0130	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	0.0030	0	0.0100	0	0.0130	0
53		Total mortgage loans on real estate (Lines 51 + 52)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

AVR-Equity Component (Lines 1-30)
NONE

AVR-Equity Component (Lines 31-55) (Cont.)
NONE

AVR-Equity Component (Lines 56-77) (Cont.)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	11,848,685	XXX		XXX	82	XXX	10,909,414	XXX		XXX	938,903	XXX	286	XXX
2. Premiums earned	11,876,856	XXX		XXX	86	XXX	10,896,231	XXX		XXX	980,253	XXX	286	XXX
3. Incurred claims	8,124,525	68.4		0.0		0.0	7,700,755	70.7		0.0	423,770	43.2		0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	8,124,525	68.4	0	0.0	0	0.0	7,700,755	70.7	0	0.0	423,770	43.2	0	0.0
6. Increase in contract reserves	169,704	1.4		0.0	(48)	(55.8)	76,939	0.7		0.0	92,813	9.5		0.0
7. Commissions (a)	(3,017,066)	(25.4)		0.0		0.0	(3,017,066)	(27.7)		0.0		0.0		0.0
8. Other general insurance expenses	8,307,451	69.9		0.0		0.0	8,287,300	76.1		0.0	20,151	2.1		0.0
9. Taxes, licenses and fees	364,212	3.1		0.0		0.0	363,329	3.3		0.0	883	0.1		0.0
10. Total other expenses incurred	5,654,597	47.6	0	0.0	0	0.0	5,633,563	51.7	0	0.0	21,034	2.1	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(2,071,970)	(17.4)	0	0.0	134	155.8	(2,515,026)	(23.1)	0	0.0	442,636	45.2	286	100.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(2,071,970)	(17.4)	0	0.0	134	155.8	(2,515,026)	(23.1)	0	0.0	442,636	45.2	286	100.0
DETAILS OF WRITE-INS														
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes $.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums	737,325		19	523,157		214,057	92
2. Advance premiums	275,723			116,231		159,492	
3. Reserve for rate credits	0						
4. Total premium reserves, current year	1,013,048	0	19	639,388	0	373,549	92
5. Total premium reserves, prior year	1,041,219		23	626,205		414,899	92
6. Increase in total premium reserves	(28,171)	0	(4)	13,183	0	(41,350)	0
B. Contract Reserves:							
1. Additional reserves (a)	693,820		265	421,874		271,607	74
2. Reserve for future contingent benefits	0						
3. Total contract reserves, current year	693,820	0	265	421,874	0	271,607	74
4. Total contract reserves, prior year	524,116		313	344,935		178,794	74
5. Increase in contract reserves	169,704	0	(48)	76,939	0	92,813	0
C. Claim Reserves and Liabilities:							
1. Total current year	1,642,415			1,470,731		171,684	
2. Total prior year	1,766,521			1,608,766		157,755	
3. Increase	(124,106)	0	0	(138,035)	0	13,929	0

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

1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year	1,908,436			1,695,135		213,301	
1.2 On claims incurred during current year	6,340,196			6,143,656		196,540	
2. Claim Reserves and Liabilities, Dec. 31, Current Year:							
2.1 On claims incurred prior to current year	21,062			127		20,935	
2.2 On claims incurred during current year	1,621,351			1,470,602		150,749	
3. Test:							
3.1 Line 1.1 plus 2.1	1,929,498	0	0	1,695,262	0	234,236	0
3.2 Claim reserves and liabilities, Dec. 31, prior year	1,766,521			1,608,766		157,755	
3.3 Line 3.1 minus Line 3.2	162,977	0	0	86,496	0	76,481	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:							
1. Premiums written	0						
2. Premiums earned	0						
3. Incurred claims	0						
4. Commissions	0						
B. Reinsurance Ceded:							
1. Premiums written	71,202,497			71,183,414		19,083	
2. Premiums earned	71,698,502			71,679,419		19,083	
3. Incurred claims	55,093,364			55,093,364			
4. Commissions	12,725,536			12,725,536			

(a) Includes $.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims			63,217,889	63,217,889
2.	Beginning claim reserves and liabilities			14,845,609	14,845,609
3.	Ending claim reserves and liabilities			11,772,686	11,772,686
4.	Claims paid	0	0	66,290,812	66,290,812
B.	Assumed Reinsurance:				
5.	Incurred claims				0
6.	Beginning claim reserves and liabilities				0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims			55,093,364	55,093,364
10.	Beginning claim reserves and liabilities			13,079,089	13,079,089
11.	Ending claim reserves and liabilities			10,130,272	10,130,272
12.	Claims paid	0	0	58,042,181	58,042,181
D.	Net:				
13.	Incurred claims	0	0	8,124,525	8,124,525
14.	Beginning claim reserves and liabilities	0	0	1,766,520	1,766,520
15.	Ending claim reserves and liabilities	0	0	1,642,414	1,642,414
16.	Claims paid	0	0	8,248,631	8,248,631
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses			8,124,525	8,124,525
18.	Beginning reserves and liabilities			1,766,520	1,766,520
19.	Ending reserves and liabilities			1,642,414	1,642,414
20.	Paid claims and cost containment expenses	0	0	8,248,631	8,248,631

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 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						
88340	59-2859797	12/31/1997	Hannover Life Reassurance Company of America	FL	803,996	282,356
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				803,996	282,356
1099999.	Total - Life and Annuity Non-Affiliates				803,996	282,356
1199999.	Total - Life and Annuity				803,996	282,356
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
66346	58-0828824	07/07/2009	Munich American Reassurance Company	GA	8,327	26,961
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				8,327	26,961
2199999.	Total - Accident and Health Non-Affiliates				8,327	26,961
2299999.	Total - Accident and Health				8,327	26,961
2399999.	Total U.S.				812,323	309,317
9999999.	Total				812,323	309,317

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	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88099	75-1608507	01/01/1994	Optimum Re Insurance Company	TX	YRT/I	3,082,988	19,158	18,880	130,337				
88099	75-1608507	06/29/2009	Optimum Re Insurance Company	TX	CO/I	2,918,627	757,078	737,688	29,122				
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	CO/I	44,835,085	12,197,783	13,159,333	918,058				
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	ACO/I		2,335,985	2,354,125	59,841				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0
1199999.	Total - General Account - Authorized					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0
6999999.	Total U.S.					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0
9999999.	Total					50,836,700	15,310,004	16,270,026	1,137,358	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
86258	13-2572994	12/31/1998	General Re Life Corporation	CT	CO/I	70,555,200	3,445,076	12,956,726				
70688	36-6071399	12/31/2001	Transamerica Financial Life Insurance Company	NY	CO/I	178,325	26,429	48,542				
66346	58-0828824	07/07/2009	Munich American Reassurance Company	GA	YRT/I	373,925	38,294	143,325				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					71,107,450	3,509,799	13,148,593	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates					71,107,450	3,509,799	13,148,593	0	0	0	0
1199999.	Total - General Account - Authorized					71,107,450	3,509,799	13,148,593	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates												
00000	AA-1440076	02/01/2005	Sirius International Insurance Corporation	SWE	YRT/I	19,083						
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates					19,083	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates					19,083	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized					19,083	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					71,126,533	3,509,799	13,148,593	0	0	0	0
6999999.	Total - U.S.					71,107,450	3,509,799	13,148,593	0	0	0	0
7099999.	Total - Non-U.S.					19,083	0	0	0	0	0	0
9999999.	Total					71,126,533	3,509,799	13,148,593	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000.....	AA-1440076	02/01/2005	Sirius International Insurance Corporation.....	.....	.....	.....	0	.....	.....	.....	.....	.....	.....	0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2299999.	Total - General Account - Accident and Health.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2399999.	Total - General Account.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
3699999.	Total - Non-U.S.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
9999999.	Total.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

		1 2013	2 2012	3 2011	4 2010	5 2009
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	72,275	84,416	100,029	126,271	126,942
2.	Commissions and reinsurance expense allowances	12,924	17,052	22,835	34,506	40,415
3.	Contract claims	64,463	62,391	81,729	105,853	108,365
4.	Surrender benefits and withdrawals for life contracts	182	269	257	288	222
5.	Refunds to members					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts	(2,159)	(1,578)	(1,997)	(2,133)	1,277
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	504	947	1,097	1,615	1,357
9.	Aggregate reserves for life and accident and health contracts	31,968	34,098	35,676	37,672	39,805
10.	Liability for deposit-type contracts	72	35			
11.	Contract claims unpaid	10,479	13,324	16,050	18,670	23,664
12.	Amounts recoverable on reinsurance	1,122	413	270	2,073	767
13.	Experience rating refunds due or unpaid					
14.	Refunds to members (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
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
23.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
24.	Letters of credit (L)			XXX	XXX	XXX
25.	Trust agreements (T)			XXX	XXX	XXX
26.	Other (O)			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)	19,698,807		19,698,807
2.	Reinsurance (Line 16)	1,185,044		1,185,044
3.	Premiums and considerations (Line 15)	137,211	504,200	641,411
4.	Net credit for ceded reinsurance	XXX	42,972,752	42,972,752
5.	All other admitted assets (balance)	141,069		141,069
6.	Total assets excluding separate accounts (Line 26)	21,162,131	43,476,952	64,639,083
7.	Separate account assets (Line 27)			0
8.	Total assets (Line 28)	21,162,131	43,476,952	64,639,083
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	5,266,221	31,939,325	37,205,546
10.	Liability for deposit-type contracts (Line 3)	72,630		72,630
11.	Claim reserves (Line 4)	1,642,622	10,478,681	12,121,303
12.	Member refunds/reserves (Lines 5 through 6)			0
13.	Premium & annuity considerations received in advance (Line 7)	279,570	1,058,946	1,338,516
14.	Other contract liabilities (Line 8)	312,692		312,692
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)			0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)			0
19.	All other liabilities (balance)	4,084,747		4,084,747
20.	Total liabilities excluding Separate Accounts (Line 23)	11,658,482	43,476,952	55,135,434
21.	Separate Account liabilities (Line 24)			0
22.	Total liabilities (Line 25)	11,658,482	43,476,952	55,135,434
23.	Capital & surplus (Line 30)	9,503,650	XXX	9,503,650
24.	Total liabilities, capital & surplus (Line 31)	21,162,132	43,476,952	64,639,084
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	31,939,325		
26.	Claim reserves	10,478,681		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	1,058,946		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	43,476,952		
34.	Premiums and considerations	504,200		
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	504,200		
41.	Total net credit for ceded reinsurance	42,972,752		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	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	6 Totals
1. Alabama AL	11,860					11,860
2. Alaska AK	253					253
3. Arizona AZ	5,041	1,000				6,041
4. Arkansas AR	7,455					7,455
5. California CA	82,920					82,920
6. Colorado CO	4,320	5,400				9,720
7. Connecticut CT	2,535					2,535
8. Delaware DE	458					458
9. District of Columbia DC						0
10. Florida FL	92,049	20,000				112,049
11. Georgia GA	43,732					43,732
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL	64,826	600		2,109		67,535
15. Indiana IN	45,040					45,040
16. Iowa IA	64,100					64,100
17. Kansas KS	14,096	26,550				40,646
18. Kentucky KY	37,875					37,875
19. Louisiana LA	31,391					31,391
20. Maine ME	914	10,000				10,914
21. Maryland MD	2,725					2,725
22. Massachusetts MA	7,465					7,465
23. Michigan MI	124,336					124,336
24. Minnesota MN	9,649					9,649
25. Mississippi MS	38,173	23,441				61,614
26. Missouri MO	26,286					26,286
27. Montana MT	624					624
28. Nebraska NE	39,290	10,000				49,290
29. Nevada NV	6,289					6,289
30. New Hampshire NH	1,811					1,811
31. New Jersey NJ	23,757					23,757
32. New Mexico NM	222					222
33. New York NY	4,484					4,484
34. North Carolina NC	57,192					57,192
35. North Dakota ND	5,613	3,200				8,813
36. Ohio OH	99,213	1,700				100,913
37. Oklahoma OK	15,063					15,063
38. Oregon OR	13,646					13,646
39. Pennsylvania PA	61,967					61,967
40. Rhode Island RI	2,805					2,805
41. South Carolina SC	11,712					11,712
42. South Dakota SD	11,573	649				12,222
43. Tennessee TN	42,941	400				43,341
44. Texas TX	137,021	840				137,861
45. Utah UT	1,220					1,220
46. Vermont VT	235					235
47. Virginia VA	34,560					34,560
48. Washington WA	782					782
49. West Virginia WV	8,415					8,415
50. Wisconsin WI	21,505	9,861				31,366
51. Wyoming WY	1,340					1,340
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	30,860					30,860
58. Aggregate Other Alien OT						0
59. Totals	1,351,640	113,641	0	2,109	0	1,467,390

Sch. Y-Pt. 1A
NONE

Sch. Y-Pt. 2
NONE

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 an actuarial opinion be filed with this statement by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
8.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
9.	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	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12.	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
13.	Will the statement 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
14.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	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
16.	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
17.	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
18.	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
19.	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
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be field 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 XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	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
23.	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
24.	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
25.	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
26.	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
27.	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
28.	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
29.	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
30.	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?	NO
31.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32.	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?	NO
33.	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?	NO
34.	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?	NO
	APRIL FILING	
35.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
36.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
37.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
38.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
39.	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
40.	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
41.	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	
42.	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

	EXPLANATIONS:	BARCODES:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		 *56383201349000000*
12.		 *56383201337100000*
13.		
14.		 *56383201344200000*
15.		 *56383201344300000*
16.		 *56383201344400000*
17.		 *56383201344500000*
18.		 *56383201344600000*
19.		 *56383201344700000*
20.		 *56383201344800000*
21.		 *56383201344900000*
22.		 *56383201345000000*
23.		 *56383201345100000*
24.		 *56383201345200000*
25.		 *56383201345300000*
26.		 *56383201343600000*
27.		 *56383201343700000*
28.		 *56383201343800000*
29.		 *56383201343900000*
30.		 *56383201345400000*
31.		 *56383201336500000*
32.		 *56383201322400000*
33.		 *56383201322500000*
34.		 *56383201322600000*
35.		
36.		 *56383201328000000*

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37.

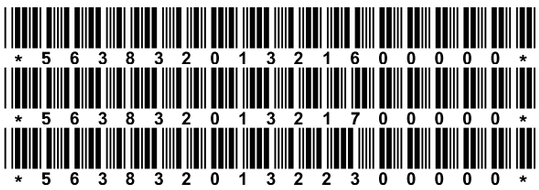
38.

39.

40.

41.

42.



Overflow Page for Write-Ins

Additional Write-ins for Liabilities:

	1 Current Year	2 Prior Year
2204. Unclaimed Funds	605,133	
2297. Summary of remaining write-ins for Line 22	605,133	0

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	Aggregate of			
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304 AGENT SERVICES	6,029		77,699				83,728
09.305 PRODUCT DEVELOPMENT	1,665		21,462				23,128
09.306 TEMPORARY WORKER SERVICES	3,219		41,489				44,709
09.307 CLAIMS OUTSOURCING	47,774		615,662				663,435
09.308 DEPRECIATION-LEASEHOLD IMPROVEMENTS	1,112		14,335				15,447
09.309 RECORDS STORAGE	1,002		12,907			640	14,549
09.310 CHARITABLE CONTRIBUTIONS						60,304	60,304
09.397 Summary of remaining write-ins for Line 9.3	60,802	0	783,554	0	0	60,944	905,300

Overflow Page for Write-Ins

NONE

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

5 6 3 8 3 2 0 1 3 3 6 0 0 1 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	02/07/1995			07/01/1997	PLAN B ISSUE AGE	9,350	3,119	33.4	2			0.0	
YES	MS(C)91	C	NO	346	02/07/1995			07/01/1997	PLAN C ISSUE AGE	31,153	18,410	59.1	8			0.0	
YES	MS(F)-91	F	NO	346	02/07/1995			07/01/1997	PLAN F ISSUE AGE	22,315	9,920	44.5	5			0.0	
YES	MS(C)-04	C	NO	346	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	2,458	1,701	69.2	1			0.0	
YES	MS AB 06	B	NO	346	08/20/2005			05/31/2010	PLAN B ATTAINED AGE	2,890	522	18.1	1			0.0	
YES	MS AC 06	C	NO	346	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	56,921	31,749	55.8	16			0.0	
YES	MS AF 06	F	NO	346	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	705,447	525,346	74.5	253			0.0	
YES	MS AG 06	G	NO	346	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	75,401	62,872	83.4	29			0.0	
YES	MSAAF2010	F	NO	346	04/19/2010				PLAN F ATTAINED AGE (2010)			0.0		12,675	3,643	28.7	6
YES	MSAAG2010	G	NO	346	04/19/2010				PLAN G ATTAINED AGE (2010)			0.0		1,585	323	20.4	1
YES	MSAAN2010	N	NO	346	04/19/2010				PLAN N ATTAINED AGE (2010)			0.0		12,715	8,296	65.2	7
0199999.	Total Policy Experience on Individual Policies									905,935	653,639	72.2	315	26,975	12,262	45.5	14

360.AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS-88.....	P.....	.....NO.....	....246.....	.02/16/1988	.....	.08/27/1991	.02/01/1992	PRE-STANDARD.....	4,775	1,334	.....27.9	1	.....	.....	.....0.0	.....
.....YES	MS IF 06 AR.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,824,181	1,631,595	.....89.4	757	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 AR.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	143,061	83,752	.....58.5	64	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010 AR.....	F.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0	.....	5,825	8,912	.....153.0	2
.....YES.....	MSIAG2010 AR.....	G.....	.....NO.....	....34.....	.05/20/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,132	899	.....42.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,974,149	1,717,580	.....87.0	823	5,825	8,912	.....153.0	2

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

5 6 3 8 3 2 0 1 3 3 6 0 0 3 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS(C) 00 AZ.....	C.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN C ATTAINED AGE.....	3,857	2,561	.....66.4	1	.....	.....	.....0.0	.....
.....YES.....	MS(F) 00 AZ.....	F.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN F ATTAINED AGE.....	3,441	3,004	.....87.3	1	.....	.....	.....0.0	.....
.....YES.....	MS IF 06 AZ.....	F.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	2,383,437	1,735,606	.....72.8	734	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 AZ.....	G.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	127,387	75,534	.....59.3	46	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0	.....	2,938	975	.....33.2	1
.....YES.....	MSIAN2010 AZ.....	N.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN N ISSUE AGE (2010).....	.....	.....	.....0.0	.....	1,596	779	.....48.8	1
0199999.	Total Policy Experience on Individual Policies.....									2,518,122	1,816,705	.....72.1	782	4,534	1,754	.....38.7	2

360.AZ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	14,641	4,010	.....27.4	4	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	4,627	1,626	.....35.1	1	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	32,460	16,290	.....50.2	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									51,728	21,926	.....42.4	11	0	0	.....0.0	0

360.CA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

5 6 3 8 3 2 0 1 3 3 6 0 0 6 1 0 0 *

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(D)-02 CO	D	NO	346	04/29/2002			03/15/2006	PLAN D ATTAINED AGE	2,837	1,760	62.0	1			0.0	
YES	MS(F)-02 CO	F	NO	346	04/29/2002			03/15/2006	PLAN F ATTAINED AGE	99,364	69,495	69.9	39			0.0	
YES	MS(G)-03 CO	G	NO	346	10/10/2003			03/15/2006	PLAN G ATTAINED AGE	20,280	14,417	71.1	10			0.0	
YES	MS AB 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN B ATTAINED AGE	1,868	316	16.9	1			0.0	
YES	MS AF 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN F ATTAINED AGE	1,186,643	817,806	68.9	510			0.0	
YES	MS AG 06 CO	G	NO	346	03/15/2006			05/31/2010	PLAN G ATTAINED AGE	345,143	229,146	66.4	166			0.0	
YES	MS AAF2010 CO	F	NO	346	07/06/2010				PLAN F ATTAINED AGE (2010)	1,515	488	32.2	1	143,199	94,127	65.7	81
YES	MSAAN2010 CO	N	NO	346	07/06/2010				PLAN N ATTAINED AGE (2010)			0.0		18,417	14,145	76.8	11
0199999.	Total Policy Experience on Individual Policies									1,657,650	1,133,428	68.4	728	161,616	108,272	67.0	92

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	16,329	34,473	.....211.1	9	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	73,980	50,761	.....68.6	35	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	247,309	238,276	.....96.3	94	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	1,805,364	1,612,077	.....89.3	640	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	2,447,003	2,227,635	.....91.0	798	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									4,589,985	4,163,222	.....90.7	1,576	0	0	.....0.0	0

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

5 6 3 8 3 2 0 1 3 3 6 0 1 1 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.05/24/1988		.05/23/1991	.01/01/1992	PRE-STANDARD	1,738	8,545	491.7	1			0.0	
YES	MS(A)-91	A	NO	346	.02/15/1994			.01/13/2006	PLAN A ISSUE AGE	5,138	3,997	77.8	2			0.0	
YES	MS(B)-91	B	NO	346	.02/15/1994			.01/13/2006	PLAN B ISSUE AGE	35,974	28,132	78.2	12			0.0	
YES	MS(C)-91	C	NO	346	.02/15/1994			.01/13/2006	PLAN C ISSUE AGE	109,023	51,225	47.0	28			0.0	
YES	MS(F)-91	F	NO	346	.02/15/1994			.01/13/2006	PLAN F ISSUE AGE	165,340	96,628	58.4	41			0.0	
YES	MS IC 06 GA	C	NO	346	.01/13/2006			.05/31/2010	PLAN C ISSUE AGE	6,092	3,784	62.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									323,305	192,311	59.5	85	0	0	0.0	0

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

5 6 3 8 3 2 0 1 3 3 6 0 1 6 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	03/15/1995			08/03/2000	PLAN C ISSUE AGE	12,789	3,660	28.6	3			0.0	
YES	MS(F)-91	F	NO	346	03/15/1995			08/03/2000	PLAN F ISSUE AGE	96,639	75,897	78.5	19			0.0	
YES	MS AD 06	D	NO	346	09/09/2005			05/31/2010	PLAN D ATTAINED AGE	2,359	3,000	127.2	1			0.0	
YES	MS AF 06	F	NO	346	09/09/2005			05/31/2010	PLAN F ATTAINED AGE	785,235	646,779	82.4	251			0.0	
YES	MS AG 08	G	NO	346	07/30/2008			05/31/2010	PLAN G ATTAINED AGE	68,635	60,390	88.0	28			0.0	
YES	MSAAF2010	F	NO	346	05/25/2010				PLAN F ATTAINED AGE (2010)			0.0		2,278	4,104	180.2	1
YES	MSAAG2010	G	NO	346	05/25/2010				PLAN G ATTAINED AGE (2010)			0.0		3,052	4,336	142.1	1
0199999.	Total Policy Experience on Individual Policies									965,657	789,726	81.8	302	5,330	8,440	158.3	2

360.IA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

5 6 3 8 3 2 0 1 3 3 6 0 1 3 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS IF 06 ID.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	3,672,154	2,760,812	.....75.2	1,349	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	825,188	607,816	.....73.7	393	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010	F.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	.....	.....0.0	.....	22,376	27,298	.....122.0	9
.....YES.....	MSIAG2010.....	G.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....	.....	.....0.0	.....	3,620	4,900	.....135.4	1
0199999.	Total Policy Experience on Individual Policies.....									4,497,342	3,368,628	.....74.9	1,742	25,996	32,198	.....123.9	10

360.ID

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	.01/15/1992			.02/05/2001	PLAN A ISSUE AGE	6,472	9,950	153.7	2			0.0	
YES	MS(B)-91	B	NO	346	.01/15/1992			.02/05/2001	PLAN B ISSUE AGE	9,962	2,288	23.0	2			0.0	
YES	MS(C)-91	C	NO	346	.10/07/1993			.02/05/2001	PLAN C ISSUE AGE	106,894	58,153	54.4	21			0.0	
YES	MS(F)-91	F	NO	346	.01/15/1992			.02/05/2001	PLAN F ISSUE AGE	731,155	404,394	55.3	128			0.0	
YES	MS(F)-00	F	NO	346	.02/05/2001			.12/31/2005	PLAN F ATTAINED AGE	10,937	5,059	46.3	4			0.0	
YES	MS AC 06 IL	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	3,111	13,044	419.3	1			0.0	
YES	MS AD 06 IL	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	8,995	4,052	45.0	3			0.0	
YES	MS AF 06 IL	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	2,129,783	1,777,578	83.5	718			0.0	
YES	MS AG 06 IL	G	NO	346	.09/12/2005			.05/31/2010	PLAN G ATTAINED AGE	366,516	249,314	68.0	147			0.0	
YES	MS AAF 2010 IL	F	NO	346	.05/22/2010				PLAN F ATTAINED AGE (2010)	61,851	40,679	65.8	22	61,338	38,597	62.9	27
YES	MS AAG 2010IL	G	NO	346	.05/22/2010				PLAN G ATTAINED AGE (2010)	11,100	3,827	34.5	5	24,764	21,376	86.3	13
YES	MS AAN 2010 IL	N	NO	346	.05/22/2010				PLAN N ATTAINED AGE (2010)	734	23	3.1				0.0	
0199999.	Total Policy Experience on Individual Policies									3,447,510	2,568,361	74.5	1,053	86,102	59,973	69.7	40

360.IL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

5 6 3 8 3 2 0 1 3 3 6 0 1 5 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.IN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	.03/28/1994			.10/16/2000	PLAN A ISSUE AGE	2,423	292	12.1	1			0.0	
YES	MS(B)-91	B	NO	346	.03/28/1994			.10/16/2000	PLAN B ISSUE AGE	5,273	4,319	81.9	1			0.0	
YES	MS(C)-91	C	NO	346	.03/28/1994			.10/16/2000	PLAN C ISSUE AGE	101,279	54,737	54.0	22			0.0	
YES	MS(F)-91	F	NO	346	.03/28/1994			.10/16/2000	PLAN F ISSUE AGE	251,853	157,793	62.7	54			0.0	
YES	MS(C)-00	C	NO	346	.10/16/2000			.12/31/2005	PLAN C ATTAINED AGE	16,283	21,244	130.5	6			0.0	
YES	MS(D)-00	D	NO	346	.10/16/2000			.12/31/2005	PLAN D ATTAINED AGE	5,473	5,244	95.8	2			0.0	
YES	MS(F)-00	F	NO	346	.10/16/2000			.12/31/2005	PLAN F ATTAINED AGE	251,724	209,235	83.1	82			0.0	
YES	MS(G)-03	G	NO	346	.10/10/2003			.12/31/2005	PLAN G ATTAINED AGE	86,380	78,870	91.3	35			0.0	
YES	MS AB 06	B	NO	346	.12/27/2005			.05/31/2010	PLAN B ATTAINED AGE	2,749	2,693	98.0	1			0.0	
YES	MS AC 06	C	NO	346	.12/27/2005			.05/31/2010	PLAN C ATTAINED AGE	25,048	18,626	74.4	7			0.0	
YES	MS AD 06	D	NO	346	.12/27/2005			.05/31/2010	PLAN D ATTAINED AGE	4,318	911	21.1	2			0.0	
YES	MS AF 06	F	NO	346	.12/27/2005			.05/31/2010	PLAN F ATTAINED AGE	1,716,546	1,165,851	67.9	567			0.0	
YES	MS AG 06	G	NO	346	.12/27/2006			.05/31/2010	PLAN G ATTAINED AGE	1,866,111	1,411,786	75.7	775			0.0	
YES	MS AAF 2010	F	NO	34	.05/28/2010				PLAN F ATTAINED AGE (2010)	10,361	5,234	50.5	4	12,693	2,576	20.3	5
YES	MS AAG 2010	G	NO	34	.05/28/2010				PLAN G ATTAINED AGE (2010)	5,238	8,672	165.6	3	8,028	2,879	35.9	4
0199999.	Total Policy Experience on Individual Policies									4,351,059	3,145,507	72.3	1,562	20,721	5,455	26.3	9

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

5 6 3 8 3 2 0 1 3 3 6 0 1 7 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.10/04/1989		.02/22/1991	.04/01/1992	PRE-STANDARD	11,678	6,664	57.1	4			0.0	
YES	MS(A)-91	A	NO	346	.03/25/1992			.11/05/2007	PLAN A ISSUE AGE	1,971	4,715	239.2	1			0.0	
YES	MS(C)-91	C	NO	346	.01/03/1995			.11/05/2007	PLAN C ISSUE AGE	311,482	219,590	70.5	77			0.0	
YES	MS(F)-91	F	NO	346	.05/06/1992			.11/05/2007	PLAN F ISSUE AGE	109,189	69,649	63.8	22			0.0	
YES	MSAAF2010 KS	F	NO	346	.08/17/2010				PLAN F ATTAINED AGE (2010)			0.0		4,662	1,949	41.8	4
0199999.	Total Policy Experience on Individual Policies									434,320	300,618	69.2	104	4,662	1,949	41.8	4

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/26/1988		.02/01/1991	.01/01/1992	PRE-STANDARD	4,549	2,976	65.4	2			0.0	
YES	MS(A)-91	A	NO	346	.03/11/1992			.01/03/2001	PLAN A ISSUE AGE	2,516	950	37.8	1			0.0	
YES	MS(B)-91	B	NO	346	.12/02/1993			.01/03/2001	PLAN B ISSUE AGE	3,180	6,876	216.2	1			0.0	
YES	MS(C)-91	C	NO	346	.12/02/1993			.01/03/2001	PLAN C ISSUE AGE	103,390	58,409	56.5	24			0.0	
YES	MS(F)-91	F	NO	346	.05/06/1992			.01/03/2001	PLAN F ISSUE AGE	145,542	73,141	50.3	33			0.0	
YES	MSAAC2010 KY	C	NO	346	.07/20/2010				PLAN C ATTAINED (2010)			0.0		2,684	1,551	57.8	1
YES	MSAAF2010 KY	F	NO	346	.07/20/2010				PLAN F ATTAINED AGE (2010)			0.0		6,364	5,027	79.0	3
0199999.	Total Policy Experience on Individual Policies									259,177	142,352	54.9	61	9,048	6,578	72.7	4

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.LA

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	11/15/1993			05/24/2001	PLAN C ISSUE AGE	8,479	10,771	127.0	1			0.0	
YES	MS(F)-91	F	NO	346	08/14/1992			05/24/2001	PLAN F ISSUE AGE	26,124	8,690	33.3	5			0.0	
YES	MS(F)-00 LA	F	NO	346	05/24/2001			02/20/2004	PLAN F ATTAINED AGE	2,795	1,258	45.0				0.0	
YES	MS(G)-04 LA	G	NO	346	02/20/2004			02/16/2006	PLAN G ATTAINED AGE	13,459	8,247	61.3	4			0.0	
YES	MS AC 06 LA	C	NO	346	02/16/2006			05/31/2010	PLAN C ATTAINED AGE	45,002	48,752	108.3	11			0.0	
YES	MS AD 06 LA	D	NO	346	02/16/2006			05/31/2010	PLAN D ATTAINED AGE	11,500	6,673	58.0	3			0.0	
YES	MS AF 06 LA	F	NO	346	02/16/2006			05/31/2010	PLAN F ATTAINED AGE	3,471,935	2,543,500	73.3	879			0.0	
YES	MS AG 06 LA	G	NO	346	02/16/2006			05/31/2010	PLAN G ATTAINED AGE	336,596	198,866	59.1	97			0.0	
YES	MSAAF2010 LA	F	NO	346	06/25/2010				PLAN F ATTAINED AGE (2010)	2,481	840	33.9	1	2,630	824	31.3	1
YES	MSAAG2010 LA	G	NO	346	06/25/2010				PLAN G ATTAINED AGE (2010)			0.0		2,831	617	21.8	1
0199999.	Total Policy Experience on Individual Policies									3,918,371	2,827,597	72.2	1,001	5,461	1,441	26.4	2

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

5 6 3 8 3 2 0 1 3 3 6 0 2 3 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	02/11/1992			08/01/2000	PLAN A ISSUE AGE	6,341	2,563	40.4	2			0.0	
YES	MS(C)-91	C	NO	346	08/19/1993			08/01/2000	PLAN C ISSUE AGE	116,679	57,602	49.4	24			0.0	
YES	MS(F)-91	F	NO	346	05/04/1992			08/01/2000	PLAN F ISSUE AGE	39,363	11,983	30.4	8			0.0	
YES	MS(C)-00	C	NO	346	08/01/2000			12/31/2005	PLAN C ATTAINED AGE	20,445	6,931	33.9	5			0.0	
YES	MS(D)-00	D	NO	346	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	6,082	4,940	81.2	2			0.0	
YES	MS(F)-00	F	NO	346	08/01/2000			12/31/2005	PLAN F ATTAINED AGE	9,800	6,221	63.5	3			0.0	
YES	MS(G)-04 MI	G	NO	346	08/05/2004			12/31/2005	PLAN G ATTAINED AGE	231		0.0				0.0	
YES	MS AC 06	C	NO	346	12/09/2005			05/31/2010	PLAN C ATTAINED AGE	39,712	28,512	71.8	11			0.0	
YES	MS AD 06	D	NO	346	12/09/2005			05/31/2010	PLAN D ATTAINED AGE	5,403	1,189	22.0	2			0.0	
YES	MS AF 06	F	NO	346	12/09/2005			05/31/2010	PLAN F ATTAINED AGE	913,781	738,051	80.8	274			0.0	
YES	MS AG 06	G	NO	346	12/09/2005			05/31/2010	PLAN G ATTAINED AGE	526,766	380,276	72.2	175			0.0	
YES	MSAAF2010	F	NO	34	04/23/2010				PLAN F ATTAINED AGE (2010)	3,584	895	25.0	1	6,720	2,461	36.6	2
YES	MSAAG2010	G	NO	34	04/23/2010				PLAN G ATTAINED AGE (2010)			0.0		1,767	701	39.7	1
YES	MSAAN2010	N	NO	34	04/23/2010				PLAN N ATTAINED AGE (2010)			0.0		7,520	1	0.0	3
0199999.	Total Policy Experience on Individual Policies									1,688,187	1,239,163	73.4	507	16,007	3,163	19.8	6

360.MI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

5 6 3 8 3 2 0 1 3 3 6 0 2 6 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	18,601	26,012	139.8	6			0.0	
YES	MS(B)-91	B	NO	346	01/14/1992			12/31/2005	PLAN B ISSUE AGE	11,012	2,557	23.2	3			0.0	
YES	MS(C)-91	C	NO	346	11/10/1993			12/31/2005	PLAN C ISSUE AGE	106,774	64,543	60.4	22			0.0	
YES	MS(F)-91	F	NO	346	06/01/1992			12/31/2005	PLAN F ISSUE AGE	86,828	55,103	63.5	17			0.0	
YES	MS IF 06 MO	F	NO	346	09/21/2005			05/31/2010	PLAN F ISSUE AGE	4,113	1,511	36.7	1			0.0	
YES	MSIAB2010	B	NO	346	08/10/2010				PLAN B ISSUE AGE (2010)			0.0		6,807	7,730	113.6	3
YES	MSIAC2010	C	NO	346	08/10/2010				PLAN C ISSUE AGE (2010)			0.0		27,102	15,277	56.4	8
YES	MSIAD2010	D	NO	346	08/10/2010				PLAN D ISSUE AGE (2010)			0.0		65,497	32,690	49.9	32
YES	MSIAF2010	F	NO	346	08/10/2010				PLAN F ISSUE AGE (2010)			0.0		236,517	187,084	79.1	89
YES	MSIAG2010	G	NO	346	08/10/2010				PLAN G ISSUE AGE (2010)			0.0		131,404	62,257	47.4	68
YES	MSIAN2010	N	NO	346	08/10/2010				PLAN N ISSUE AGE (2010)			0.0		153,120	110,245	72.0	94
0199999.	Total Policy Experience on Individual Policies									227,328	149,726	65.9	49	620,447	415,283	66.9	294

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

5 6 3 8 3 2 0 1 3 3 6 0 2 5 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/22/1988		.12/26/1990	.07/01/1992	PRE-STANDARD	4,380	1,002	22.9	1			0.0	
YES	MS(C)-91MS	C	NO	346	.08/16/1996			.08/18/2000	PLAN C ISSUE AGE	7,719	3,362	43.6	2			0.0	
YES	MS(F)-91 MS	F	NO	346	.08/16/1996			.08/18/2000	PLAN F ISSUE AGE	65,537	57,118	87.2	14			0.0	
YES	MS(C)-00 MS	C	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE	7,276	1,344	18.5	2			0.0	
YES	MS(F)-00 MS	F	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE	6,371	2,014	31.6	2			0.0	
YES	MS AB 06 MS	B	NO	346	.09/12/2005			.05/31/2010	PLAN B ATTAINED AGE	3,144	1,124	35.8	1			0.0	
YES	MS AC 06 MS	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	78,514	141,145	179.8	24			0.0	
YES	MS AD 06 MS	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	51,647	18,068	35.0	16			0.0	
YES	MS AF 06 MS	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	7,079,607	5,681,764	80.3	2,162			0.0	
YES	MS G 06 MS	G	NO	346	.12/14/2006			.05/31/2010	PLAN G ATTAINED AGE	139,689	116,915	83.7	51			0.0	
YES	MSAAC2010 MS	C	NO	346	.07/21/2010				PLAN C ATTAINED AGE (2010)	4,047	9,981	246.6	1	67,298	179,773	267.1	16
YES	MSAAF2010 MS	F	NO	346	.07/21/2010				PLAN F ATTAINED AGE (2010)			0.0		12,169	22,602	185.7	4
YES	MSAAN2010 MS	N	NO	346	.07/21/2010				PLAN N ATTAINED AGE (2010)			0.0		1,521	414	27.2	1
0199999.	Total Policy Experience on Individual Policies									7,447,931	6,033,837	81.0	2,276	80,988	202,789	250.4	21

360.MS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/22/1988		01/29/1991	07/01/1992	PRE-STANDARD	9,627	7,159	74.4	2			0.0	
YES	MS(B)-91	B	NO	346	06/26/1992			09/01/2004	PLAN B ISSUE AGE	2,508	1,423	56.7	1			0.0	
YES	MS AC 06 MT	C	NO	346	01/17/2006			05/31/2010	PLAN C ATTAINED AGE	17,992	7,786	43.3	7			0.0	
YES	MS AD 06 MT	D	NO	346	01/17/2006			05/31/2010	PLAN D ATTAINED AGE	14,124	9,334	66.1	6			0.0	
YES	MS AF 06 MT	F	NO	346	01/17/2006			05/31/2010	PLAN F ATTAINED AGE	1,553,601	1,217,621	78.4	598			0.0	
YES	MS AG 06 MT	G	NO	346	01/17/2006			05/31/2010	PLAN G ATTAINED AGE	97,209	84,115	86.5	45			0.0	
YES	MS AAC 2010 MT	C	NO	346	07/12/2010				PLAN C ATTAINED AGE (2010)			0.0		485	200	41.2	1
YES	MS AAF 2010 MT	F	NO	34	07/12/2010				PLAN F ATTAINED AGE (2010)	1,915	328	17.1	1	5,151	3,353	65.1	2
YES	MS AAG 2010 MT	G	NO	34	07/12/2010				PLAN G ATTAINED AGE (2010)	1,589	515	32.4	1	894	180	20.1	
0199999.	Total Policy Experience on Individual Policies									1,698,565	1,328,281	78.2	661	6,530	3,733	57.2	3

360.MT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	10/24/1989			01/01/1992	PRE-STANDARD	3,016	843	28.0	1			0.0	
YES	MS(A)-91	A	NO	346	09/14/1992			02/16/2001	PLAN A ISSUE AGE	3,170	3,826	120.7	1			0.0	
YES	MS(C)-91	C	NO	346	07/22/1994			02/16/2001	PLAN C ISSUE AGE	40,469	22,061	54.5	7			0.0	
YES	MS(F)-91	F	NO	346	07/22/1994			02/16/2001	PLAN F ISSUE AGE	79,548	43,382	54.5	13			0.0	
YES	MS AC 06 NC	C	NO	346	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	415,539	515,970	124.2	92			0.0	
YES	MS AD 06 NC	D	NO	346	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	6,324	5,346	84.5	2			0.0	
YES	MS AF 06 NC	F	NO	346	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	1,683,318	1,324,812	78.7	490			0.0	
YES	MS AG 08 NC	G	NO	346	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	408,952	309,152	75.6	157			0.0	
YES	MS AAC 2010 NC	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	23,252	57,304	246.4	5	1,273	3,867	303.8	
YES	MS AAF 2010 NC	F	NO	34	06/01/2010				PLAN F ATTAINED AGE (2010)	2,305	2,365	102.6	1	262		0.0	
YES	MS AAG 2010 NC	G	NO	34	06/01/2010				PLAN G ATTAINED AGE (2010)	1,716	412	24.0	1	3,036	566	18.6	1
0199999.	Total Policy Experience on Individual Policies									2,667,609	2,285,473	85.7	770	4,571	4,433	97.0	1

360.NC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

5 6 3 8 3 2 0 1 3 3 6 0 3 5 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	12/30/1989		01/15/1991	01/01/1992	PRE-STANDARD	3,409	2,151	63.1	1			0.0	
YES	MS(A)-91	A	NO	346	11/18/1992			08/08/2000	PLAN A ISSUE AGE	392	440	112.2				0.0	
YES	MS(B)-91	B	NO	346	08/09/1993			08/08/2000	PLAN B ISSUE AGE	10,009	4,565	45.6	3			0.0	
YES	MS(C)-91	C	NO	346	08/09/1993			08/08/2000	PLAN C ISSUE AGE	43,218	12,680	29.3	11			0.0	
YES	MS(F)-91	F	NO	346	11/18/1992			08/08/2000	PLAN F ISSUE AGE	55,567	26,844	48.3	12			0.0	
YES	MS(F)-00	F	NO	346	08/08/2000			12/31/2005	PLAN F ATTAINED AGE	2,389	2,260	94.6	1			0.0	
YES	MS AC 06 ND	C	NO	346	10/31/2005			05/31/2010	PLAN C ATTAINED AGE	8,035	4,006	49.9	3			0.0	
YES	MS AD 06 ND	D	NO	346	10/31/2005			05/31/2010	PLAN D ATTAINED AGE	2,126	52	2.4	1			0.0	
YES	MS AF 06 ND	F	NO	346	10/31/2005			05/31/2010	PLAN F ATTAINED AGE	2,985,868	2,151,497	72.1	1,122			0.0	
YES	MSG 06 ND	G	NO	346	01/05/2007			05/31/2010	PLAN G ATTAINED AGE	8,072	9,390	116.3	4			0.0	
YES	MSAAF2010 ND	F	NO	34	05/12/2010				PLAN F ATTAINED AGE (2010)	3,043	2,949	96.9	1	5,320	3,453	64.9	3
0199999.	Total Policy Experience on Individual Policies									3,122,128	2,216,834	71.0	1,159	5,320	3,453	64.9	3

360.ND

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

5 6 3 8 3 2 0 1 3 3 6 0 2 8 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.05/01/1989		.02/28/1991	.05/01/1992	PRE-STANDARD	12,792	9,104	71.2	3			0.0	
YES	MS(B)-91	B	NO	346	.05/22/1995			.10/04/2000	PLAN B ISSUE AGE	3,796	1,022	26.9	1			0.0	
YES	MS(C)-91	C	NO	346	.05/22/1995			.10/04/2000	PLAN C ISSUE AGE	4,072	540	13.3				0.0	
YES	MS(F)-91	F	NO	346	.05/22/1995			.10/04/2000	PLAN F ISSUE AGE	64,149	40,722	63.5	12			0.0	
YES	MS(F)-00	F	NO	346	.10/04/2000			.01/05/2006	PLAN F ATTAINED AGE	25,086	15,029	59.9	7			0.0	
YES	MS AC 06	C	NO	346	.01/05/2006			.05/31/2010	PLAN C ATTAINED AGE	5,842	1,531	26.2	2			0.0	
YES	MS AF 06	F	NO	346	.01/05/2006			.05/31/2010	PLAN F ATTAINED AGE	7,052,106	5,466,783	77.5	2,259			0.0	
YES	MS AG 06	G	NO	346	.01/05/2006			.05/31/2010	PLAN G ATTAINED AGE	119,086	135,487	113.8	41			0.0	
YES	MS AAF 2010 NE	F	NO	34	.06/28/2010				PLAN F ATTAINED AGE (2010)			0.0		9,689	13,316	137.4	4
0199999.	Total Policy Experience on Individual Policies									7,286,929	5,670,218	77.8	2,325	9,689	13,316	137.4	4

360.NE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

5 6 3 8 3 2 0 1 3 3 6 0 2 9 1 0 0 *

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MSE 06 NV.....	E.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	1,735	1,202	.....69.3	1	.....	.....	.....0.0	.....
.....YES.....	MSF 06 NV.....	F.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	550,891	433,176	.....78.6	181	.....	.....	.....0.0	.....
.....YES.....	MSG 06 NV.....	G.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	222,054	181,208	.....81.6	84	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 NV.....	F.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	16,237	6,420	.....39.5	8
.....YES.....	MS AAG 2010 NV.....	G.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	3,165	1,002	.....31.7	2	792	505	.....63.8	1
.....YES	MS AAN 2010 NV.....	N.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	1,118	43	.....3.8	.....	1,545	220	.....14.2	1
0199999.	Total Policy Experience on Individual Policies.....									778,963	616,631	.....79.2	268	18,574	7,145	.....38.5	10

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

5 6 3 8 3 2 0 1 3 3 6 0 3 6 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/27/1988		01/.09/1991	.01/01/1992	PRE-STANDARD	20,497	10,162	49.6	4			0.0	
YES	MS(A)-91	A	NO	346	.01/01/1992			.07/14/2000	PLAN A ISSUE AGE	5,786	2,986	51.6	2			0.0	
YES	MS(B)-91	B	NO	346	.01/30/1992			.07/14/2000	PLAN B ISSUE AGE	24,775	18,807	75.9	7			0.0	
YES	MS(C)-91	C	NO	346	.06/24/1993			.07/14/2000	PLAN C ISSUE AGE	357,102	212,682	59.6	78			0.0	
YES	MS(F)-91	F	NO	346	.01/30/1992			.07/14/2000	PLAN F ISSUE AGE	69,800	42,959	61.5	12			0.0	
YES	MS(C)-00 OH	C	NO	346	.07/14/2000			.12/31/2005	PLAN C ATTAINED AGE	9,621	3,011	31.3	2			0.0	
YES	MS AC 06 OH	C	NO	346	.09/15/2005			.05/31/2010	PLAN C ATTAINED AGE	4,844	2,036	42.0	1			0.0	
YES	MS AF 06 OH	F	NO	346	.09/15/2005			.05/31/2010	PLAN F ATTAINED AGE	7,977	4,335	54.3	2			0.0	
YES	MSAAC2010 OH	C	NO	34	.06/29/2010				PLAN C ATTAINED AGE (2010)			0.0		9,269	4,588	49.5	4
YES	MSAAD2010 OH	D	NO	34	.06/29/2010				PLAN D ATTAINED AGE (2010)			0.0		1,001	326	32.6	1
YES	MSAAF2010 OH	F	NO	34	.06/29/2010				PLAN F ATTAINED AGE (2010)			0.0		6,075	13,859	228.1	4
YES	MSAAG2010 OH	G	NO	34	.06/29/2010				PLAN G ATTAINED AGE (2010)			0.0		9,323	3,455	37.1	8
YES	MSAAN2010 OH	N	NO	34	.06/29/2010				PLAN N ATTAINED AGE (2010)			0.0		14,453	6,182	42.8	15
0199999.	Total Policy Experience on Individual Policies									500,402	296,978	59.3	108	40,121	28,410	70.8	32

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

5 6 3 8 3 2 0 1 3 3 6 0 3 7 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.03/22/1998		.01/12/1991	.07/01/1992	PRE-STANDARD	5,040	1,537	30.5	2			0.0	
YES	MS(A)-91	A	NO	346	.01/01/1992			.08/18/2000	PLAN A ISSUE AGE	5,885	1,311	22.3	3			0.0	
YES	MS(B)-91	B	NO	346	.09/23/1993			.08/18/2000	PLAN B ISSUE AGE	10,790	3,595	33.3	3			0.0	
YES	MS(C)-91	C	NO	346	.09/23/1993			.08/18/2000	PLAN C ISSUE AGE	183,493	102,261	55.7	51			0.0	
YES	MS(F)-91	F	NO	346	.04/03/1992			.08/18/2000	PLAN F ISSUE AGE	157,151	96,602	61.5	38			0.0	
YES	MS(A)-00	A	NO	346	.08/18/2000			.12/31/2005	PLAN A ATTAINED AGE	8,060	9,684	120.1	3			0.0	
YES	MS(B)-00	B	NO	346	.08/18/2000			.12/31/2005	PLAN B ATTAINED AGE	2,669	874	32.7	1			0.0	
YES	MS(C)-00	C	NO	346	.08/18/2000			.12/31/2005	PLAN C ATTAINED AGE	14,412	4,713	32.7	4			0.0	
YES	MS(F)-00	F	NO	346	.08/18/2000			.12/31/2005	PLAN F ATTAINED AGE	232,353	143,367	61.7	61			0.0	
YES	MS(G)-03	G	NO	346	.11/04/2003			.12/31/2005	PLAN G ATTAINED AGE	10,631	2,662	25.0	3			0.0	
YES	MS AA 06 OK	A	NO	346	.09/23/2005			.05/31/2010	PLAN A ATTAINED AGE	4,960	4,824	97.3	1			0.0	
YES	MS AC 06 OK	C	NO	346	.09/23/2005			.05/31/2010	PLAN C ATTAINED AGE	6,720	3,190	47.5	2			0.0	
YES	MS AF 06 OK	F	NO	346	.09/23/2005			.05/31/2010	PLAN F ATTAINED AGE	72,297	41,974	58.1	21			0.0	
0199999.	Total Policy Experience on Individual Policies									714,461	416,594	58.3	193	0	0	0.0	0

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

5 6 3 8 3 2 0 1 3 3 6 0 3 8 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-89	P	NO	246	.03/20/1989		.01/24/1991	.01/01/1992	PRE-STANDARD	10,326	19,943	193.1	3			0.0	
YES	MSE 06	E	NO	346	.01/25/2007			.05/31/2010	PLAN E ATTAINED AGE	6,976	10,294	147.6	3			0.0	
YES	MSF 06	F	NO	346	.01/25/2007			.05/31/2010	PLAN F ATTAINED AGE	4,046,160	3,157,790	78.0	1,152			0.0	
YES	MSG 06	G	NO	346	.01/25/2007			.05/31/2010	PLAN G ATTAINED AGE	132,551	105,979	80.0	39			0.0	
YES	MS AAF 2010	F	NO	346	.04/28/2010				PLAN F ATTAINED AGE (2010)	3,553	11,586	326.1	1	5,669	1,937	34.2	2
0199999.	Total Policy Experience on Individual Policies									4,199,566	3,305,592	78.7	1,198	5,669	1,937	34.2	2

360.OR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

5 6 3 8 3 2 0 1 3 3 6 0 3 9 1 0 0 *

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	06/01/1989		02/08/1991	05/01/1992	PRE-STANDARD	3,559	1,460	41.0	1			0.0	
YES	MS(A)-91	A	NO	346	12/06/1993			10/11/2001	PLAN A ISSUE AGE	4,350	1,338	30.8	2			0.0	
YES	MS(B)-91	B	NO	346	12/06/1993			10/11/2001	PLAN B ISSUE AGE	46,730	21,748	46.5	17			0.0	
YES	MS(C)-91	C	NO	346	12/06/1993			10/11/2001	PLAN C ISSUE AGE	643,836	382,594	59.4	166			0.0	
YES	MS(D)-00	D	NO	346	10/11/2001			11/22/2006	PLAN D ATTAINED AGE	3,204	802	25.0	1			0.0	
YES	MS AB 06 PA	B	NO	346	11/22/2006			05/31/2010	PLAN B ATTAINED AGE	2,770	1,064	38.4	1			0.0	
YES	MS AAC 2010 PA	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)			0.0		314	202	64.3	2
YES	MS AAF 2010 PA	F	NO	346	06/01/2010				PLAN F ATTAINED AGE (2010)			0.0		4,348	1,930	44.4	2
YES	MS AAN 2010 PA	N	NO	346	06/01/2010				PLAN N ATTAINED AGE (2010)			0.0		2,823	2,934	103.9	2
0199999.	Total Policy Experience on Individual Policies									704,449	409,006	58.1	188	7,485	5,066	67.7	6

360.PA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

5 6 3 8 3 2 0 1 3 3 6 0 4 1 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	03/14/1995			09/14/2000	PLAN C ISSUE AGE	24,707	14,192	57.4	6			0.0	
YES	MS(F)-91	F	NO	346	03/14/1995			09/14/2000	PLAN F ISSUE AGE	35,424	31,882	90.0	8			0.0	
YES	MS(C)-00	C	NO	346	09/14/2000			12/31/2005	PLAN C ATTAINED AGE	3,020	1,177	39.0	1			0.0	
YES	MS(F)-00	F	NO	346	09/14/2000			12/31/2005	PLAN F ATTAINED AGE	58,373	59,733	102.3	20			0.0	
YES	MS AB 06 SC	B	NO	346	12/06/2005			05/31/2010	PLAN B ATTAINED AGE	7,923	3,528	44.5	3			0.0	
YES	MS AC 06 SC	C	NO	346	12/06/2005			05/31/2010	PLAN C ATTAINED AGE	5,565	4,021	72.3	2			0.0	
YES	MS AF 06 SC	F	NO	346	12/06/2005			05/31/2010	PLAN F ATTAINED AGE	146,665	101,318	69.1	53			0.0	
YES	MS AG 06 SC	G	NO	346	12/06/2005			05/31/2010	PLAN G ATTAINED AGE	21,297	14,607	68.6	9			0.0	
0199999.	Total Policy Experience on Individual Policies									302,974	230,458	76.1	102	0	0	0.0	0

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	04/25/1988		02/01/1991	07/01/1992	PRE-STANDARD	3,313	823	24.8	1			0.0	
YES	MS(B)-91	B	NO	346	09/20/1993			06/27/2000	PLAN B ISSUE AGE	4,762	786	16.5	1			0.0	
YES	MS(F)-91	F	NO	346	09/20/1993			06/27/2000	PLAN F ISSUE AGE	49,478	19,116	38.6	10			0.0	
YES	MS(F)-00	F	NO	346	06/27/2000			12/31/2005	PLAN F ATTAINED AGE	95,434	53,016	55.6	30			0.0	
YES	MS AC 06 SD	C	NO	346	09/01/2005			05/31/2010	PLAN C ATTAINED AGE	8,841	4,366	49.4	3			0.0	
YES	MS AF 06 SD	F	NO	346	09/01/2005			05/31/2010	PLAN F ATTAINED AGE	1,077,589	805,068	74.7	335			0.0	
YES	MS AG 06 SD	G	NO	346	09/01/2005			05/31/2010	PLAN G ATTAINED AGE	37,491	18,428	49.2	13			0.0	
YES	MS AAC 2010 SD	C	NO	346	04/23/2010				PLAN C ATTAINED AGE (2010)			0.0		657	19	2.9	
YES	MS AAF 2010 SD	F	NO	346	04/23/2010				PLAN F ATTAINED AGE (2010)	7,692	10,440	135.7	3	2,446	1,629	66.6	1
0199999.	Total Policy Experience on Individual Policies									1,284,600	912,043	71.0	396	3,103	1,648	53.1	1

360.SD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	08/02/1994			08/11/2000	PLAN B ISSUE AGE	7,172	4,709	65.7	2			0.0	
YES	MS(C)-91	C	NO	346	08/02/1994			08/11/2000	PLAN C ISSUE AGE	68,710	31,386	45.7	15			0.0	
YES	MS(F)-91	F	NO	346	08/02/1994			08/11/2000	PLAN F ISSUE AGE	167,840	125,780	74.9	35			0.0	
YES	MS(F)-00 TN	F	NO	346	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	3,709	704	19.0	1			0.0	
YES	MS AF 06 TN	F	NO	346	10/26/2005			05/31/2010	PLAN F ATTAINED AGE	526		0.0				0.0	
YES	MSAAF2010	F	NO	346	07/23/2010				PLAN F ATTAINED AGE (2010)			0.0		4,038	1,477	36.6	2
0199999.	Total Policy Experience on Individual Policies									247,957	162,579	65.6	53	4,038	1,477	36.6	2

360.TN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

5 6 3 8 3 2 0 1 3 3 6 0 4 4 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-89-TX	P	NO	346	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	92,712	35,077	37.8	16			0.0	
YES	MS(A)-91	A	NO	346	08/20/1992			11/14/2000	PLAN A ISSUE AGE	11,694	7,358	62.9	3			0.0	
YES	MS(B)-91	B	NO	346	08/20/1992			11/14/2000	PLAN B ISSUE AGE	8,919	11,839	132.7	2			0.0	
YES	MS(C)-91	C	NO	346	10/19/1993			11/14/2000	PLAN C ISSUE AGE	265,252	193,801	73.1	60			0.0	
YES	MS(F)-91	F	NO	346	08/20/1992			11/14/2000	PLAN F ISSUE AGE	578,717	437,917	75.7	126			0.0	
YES	MS(A)-00	A	NO	346	11/14/2000			03/03/2006	PLAN A ATTAINED AGE	5,614	3,912	69.7	2			0.0	
YES	MS(F)-00	F	NO	346	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	6,551	1,103	16.8	1			0.0	
YES	MS AA 06 TX	A	NO	346	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	180,730	483,208	267.4	49			0.0	
YES	MS AF 06 TX	F	NO	346	03/03/2006			05/31/2010	PLAN F ATTAINED AGE	4,005	25,505	636.8	1			0.0	
YES	MSAAA2010 TX	A	NO	346	09/09/2010				PLAN A ATTAINED AGE (2010)			0.0		16,970	46,173	272.1	5
YES	MSAAF2010 TX	F	NO	346	09/09/2010				PLAN F ATTAINED AGE (2010)	2,237	7,927	354.4	1	2,209	8,769	397.0	1
0199999.	Total Policy Experience on Individual Policies									1,156,431	1,207,647	104.4	261	19,179	54,942	286.5	6

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

5 6 3 8 3 2 0 1 3 3 6 0 4 5 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1988		02/04/1991	07/01/1992	PRE-STANDARD	3,842	372	9.7	1			0.0	
YES	MSF 06 UT	F	NO	346	11/15/2006			05/31/2010	PLAN F ATTAINED AGE	452,212	345,537	76.4	188			0.0	
YES	MSG 06 UT	G	NO	346	11/15/2006			05/31/2010	PLAN G ATTAINED AGE	22,079	28,984	131.3	8			0.0	
YES	MSAAF2010 UT	F	NO	34	07/22/2010				PLAN F ATTAINED AGE (2010)			0.0		12,768	17,537	137.4	8
YES	MSAAG2010 UT	G	NO	34	07/22/2010				PLAN G ATTAINED AGE (2010)			0.0		1,393	2,753	197.6	1
YES	MSAAN2010 UT	N	NO	34	07/22/2010				PLAN N ATTAINED AGE (2010)			0.0		2,808	2,964	105.6	2
0199999.	Total Policy Experience on Individual Policies									478,133	374,893	78.4	197	16,969	23,254	137.0	11

360.UT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

5 6 3 8 3 2 0 1 3 3 6 0 4 7 1 0 0 *

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	06/17/1988		02/13/1991	07/01/1992	PRE-STANDARD	2,262	9,511	420.5	1			0.0	
YES	MS(C)-91	C	NO	346	04/15/1994			01/11/2006	PLAN C ISSUE AGE	42,268	34,258	81.0	7			0.0	
YES	MS(F)-91	F	NO	346	04/15/1994			01/11/2006	PLAN F ISSUE AGE	16,987	6,944	40.9	3			0.0	
YES	MS AA 06 VA	A	NO	346	06/18/2007			05/31/2010	PLAN A ATTAINED AGE	1,874	980	52.3	1			0.0	
YES	MS AE 06 VA	E	NO	346	06/18/2007			05/31/2010	PLAN E ATTAINED AGE	67,272	58,644	87.2	31			0.0	
YES	MS AF 06 VA	F	NO	346	06/18/2007			05/31/2010	PLAN F ATTAINED AGE	3,635,240	2,907,346	80.0	1,361			0.0	
YES	MS AG 06 VA	G	NO	346	06/18/2007			05/31/2010	PLAN G ATTAINED AGE	250,151	172,039	68.8	120			0.0	
YES	MSAAF2010 VA	F	NO	346	02/03/2011				PLAN F ATTAINED AGE (2010)			0.0		3,624	650	17.9	1
YES	MSAAG2010 VA	G	NO	346	02/03/2011				PLAN G ATTAINED AGE (2010)			0.0		2,238	757	33.8	1
0199999.	Total Policy Experience on Individual Policies									4,016,054	3,189,722	79.4	1,524	5,862	1,407	24.0	2

360.VA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	1,627	579	.....35.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,627	579	.....35.6	1	0	0	.....0.0	0

360.WA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS-AT (BP) WI-04....	O.....	.....NO.....	....34500.....	.04/14/2004	.....	.....	.05/31/2010	MED SUPP WI CORE & RIDERS.....	5,113,084	3,959,656	.....77.4	1,462	.....	.....	.....0.0	.....
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	....34500.....	.06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	2,099	902	.....43.0	1	2,193	1,945	.....88.7	1
0199999.	Total Policy Experience on Individual Policies.....									5,115,183	3,960,558	.....77.4	1,463	2,193	1,945	.....88.7	1

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS AE 06 WV.....	E.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	62,471	24,759	.....39.6	24	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,772,490	1,300,043	.....73.3	614	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	214,980	238,090	.....110.7	94	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	....34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	13,811	7,587	.....54.9	6
0199999.	Total Policy Experience on Individual Policies.....									2,049,941	1,562,892	.....76.2	732	13,811	7,587	.....54.9	6

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2013 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100
Person Completing This Exhibit.....Wakely Actuarial
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS AC 06 WY.....	C.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	3,070	356	.....11.6	1	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WY.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,258,377	926,479	.....73.6	467	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	45,474	35,065	.....77.1	20	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	....34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	6,306	2,371	.....37.6	3	7,887	3,516	.....44.6	4
0199999.	Total Policy Experience on Individual Policies.....									1,313,227	964,271	.....73.4	491	7,887	3,516	.....44.6	4

360.WY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

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