
AMENDED FILING EXPLANATION

March Supplements, Schedules O were amended to revise Part 1, Section A and B, Part 3 Section B, and Part 4 Section B due to error previously reported.



ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

CENTRAL RESERVE LIFE INSURANCE COMPANY

NAIC Group Code.....0901, 0901
(Current Period) (Prior Period)

NAIC Company Code..... 61727

Employer's ID Number..... 34-0970995

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... July 2, 1963

Commenced Business..... May 12, 1965

Statutory Home Office

1300 East Ninth Street..... Cleveland OH US 44114
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224

(Area Code) (Telephone Number)

Mail Address

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224

(Area Code) (Telephone Number)

Internet Web Site Address

www.centralreserve.com

Statutory Statement Contact

Jesse Navarrete
(Name)
CSBFinRpt@cigna.com
(E-Mail Address)

512-807-4801

(Area Code) (Telephone Number) (Extension)

512-467-1399

(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Appointed Actuary

Tracy Eugene Maples	Chief Actuary	Maureen Hardiman Ryan	Assistant Treasurer
Paul Adolph Severt	Chief Financial Officer	Barry Richard McHale	Assistant Treasurer
Michael Kenneth Brown	Vice President		

OTHER

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram

Paul Adolph Severt

Eric Paul Palmer

Frank Sataline, Jr.

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

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

(Signature)
Bradley Allen Wolfram

(Signature)
Byron Keith Buescher

(Signature)
Brenda Weigilia Hardison

1. (Printed Name)

2. (Printed Name)

3. (Printed Name)

President

Treasurer

Secretary

(Title)

(Title)

(Title)

Subscribed and sworn to before me

This _____ day of February 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

**SCHEDULE O SUPPLEMENT**

For the year ended December 31, 2013

(To Be Filed March 1)

Of The.....CENTRAL RESERVE LIFE INSURANCE COMPANY

Address (City, State, Zip Code)....Cleveland, OH 44114

NAIC Group Code.....0901

NAIC Company Code.....61727

Employer's ID Number.....34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2009	2 2010	3 2011	4 2012	5 2013 (a)
1. Prior.....	153	175	175	175	175
2. 2009.....	(282)	(276)	(276)	(276)	(273)
3. 2010.....	XXX.....	.56	.61	.61	.61
4. 2011.....	XXX.....	XXX.....	.41	.46	.46
5. 2012.....	XXX.....	XXX.....	XXX.....	.32	.34
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.14

Section B - Other Accident and Health

1. Prior.....	13,625	15,207	15,221	15,221	15,221
2. 2009.....	9,007	9,864	9,864	9,864	9,864
3. 2010.....	XXX.....	7,413	8,035	8,032	8,025
4. 2011.....	XXX.....	XXX.....	5,808	6,427	6,422
5. 2012.....	XXX.....	XXX.....	XXX.....	4,564	5,029
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	3,976

Section C - Credit Accident and Health

1. Prior.....				
2. 2009.....				
3. 2010.....	XXX.....			
4. 2011.....	XXX.....	XXX.....		
5. 2012.....	XXX.....	XXX.....	XXX.....	
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....

NONE

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

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009.....	.....(273)	.....(218)	.....(276)	.....XXX	.....XXX
2. 2010.....	.....XXX	.....61	.....9,934	.....122	.....XXX
3. 2011.....	.....XXX	.....XXX	.....46	.....1,858	.....46
4. 2012.....	.....XXX	.....XXX	.....XXX	.....43	.....34
5. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....16

Section B - Other Accident and Health

1. 2009.....	.....10,105	.....18,696	.....9,864	.....XXX	.....XXX
2. 2010.....	.....XXX	.....8,169	.....8,174	.....8,032	.....XXX
3. 2011.....	.....XXX	.....XXX	.....6,424	.....8,530	.....6,422
4. 2012.....	.....XXX	.....XXX	.....XXX	.....5,120	.....5,030
5. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....4,437

Section C - Credit Accident and Health

1. 2009.....	.....	.....	.....	.....XXX	.....XXX
2. 2010.....	.....XXX	.....	.....	.....	.....XXX
3. 2011.....	.....XXX	.....XXX	.....	.....	.....
4. 2012.....	.....XXX	.....XXX	.....XXX	.....	.....
5. 2013.....	.....XXX	.....XXX	.....XXX	.....XXX	.....

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009.....	.....(273)	.....(218)	.....(276)		
2. 2010.....	XXX.....	.....61	9,934	.....122	
3. 2011.....	XXX.....	XXX.....	.....46	1,858	.....46
4. 2012.....	XXX.....	XXX.....	XXX.....	.....43	.....34
5. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....16

Section B - Other Accident and Health

1. 2009.....	.....10,105	.....18,696	.....9,864		
2. 2010.....	XXX.....	.....8,169	.....8,174	.....8,032	
3. 2011.....	XXX.....	XXX.....	.....6,424	.....8,530	.....6,422
4. 2012.....	XXX.....	XXX.....	XXX.....	.....5,120	.....5,030
5. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	.....4,437

Section C - Credit Accident and Health

1. 2009.....					
2. 2010.....	XXX.....				
3. 2011.....	XXX.....	XXX.....			
4. 2012.....	XXX.....	XXX.....	XXX.....		
5. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	None.....	
2. Ordinary life.....	Standard Factor.....	
3. Individual annuity.....	None.....	
4. Supplementary contracts.....	None.....	
5. Credit life.....	None.....	
6. Group life.....	None.....	
7. Group annuities.....	None.....	
8. Group accident and health.....	Development.....	.....10
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	.....461
11. Total.....		.....471