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# AMENDED FILING EXPLANATION

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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
OTHER			
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		

DIRECTORS OR TRUSTEES

Bradley Allen Wollfram	Paul Adolph Severt	Eric Paul Palmer	Frank Sataline, Jr.
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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) President	2. (Printed Name) Treasurer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [ X ] No [ ]
This _____ day of February 2014	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached



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	2	3	4	5
	2009	2010	2011	2012	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	

NONE

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