



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



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	372				372
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	372	0	0	0	372
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	2	80,000	(a).....						2	80,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	80,000	0 (a).....	0	0	0	0	0	2	80,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,816				12,816
2. Annuity considerations.....	2,400				2,400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,216	0	0	0	15,216
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	1,081				1,081
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,081	0	0	0	1,081

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	37	2,102,763		(a).....					37	2,102,763
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(65,618)							(4)	(65,618)
23. In force December 31 of current year.....	33	2,037,145	0	(a).....0	0	0	0	0	33	2,037,145

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	3,404	3,438	-	2,392	2,479
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	8,163	8,243	-	6,342	6,574
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	37,957	38,561	-	8,406	8,606
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	37,957	38,561	0	8,406	8,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	49,524	50,242	0	17,140	17,659

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **ARKANSAS** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,922				9,922
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,922	0	0	0	9,922
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	13	332,250	(a).....						13	332,250
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	13	332,250	0	(a).....0	0	0	0	0	13	332,250

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	878	886	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	54,592	55,478	-	26,556	27,232
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	54,592	55,478	0	26,556	27,232
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	55,470	56,364	0	26,556	27,232

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,655				8,655
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,655	0	0	0	8,655
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,045				10,045
10. Matured endowments.....					0
11. Annuity benefits.....	344				344
12. Surrender values and withdrawals for life contracts.....	14,067				14,067
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	24,456	0	0	0	24,456

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,045							1	10,045
Settled during current year:										
18.1 By payment in full.....	1	10,045							1	10,045
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,045	0	0	0	0	0	0	1	10,045
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,045	0	0	0	0	0	0	1	10,045
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	26	1,569,159	(a).....		No. of Pol.				26	1,569,159
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(201,289)							(5)	(201,289)
23. In force December 31 of current year.....	21	1,367,870	0	(a).....0	0	0	0	0	21	1,367,870

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	479	476	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	2,370	2,393	-	3,012	3,122
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,177	16,435	-	11,580	11,875
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,177	16,435	0	11,580	11,875
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,026	19,304	0	14,592	14,997

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	907				907
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	907	0	0	0	907
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,528				8,528
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	369				369
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,898	0	0	0	8,898

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	8,528							2	8,528
Settled during current year:										
18.1 By payment in full.....	2	8,528							2	8,528
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	8,528	0	0	0	0	0	0	2	8,528
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	8,528	0	0	0	0	0	0	2	8,528
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	3	9,263	(a).....						3	9,263
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(3,523)							(1)	(3,523)
23. In force December 31 of current year.....	2	5,740	0	(a).....0	0	0	0	0	2	5,740

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	700	707	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,442	4,514	-	301	309
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,442	4,514	0	301	309
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,142	5,221	0	301	309

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,779				3,779
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,779	0	0	0	3,779
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	2,459				2,459
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,459	0	0	0	2,459

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	16	466,922	(a).....		No. of Pol.				16	466,922
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(4,000)							(1)	(4,000)
23. In force December 31 of current year.....	15	462,922	0	(a).....0	0	0	0	0	15	462,922

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	(682)	(682)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,220	12,418	-	21,830	22,385
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,220	12,418	0	21,830	22,385
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,220	12,418	0	21,148	21,703

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	-	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.344				.344
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.344	.0	.0	.0	.344
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	.0	.0	.0	.0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	0	.0	.0	.0	0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	0	.0	.0	.0	0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	0	.0	.0	.0	0	.0	.0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.				.0	.0
21. Issued during year.....			(a).....						.0	.0
22. Other changes to in force (Net).....	1	.6,000	0	(a).....0	.0	.0	0	.0	1	.6,000
23. In force December 31 of current year.....	1	.6,000	0	(a).....0	.0	.0	0	.0	1	.6,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	.313	.311	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.313	.311	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.313	.311	.0	.0	.0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **FLORIDA** DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,630				5,630
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,630	0	0	0	5,630
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	145				145
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	145	0	0	0	145
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	145	0	0	0	145
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,538				7,538
10. Matured endowments.....					0
11. Annuity benefits.....	388				388
12. Surrender values and withdrawals for life contracts.....	6,587				6,587
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	14,513	0	0	0	14,513

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	7,538							1	7,538
Settled during current year:										
18.1 By payment in full.....	1	7,538							1	7,538
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	7,538	0	0	0	0	0	0	1	7,538
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	7,538	0	0	0	0	0	0	1	7,538
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	27	667,782	(a).....						27	667,782
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	64,801							(1)	64,801
23. In force December 31 of current year.....	26	732,583	0	(a).....0	0	0	0	0	26	732,583

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	2,006	2,033	-	207	212
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	26,174	26,581	-	25,470	26,119
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	26,174	26,581	0	25,470	26,119
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	28,180	28,614	0	25,677	26,331

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,145		.59		1,204
2. Annuity considerations.....	-	XXX			0
3. Deposit-type contract funds.....				XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,145	.0	.59	.0	1,204
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,020				2,020
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,020	0	0	0	2,020

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	0
17. Incurred during current year.....	1	2,020							1	2,020
Settled during current year:										
18.1 By payment in full.....	1	2,020							1	2,020
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	2,020	0	0	0	0	0	0	1	2,020
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	2,020	0	0	0	0	0	0	1	2,020
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	5	116,740	(a).....		No. of Pol.				5	116,740
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(2,000)							(1)	(2,000)
23. In force December 31 of current year.....	4	114,740	0	(a).....0	0	0	0	0	4	114,740

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,854	1,866	-	1,362	1,411
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	28,528	28,991	-	16,898	17,329
25.3 Non-renewable for stated reasons only (b).....	4,063	4,173	-	135	135
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	32,591	33,164	0	17,033	17,464
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,445	35,030	0	18,395	18,875

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	687,820		59		687,879
2. Annuity considerations.....	73,048				73,048
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	760,869	0	59	0	760,928
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	1,386				1,386
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,479				1,479
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,864	0	0	0	2,864
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,864	0	0	0	2,864
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	491,850				491,850
10. Matured endowments.....					0
11. Annuity benefits.....	82,923				82,923
12. Surrender values and withdrawals for life contracts.....	393,605				393,605
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	968,377	0	0	0	968,377

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	40,266			2	60,092			8	100,358
17. Incurred during current year.....	68	508,032							68	508,032
<i>Settled during current year:</i>										
18.1 By payment in full.....	61	491,850							61	491,850
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	61	491,850	0	0	0	0	0	0	61	491,850
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	61	491,850	0	0	0	0	0	0	61	491,850
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	13	56,448	0	0	2	60,092	0	0	15	116,540
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,682	51,142,908	(a).....		No. of Pol.				1,682	51,142,908
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(146)	(5,433,911)							(146)	(5,433,911)
23. In force December 31 of current year	1,536	45,708,997	0	(a).....0	0	0	0	0	1,536	45,708,997

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	74,030	74,419		54,388	72,521
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	76,650	77,407		56,527	58,593
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,260,255	9,408,380		6,346,203	6,495,446
25.3 Non-renewable for stated reasons only (b).....	45,783	47,021		8,254	8,254
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,306,038	9,455,401	0	6,354,457	6,503,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,456,718	9,607,227	0	6,465,372	6,634,814

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,471				4,471
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,471	0	0	0	4,471
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	6,071				6,071
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,071	0	0	0	6,071

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	6,071							1	6,071
Settled during current year:										
18.1 By payment in full.....	1	6,071							1	6,071
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	6,071	0	0	0	0	0	0	1	6,071
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	6,071	0	0	0	0	0	0	1	6,071
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	9	75,407	(a).....		No. of Pol.				9	75,407
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(16,000)							(2)	(16,000)
23. In force December 31 of current year.....	7	59,407	0	(a).....0	0	0	0	0	7	59,407

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	215,991	219,478	-	131,959	135,319
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	215,991	219,478	0	131,959	135,319
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	215,991	219,478	0	131,959	135,319

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **IDAHO** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	153				153
2. Annuity considerations.....	-	XXX		XXX	0
3. Deposit-type contract funds.....					0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	153	0	0	0	153
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1	90,000	(a).....						1	90,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	90,000	0	(a).....	0	0	0	0	1	90,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **ILLINOIS** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	34,429				34,429
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	34,429	0	0	0	34,429
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	17,349				17,349
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	(786)				(786)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	16,563	0	0	0	16,563

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000						1		10,000
17. Incurred during current year.....	2	7,349						2		7,349
Settled during current year:										
18.1 By payment in full.....	3	17,349						3		17,349
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	3	17,349	0	0	0	0	0	3		17,349
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	3	17,349	0	0	0	0	0	3		17,349
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0		0
POLICY EXHIBIT										
20. In force December 31, prior year.....	55	676,684	(a).....					55		676,684
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(4)	80,252						(4)		80,252
23. In force December 31 of current year.....	51	756,936	0	(a).....0	0	0	0	51		756,936

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	15,406	15,558	-	6,202	6,428
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,698	1,715	-	1,426	1,478
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	812,007	824,876	-	659,145	675,510
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	812,007	824,876	0	659,145	675,510
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	829,111	842,149	0	666,773	683,416

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **INDIANA** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,795				45,795
2. Annuity considerations.....	5,875				5,875
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	51,670	0	0	0	51,670
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	4,598				4,598
12. Surrender values and withdrawals for life contracts.....	37,278				37,278
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	41,876	0	0	0	41,876

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	4,000							1	4,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	140	8,260,705	(a).....		No. of Pol.				140	8,260,705
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(1,135,626)							(7)	(1,135,626)
23. In force December 31 of current year	133	7,125,079	0	(a).....0	0	0	0	0	133	7,125,079

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,965	2,018	-	18,676	29,594
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	7,786	7,863	-	4,662	4,832
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	384,092	390,312	-	294,368	301,862
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	384,092	390,312	0	294,368	301,862
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	393,843	400,193	0	317,706	336,288

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	48,509				48,509
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	49,709	0	0	0	49,709
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	19,134				19,134
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	13,826				13,826
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	32,960	0	0	0	32,960

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	30,092			1	30,092
17. Incurred during current year.....	5	19,134							5	19,134
Settled during current year:										
18.1 By payment in full.....	5	19,134							5	19,134
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	19,134	0	0	0	0	0	0	5	19,134
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	19,134	0	0	0	0	0	0	5	19,134
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	30,092	0	0	1	30,092
POLICY EXHIBIT										
20. In force December 31, prior year.....	95	2,073,717	(a).....		No. of Pol.				95	2,073,717
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(175,031)							(11)	(175,031)
23. In force December 31 of current year.....	84	1,898,686	0	(a).....0	0	0	0	0	84	1,898,686

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,846	1,854	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,771	3,808	-	3,228	3,346
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	427,819	434,769	-	288,721	296,071
25.3 Non-renewable for stated reasons only (b).....	42,683	43,837	-	7,701	7,701
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	470,502	478,606	0	296,422	303,772
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	476,119	484,268	0	299,650	307,118

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,118				4,118
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,118	0	0	0	4,118
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	715				715
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	715	0	0	0	715

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	6	216,731	(a).....		No. of Pol.				6	216,731
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(81,731)							(2)	(81,731)
23. In force December 31 of current year.....	4	135,000	0	(a).....0	0	0	0	0	4	135,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	196	194	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	104,135	105,826	-	88,063	90,305
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	104,135	105,826	0	88,063	90,305
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	104,331	106,020	0	88,063	90,305

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	517				517
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	517	0	0	0	517
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,020				5,020
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,020	0	0	0	5,020

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,020							1	5,020
Settled during current year:										
18.1 By payment in full.....	1	5,020							1	5,020
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,020	0	0	0	0	0	0	1	5,020
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,020	0	0	0	0	0	0	1	5,020
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	4	180,566	(a).....						4	180,566
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	3	175,566	0	(a).....0	0	0	0	0	3	175,566

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	58,602	59,252	-	28,427	28,937
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	58,602	59,252	0	28,427	28,937
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	58,602	59,252	0	28,427	28,937

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	1	.644	0	(a).....0	0	0	0	0	1	.644
23. In force December 31 of current year.....	1	.644	0	(a).....0	0	0	0	0	1	.644

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	826				826
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	826	0	0	0	826
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1	141,862	(a).....		No. of Pol.				1	141,862
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	141,862	0	(a).....0	0	0	0	0	1	141,862

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,701	11,890	-	1,137	1,166
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,701	11,890	0	1,137	1,166
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,701	11,890	0	1,137	1,166

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **MAINE** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	-	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,905				9,905
2. Annuity considerations.....	2,337				2,337
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,243	0	0	0	12,243
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	.827				.827
12. Surrender values and withdrawals for life contracts.....	.56,416				.56,416
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	57,243	0	0	0	57,243

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	38	2,293,504	(a).....		No. of Pol.				38	2,293,504
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(93,479)							(2)	(93,479)
23. In force December 31 of current year.....	36	2,200,025	0	(a).....0	0	0	0	0	36	2,200,025

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	6,230	6,231	-	1,513	1,551
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,069	4,132	-	6,300	6,657
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,069	4,132	0	6,300	6,657
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,299	10,363	0	7,813	8,208

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **MINNESOTA** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	-	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.833	.842	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.833	.842	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	38,265				38,265
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	38,265	0	0	0	38,265
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	13,054				13,054
10. Matured endowments.....					0
11. Annuity benefits.....	132				132
12. Surrender values and withdrawals for life contracts.....	7,788				7,788
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	20,974	0	0	0	20,974

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	18,054							3	18,054
Settled during current year:										
18.1 By payment in full.....	2	13,054							2	13,054
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	13,054	0	0	0	0	0	0	2	13,054
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	13,054	0	0	0	0	0	0	2	13,054
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	90	1,969,252	(a).....		No. of Pol.				90	1,969,252
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(211,179)							(9)	(211,179)
23. In force December 31 of current year	81	1,758,073	0	(a).....0	0	0	0	0	81	1,758,073

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.833	.841	-	.400	.415
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	149,993	152,410	-	105,995	108,693
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	149,993	152,410	0	105,995	108,693
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	150,826	153,251	0	106,395	109,108

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **MISSISSIPPI** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,025				2,025
2. Annuity considerations.....	-	XXX		XXX	0
3. Deposit-type contract funds.....					0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,025	0	0	0	2,025
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	6	62,500	(a).....						6	62,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	6	62,500	0	(a).....	0	0	0	0	6	62,500

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	5,207	8,364
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	785	793	-	91	.95
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	18,595	18,868	-	6,869	7,041
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	18,595	18,868	0	6,869	7,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,380	19,661	0	12,167	15,500

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.....665				.....665
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		....XXX		....XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.....665	.....0	.....0	.....0	.....665
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					0
15. Totals.....	.....0	.....0	.....0	.....0	.....0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....	.....1	.....5,000							.....1	.....5,000
Settled during current year:										
18.1 By payment in full.....									.....0	.....0
18.2 By payment on compromised claims.....									.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....									.....0	.....0
18.5 Amount rejected.....									.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....1	.....5,000	.....0	.....0	.....0	.....0	.....0	.....0	.....1	.....5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....1	.....5,000		(a).....					.....1	.....5,000
21. Issued during year.....									.....0	.....0
22. Other changes to in force (Net).....	-	-							.....0	.....0
23. In force December 31 of current year.....	.....1	.....5,000	.....0	(a).....0	.....0	.....0	.....0	.....0	.....1	.....5,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	283,963	288,576	-	200,496	205,600
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	283,963	288,576	.....0	200,496	205,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	283,963	288,576	.....0	200,496	205,600

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	130,541				130,541
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	130,541	0	0	0	130,541
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	98,102				98,102
10. Matured endowments.....					0
11. Annuity benefits.....	1,479				1,479
12. Surrender values and withdrawals for life contracts.....	9,819				9,819
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	109,399	0	0	0	109,399

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	13	113,102							13	113,102
Settled during current year:										
18.1 By payment in full.....	11	98,102							11	98,102
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	98,102	0	0	0	0	0	0	11	98,102
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	98,102	0	0	0	0	0	0	11	98,102
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	15,000	0	0	0	0	0	0	2	15,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	214	4,567,229	(a).....		No. of Pol.				214	4,567,229
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(20)	(440,979)							(20)	(440,979)
23. In force December 31 of current year.....	194	4,126,250	0	(a).....0	0	0	0	0	194	4,126,250

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	3,619	3,623	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,163,387	1,182,273	-	623,897	639,670
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,163,387	1,182,273	0	623,897	639,670
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,167,006	1,185,896	0	623,897	639,670

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,602				1,602
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,602	0	0	0	1,602
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	1,046				1,046
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,046	0	0	0	1,046

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	5	32,455	(a).....		No. of Pol.				5	32,455
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)	0	(a).....0					(1)	(5,000)
23. In force December 31 of current year.....	4	27,455	0	(a).....0				0	4	27,455

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	98,822	100,421	-	36,066	36,984
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	98,822	100,421	0	36,066	36,984
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	98,822	100,421	0	36,066	36,984

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **NEBRASKA** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,883				1,883
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,883	0	0	0	1,883
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	2	125,000	(a).....		No. of Pol.				2	125,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	2	125,000	0 (a).....	0	0	0	0	0	2	125,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	100	101	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	710,644	722,197	-	530,745	544,256
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	710,644	722,197	0	530,745	544,256
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	710,744	722,298	0	530,745	544,256

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **NEW HAMPSHIRE** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	.....	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1	2,500	(a).....		No. of Pol.				1	2,500
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	2,500	0	(a).....0	0	0	0	0	1	2,500

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,158	9,307	-	1,220	1,251
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,158	9,307	0	1,220	1,251
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,158	9,307	0	1,220	1,251

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	-	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	5,197	5,231	-	1,550	1,524
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,197	5,231	0	1,550	1,524
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,197	5,231	0	1,550	1,524

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



* 6 1 7 2 7 2 0 1 3 4 3 0 2 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.....900	.....	.....	.....	.....900
2. Annuity considerations.....	-	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	.....XXX	.....	.....XXX	.....0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	.....900	.....0	.....0	.....0	.....900
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	-	.....	.....	.....	.....0
12. Surrender values and withdrawals for life contracts.....	-	.....	.....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	.....0	.....0	.....0	.....0	.....0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....3	.....139,180	.....(a).....	.....	.....	.....	.....	.....	.....3	.....139,180
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
22. Other changes to in force (Net).....	.....-	.....-	.....	.....	.....	.....	.....	.....	.....0	.....0
23. In force December 31 of current year.....	.....3	.....139,180	.....0	.....(a).....0	.....0	.....0	.....0	.....0	.....3	.....139,180

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	.....1,608	.....1,624	-	.....1,328	.....1,376
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	.....5,612	.....5,690	-	.....1,289	.....1,322
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.....5,612	.....5,690	.....0	.....1,289	.....1,322
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.....7,220	.....7,314	.....0	.....2,617	.....2,698

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **NEW YORK** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	58				58
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	58	0	0	0	58
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	(625)				(625)
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	(625)	0	0	0	(625)

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1	10,000	(a).....		No. of Pol.				1	10,000
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	1	10,000	0	(a).....0	0	0	0	0	1	10,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,295	3,349	-	1,566	1,606
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,295	3,349	0	1,566	1,606
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,295	3,349	0	1,566	1,606

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	104,671				104,671
2. Annuity considerations.....	47,636				47,636
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	152,306	0	0	0	152,306
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	1,386				1,386
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,334				1,334
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,720	0	0	0	2,720
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,720	0	0	0	2,720
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	52,748				52,748
10. Matured endowments.....					0
11. Annuity benefits.....	68,338				68,338
12. Surrender values and withdrawals for life contracts.....	182,358				182,358
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	303,444	0	0	0	303,444

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	5,266							2	5,266
17. Incurred during current year.....	16	61,628							16	61,628
Settled during current year:										
18.1 By payment in full.....	13	52,748							13	52,748
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	52,748	0	0	0	0	0	0	13	52,748
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	52,748	0	0	0	0	0	0	13	52,748
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	14,146	0	0	0	0	0	0	5	14,146
POLICY EXHIBIT										
20. In force December 31, prior year.....	438	13,174,703	(a).....		No. of Pol.				438	13,174,703
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(38)	(2,053,825)							(38)	(2,053,825)
23. In force December 31 of current year	400	11,120,878	0	(a).....0	0	0	0	0	400	11,120,878

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	18,183	18,249	-	10,484	13,525
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	43,138	43,564	-	32,260	33,438
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	300,292	305,024	-	217,067	222,464
25.3 Non-renewable for stated reasons only (b).....	(963)	(989)	-	418	418
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	299,329	304,035	0	217,485	222,882
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	360,650	365,848	0	260,229	269,845

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,693				7,693
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,693	0	0	0	7,693
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	832				832
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	832	0	0	0	832

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	10	78,000	(a).....		No. of Pol.				10	78,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	109,000	0	(a).....0					2	109,000
23. In force December 31 of current year	12	187,000	0	(a).....0					12	187,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.897	906	-	.253	263
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	75,668	76,896	-	62,514	64,105
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	75,668	76,896	0	62,514	64,105
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	76,565	77,802	0	62,767	64,368

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	1	25,000	(a).....	.....	.....	.....	.....	1	25,000	0
21. Issued during year.....	-	-	.....	.....	.....	.....	.....	0	0	0
22. Other changes to in force (Net).....	-	-	.....	.....	.....	.....	.....	0	0	0
23. In force December 31 of current year.....	1	25,000	0	(a).....	0	0	0	0	1	25,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	29,513	29,921	-	22,114	22,677
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	29,513	29,921	0	22,114	22,677
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	29,513	29,921	0	22,114	22,677

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	(a).....	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **PENNSYLVANIA** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,736				8,736
2. Annuity considerations.....	2,200				2,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,936	0	0	0	10,936
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	6,361				6,361
12. Surrender values and withdrawals for life contracts.....	20,695				20,695
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	27,056	0	0	0	27,056

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	30,000			1	30,000
17. Incurred during current year.....	1	802							1	802
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	802	0	0	1	30,000	0	0	2	30,802
POLICY EXHIBIT										
20. In force December 31, prior year.....	26	1,251,944	(a).....		No. of Pol.				26	1,251,944
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(139,258)							(3)	(139,258)
23. In force December 31 of current year	23	1,112,686	0	(a).....0	0	0	0	0	23	1,112,686

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	1,340	1,300	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	457,057	464,481	-	337,346	345,934
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	457,057	464,481	0	337,346	345,934
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	458,397	465,781	0	337,346	345,934

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,434				17,434
2. Annuity considerations.....	-	XXX		XXX	0
3. Deposit-type contract funds.....					0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,434	0	0	0	17,434
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,029				10,029
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	2,607				2,607
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	12,636	0	0	0	12,636

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....		29							0	29
Settled during current year:										
18.1 By payment in full.....	1	10,029							1	10,029
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,029	0	0	0	0	0	0	1	10,029
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,029	0	0	0	0	0	0	1	10,029
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	49	2,395,436	(a).....		No. of Pol.				49	2,395,436
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	(17,699)							2	(17,699)
23. In force December 31 of current year	51	2,377,737	0	(a).....0	0	0	0	0	51	2,377,737

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.380	.383	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	346,393	.352,018	-	223,410	.229,056
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	346,393	.352,018	0	223,410	.229,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	346,773	.352,401	0	223,410	.229,056

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.....689	.....	.....	.....	.....689
2. Annuity considerations.....	.....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	.....XXX	.....	.....XXX	.....0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	.....689	.....0	.....0	.....0	.....689
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	.....	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	.....	.....	.....	.....	.....0
12. Surrender values and withdrawals for life contracts.....	.....	.....	.....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	.....0	.....0	.....0	.....0	.....0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....3	.....203,000	.....(a).....	.....	.....	.....	.....	.....3	.....203,000	.....
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0	.....0
22. Other changes to in force (Net).....	.....(2)	.....(198,000)	.....	.....	.....	.....	.....	.....(2)	.....(198,000)	.....
23. In force December 31 of current year.....	.....1	.....5,000	.....0	.....(a).....0	.....0	.....0	.....0	.....1	.....5,000	.....

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	.....38,385	.....39,001	.....	.....19,120	.....19,607
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.....38,385	.....39,001	.....0	.....19,120	.....19,607
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.....38,385	.....39,001	.....0	.....19,120	.....19,607

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,710				19,710
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,710	0	0	0	19,710
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	9,035				9,035
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	4,180				4,180
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	13,215	0	0	0	13,215

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	1	4,035							1	4,035
Settled during current year:										
18.1 By payment in full.....	2	9,035							2	9,035
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	9,035	0	0	0	0	0	0	2	9,035
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	9,035	0	0	0	0	0	0	2	9,035
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	53	1,789,131	(a).....		No. of Pol.				53	1,789,131
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(265,750)							(8)	(265,750)
23. In force December 31 of current year	45	1,523,381	0	(a).....0	0	0	0	0	45	1,523,381

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	4,388	4,357	-	431	730
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	201,700	204,956	-	196,384	190,518
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	201,700	204,956	0	196,384	190,518
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	206,088	209,313	0	196,815	191,248

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **TEXAS** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,390				43,390
2. Annuity considerations.....	-	XXX		XXX	0
3. Deposit-type contract funds.....					0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,390	0	0	0	43,390
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	50,725				50,725
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	50,725	0	0	0	50,725

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	6	50,725							6	50,725
Settled during current year:										
18.1 By payment in full.....	6	50,725							6	50,725
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	50,725	0	0	0	0	0	0	6	50,725
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	50,725	0	0	0	0	0	0	6	50,725
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	77	857,637	(a).....		No. of Pol.				77	857,637
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(57,000)							(7)	(57,000)
23. In force December 31 of current year.....	70	800,637	0 (a).....	0	0	0	0	0	70	800,637

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	9,873	9,961	-	7,268	7,533
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,399	3,433	-	4,553	4,719
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,070,053	1,086,464	-	710,667	728,371
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,070,053	1,086,464	0	710,667	728,371
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,083,325	1,099,858	0	722,488	740,623

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,104				2,104
2. Annuity considerations.....	-	XXX		XXX	0
3. Deposit-type contract funds.....					0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,104	0	0	0	2,104
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	3	106,524	(a).....						3	106,524
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....	-	-							0	0
23. In force December 31 of current year.....	3	106,524	0	(a).....0	0	0	0	0	3	106,524

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	102,667				102,667
2. Annuity considerations.....	10,000				10,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	112,667	0	0	0	112,667
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	61,891				61,891
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	33,197				33,197
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	95,087	0	0	0	95,087

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000						1	10,000	
17. Incurred during current year.....	8	54,391						8	54,391	
Settled during current year:										
18.1 By payment in full.....	8	61,891						8	61,891	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	8	61,891	0	0	0	0	0	8	61,891	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	8	61,891	0	0	0	0	0	8	61,891	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	0	0	0	1	2,500	
POLICY EXHIBIT										
20. In force December 31, prior year.....	187	3,682,736	(a).....		No. of Pol.			187	3,682,736	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(17)	(259,877)						(17)	(259,877)	
23. In force December 31 of current year.....	170	3,422,859	0 (a).....	0	0	0	0	170	3,422,859	

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	655	650	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,957,742	1,989,538	-	1,362,662	1,397,352
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,957,742	1,989,538	0	1,362,662	1,397,352
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,958,397	1,990,188	0	1,362,662	1,397,352

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF VERNON DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	0	(a).....	0	0	0	0	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	-	-	-	-	-
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **WASHINGTON** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	.....	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.660	667	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	8,118	8,245	-	4,415	4,528
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,118	8,245	0	4,415	4,528
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,778	8,912	0	4,415	4,528

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF **WISCONSIN** DURING THE YEAR
 NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	790				790
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	790	0	0	0	790
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	4	106,846	(a).....		No. of Pol.				4	106,846
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(99,000)							(1)	(99,000)
23. In force December 31 of current year.....	3	7,846	0	(a).....0	0	0	0	0	3	7,846

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.976	985	-	300	311
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	23,059	23,252	-	8,012	7,947
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	23,059	23,252	0	8,012	7,947
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	24,035	24,237	0	8,312	8,258

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF **WEST VIRGINIA** DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,604				11,604
2. Annuity considerations.....	1,400				1,400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,004	0	0	0	13,004
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	-				0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	-				0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	120,562				120,562
10. Matured endowments.....					0
11. Annuity benefits.....	-				0
12. Surrender values and withdrawals for life contracts.....	151				151
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	120,713	0	0	0	120,713

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	120,562							3	120,562
Settled during current year:										
18.1 By payment in full.....	3	120,562							3	120,562
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	120,562	0	0	0	0	0	0	3	120,562
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	120,562	0	0	0	0	0	0	3	120,562
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	30	1,204,780	(a).....		No. of Pol.				30	1,204,780
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(163,744)							(4)	(163,744)
23. In force December 31 of current year.....	26	1,041,036	0	(a).....0	0	0	0	0	26	1,041,036

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.261	264	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,114	17,392	-	6,843	7,017
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	17,114	17,392	0	6,843	7,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,375	17,656	0	6,843	7,017

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
Settled during current year:										
18.1 By payment in full.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.2 By payment on compromised claims.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.5 Amount rejected.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.....	.....	.....	(a).....	.....	.....	.....	.....	0	0
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	0	0
22. Other changes to in force (Net).....	-	-	-	.....	.....	.....	.....	.....	0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....	-	-	-	-	-
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	-	-	-	-	-
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	87,676	89,046	-	56,795	58,241
25.3 Non-renewable for stated reasons only (b).....	-	-	-	-	-
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	87,676	89,046	0	56,795	58,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	87,676	89,046	0	56,795	58,241

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	48,948
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	
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).....	48,948
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	7,550
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	41,398

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.....	7,550			7,550
2. 2014.....	6,288			6,288
3. 2015.....	4,055			4,055
4. 2016.....	5,469			5,469
5. 2017.....	6,756			6,756
6. 2018.....	6,381			6,381
7. 2019.....	5,508			5,508
8. 2020.....	4,493			4,493
9. 2021.....	3,218			3,218
10. 2022.....	1,633			1,633
11. 2023.....	.275			.275
12. 2024.....	(304)			(304)
13. 2025.....	(404)			(404)
14. 2026.....	(376)			(376)
15. 2027.....	(257)			(257)
16. 2028.....	(212)			(212)
17. 2029.....	(228)			(228)
18. 2030.....	(244)			(244)
19. 2031.....	(228)			(228)
20. 2032.....	(181)			(181)
21. 2033.....	(134)			(134)
22. 2034.....	(82)			(82)
23. 2035.....	(28)			(28)
24. 2036.....				0
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).....	48,948	0	0	48,948

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	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)	
1. Reserve as of December 31, prior year.....	75		75			0	75
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.....			0			0	0
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.....	1,899		1,899			0	1,899
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	1,974	0	1,974	0	0	0	1,974
9. Maximum reserve.....	14,243		14,243			0	14,243
10. Reserve objective.....	10,920		10,920			0	10,920
11. 20% of (Line 10 minus Line 8).....	1,789	0	1,789	0	0	0	1,789
12. Balance before transfers (Lines 8 + 11).....	3,763	0	3,763	0	0	0	3,763
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	3,763	0	3,763	0	0	0	3,763

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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.....	4,554,133	XXX.....	XXX.....	4,554,133	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
3	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
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.....	0
9		Total bonds (sum of Lines 1 through 8).....	4,554,133	XXX.....	XXX.....	4,554,133	XXX.....	0	XXX.....	0	XXX.....	0
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.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	4,747,632	XXX.....	XXX.....	4,747,632	0.0004	1,899	0.0023	10,920	0.0030	14,243
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).....	4,747,632	XXX.....	XXX.....	4,747,632	XXX.....	1,899	XXX.....	10,920	XXX.....	14,243

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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)
DERIVATIVE INSTRUMENTS												
26		Exchange-traded.....		....XXX.....	....XXX.....	.....0	.....0004	.....0	.....0023	.....0	.....0030
27	1	Highest quality.....		....XXX.....	....XXX.....	.....0	.....0004	.....0	.....0023	.....0	.....0030
28	2	High quality.....		....XXX.....	....XXX.....	.....0	.....0019	.....0	.....0058	.....0	.....0090
29	3	Medium quality.....		....XXX.....	....XXX.....	.....0	.....0093	.....0	.....0230	.....0	.....0340
30	4	Low quality.....		....XXX.....	....XXX.....	.....0	.....0213	.....0	.....0530	.....0	.....0750
31	5	Lower quality.....		....XXX.....	....XXX.....	.....0	.....0432	.....0	.....1100	.....0	.....1700
32	6	In or near default.....		....XXX.....	....XXX.....	.....0	.....0000	.....0	.....2000	.....0	.....2000
33		Total derivative instruments.....	.....0	....XXX.....	....XXX.....	.....0	....XXX.....	.....0	....XXX.....	.....0	....XXX.....
34		TOTAL (Lines 9 + 17 + 25 + 33).....	9,301,765	XXX	XXX	9,301,765	XXX	1,899	XXX	10,920	XXX	
MORTGAGE LOANS												
35		In good standing:										
36		Farm mortgages.....			....XXX.....	.....0	.....0035	.....0	.....0100	.....0	.....0130
37		Residential mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0003	.....0	.....0006	.....0	.....0010
38		Residential mortgages-all other.....			....XXX.....	.....0	.....0013	.....0	.....0030	.....0	.....0040
39		Commercial mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0003	.....0	.....0006	.....0	.....0010
40		Commercial mortgages-all other.....			....XXX.....	.....0	.....0035	.....0	.....0100	.....0	.....0130
41		In good standing with restructured terms.....			....XXX.....	.....0	.....0035	.....0	.....0100	.....0	.....0130
42		Overdue, not in process:										
43		Farm mortgages.....			....XXX.....	.....0	.....0420	.....0	.....0760	.....0	.....1200
44		Residential mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0005	.....0	.....0012	.....0	.....0020
45		Residential mortgages-all other.....			....XXX.....	.....0	.....0025	.....0	.....0058	.....0	.....0090
46		Commercial mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0005	.....0	.....0012	.....0	.....0020
47		Commercial mortgages-all other.....			....XXX.....	.....0	.....0420	.....0	.....0760	.....0	.....1200
48		In process of foreclosure:										
49		Farm mortgages.....			....XXX.....	.....0	.....0000	.....0	.....1700	.....0	.....1700
50		Residential mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0000	.....0	.....0040	.....0	.....0040
51		Residential mortgages-all other.....			....XXX.....	.....0	.....0000	.....0	.....0130	.....0	.....0130
52		Commercial mortgages-insured or guaranteed.....			....XXX.....	.....0	.....0000	.....0	.....0040	.....0	.....0040
53		Commercial mortgages-all other.....			....XXX.....	.....0	.....0000	.....0	.....1700	.....0	.....1700
		Total Schedule B mortgages (sum of Lines 35 through 50).....	.....0	....0	....XXX.....	.....0	....XXX.....	.....0	....XXX.....	.....0	....XXX.....
		Schedule DA mortgages.....			....XXX.....	.....0	.....0030	.....0	.....0100	.....0	.....0130
		Total mortgage loans on real estate (Lines 51 + 52).....		....0	....0	....XXX.....	....0	....XXX.....	....0	....XXX.....	....0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	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)
COMMON STOCK												
1		Unaffiliated public.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	(a).....0	.....0	(a).....0
2		Unaffiliated private.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600
3		Federal Home Loan Bank.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.0050	.....0	.....0.0080
4		Affiliated life with AVR.....	12,798,822	....XXX.....	....XXX.....	12,798,822	.....0.0000	.....0	.....0.0000	.....0	.....0.0000
Affiliated Investment Subsidiary:												
5		Fixed income exempt obligations.....				.....0	....XXX.....		....XXX.....		....XXX.....
6		Fixed income highest quality.....				.....0	....XXX.....		....XXX.....		....XXX.....
7		Fixed income high quality.....				.....0	....XXX.....		....XXX.....		....XXX.....
8		Fixed income medium quality.....				.....0	....XXX.....		....XXX.....		....XXX.....
9		Fixed income low quality.....				.....0	....XXX.....		....XXX.....		....XXX.....
10		Fixed income lower quality.....				.....0	....XXX.....		....XXX.....		....XXX.....
11		Fixed income in or near default.....				.....0	....XXX.....		....XXX.....		....XXX.....
12		Unaffiliated common stock public.....				.....0	.....0.0000	.....0	(a).....0	.....0	(a).....0
13		Unaffiliated common stock private.....				.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600
14		Mortgage loans.....				.....0	.....0.0030	.....0	.....0.0100	.....0	.....0.0130
15		Real estate.....				.....0	(b).....0	(b).....0		(b).....0	(b).....0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.1300	.....0	.....0.1300
17		Affiliated - all other.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600
18		Total common stock (sum of Lines 1 through 17).....	12,798,822	.....0	.....0	12,798,822	....XXX.....	.....0	....XXX.....	.....0	....XXX.....
REAL ESTATE												
19		Home office property (General Account only).....				.....0	.....0.0000	.....0	.....0.0750	.....0	.....0.0750
20		Investment properties.....				.....0	.....0.0000	.....0	.....0.0750	.....0	.....0.0750
21		Properties acquired in satisfaction of debt.....				.....0	.....0.0000	.....0	.....0.1100	.....0	.....0.1100
22		Total real estate (sum of Lines 19 through 21).....	0	0	0	0	....XXX.....	.....0	....XXX.....	.....0	....XXX.....
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt obligations.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.0000	.....0	.....0.0000
24	1	Highest quality.....		....XXX.....	....XXX.....	.....0	.....0.0004	.....0	.....0.0023	.....0	.....0.0030
25	2	High quality.....		....XXX.....	....XXX.....	.....0	.....0.0019	.....0	.....0.0058	.....0	.....0.0090
26	3	Medium quality.....		....XXX.....	....XXX.....	.....0	.....0.0093	.....0	.....0.0230	.....0	.....0.0340
27	4	Low quality.....		....XXX.....	....XXX.....	.....0	.....0.0213	.....0	.....0.0530	.....0	.....0.0750
28	5	Lower quality.....		....XXX.....	....XXX.....	.....0	.....0.0432	.....0	.....0.1100	.....0	.....0.1700
29	6	In or near default.....		....XXX.....	....XXX.....	.....0	.....0.0000	.....0	.....0.2000	.....0	.....0.2000
30		Total with bond characteristics (sum of Lines 23 through 29).....	0	....XXX.....	....XXX.....	.....0	....XXX.....	.....0	....XXX.....	.....0	....XXX.....

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-77)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
			1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	6,501,784	....XXX..	.....39,003	....XXX..	.....	....XXX..	.....38,770	....XXX..	.....	....XXX..	.....6,424,011	....XXX..	.....	....XXX..	.....	....XXX..	.....XXX..	.....XXX..
2. Premiums earned.....	6,606,662	....XXX..	.....39,010	....XXX..	.....	....XXX..	.....39,445	....XXX..	.....	....XXX..	.....6,528,207	....XXX..	.....	....XXX..	.....	....XXX..	.....XXX..	.....XXX..
3. Incurred claims.....	4,350,741	....65.9	.....17,186	....44.1	.....	....0.0	.....27,772	....70.4	.....	....0.0	.....4,305,783	....66.0	.....	....0.0	.....	....0.0	.....0.0	.....0.0
4. Cost containment expenses.....	0	....0.0	.....0.0	....0.0	.....	....0.0	.....0.0	....0.0	.....	....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).....	4,350,741	....65.9	.....17,186	....44.1	.....0	....0.0	.....27,772	....70.4	.....0	....0.0	.....4,305,783	....66.0	.....0	....0.0	.....0	....0.0	.....0	....0.0
6. Increase in contract reserves.....	65,187	....1.0	.....87,553	....224.4	.....	....0.0	.....0.0	....0.0	.....	....0.0	.....(22,366)	....(0.3)	.....	....0.0	.....	....0.0	.....0.0	.....0.0
7. Commissions (a).....	71,287	....1.1	....(2,288)	....(5.9)	.....	....0.0	....(6,833)	....(17.3)	.....	....0.0	.....80,408	....1.2	.....	....0.0	.....	....0.0	.....0.0	.....0.0
8. Other general insurance expenses.....	668,136	....10.1	.....5,477	....14.0	.....	....0.0	.....3,191	....8.1	.....	....0.0	.....659,468	....10.1	.....	....0.0	.....	....0.0	.....0.0	.....0.0
9. Taxes, licenses and fees.....	264,865	....4.0	.....1,083	....2.8	.....	....0.0	.....949	....2.4	.....	....0.0	.....262,833	....4.0	.....	....0.0	.....	....0.0	.....0.0	.....0.0
10. Total other expenses incurred.....	1,004,288	....15.2	.....4,272	....11.0	.....0	....0.0	....(2,693)	....(6.8)	.....0	....0.0	.....1,002,709	....15.4	.....0	....0.0	.....0	....0.0	.....0	....0.0
11. Aggregate write-ins for deductions.....	(393)	....(0.0)	....(22)	....(0.1)	.....0	....0.0	....(22)	....(0.1)	.....0	....0.0	....(349)	....(0.0)	.....0	....0.0	.....0	....0.0	.....0	....0.0
12. Gain from underwriting before dividends or refunds.....	1,186,839	....18.0	....(69,979)	....(179.4)	.....0	....0.0	.....14,388	....36.5	.....0	....0.0	.....1,242,430	....19.0	.....0	....0.0	.....0	....0.0	.....0	....0.0
13. Dividends or refunds.....	0	....0.0	.....0.0	....0.0	.....	....0.0	.....0.0	....0.0	.....	....0.0	.....0.0	....0.0	.....	....0.0	.....	....0.0	.....0.0	.....0.0
14. Gain from underwriting after dividends or refunds.....	1,186,839	....18.0	....(69,979)	....(179.4)	.....0	....0.0	.....14,388	....36.5	.....0	....0.0	.....1,242,430	....19.0	.....0	....0.0	.....0	....0.0	.....0	....0.0

DETAILS OF WRITE-INS

1101. Increase in Loading.....	(1,251)	....(0.0)	.....(29)	....(0.1)	.....0	.....(22)	....(0.1)	.....0	.....(1,200)	....(0.0)	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0
1102. Penalties.....	858	....0.0	.....7	....0.0	.....0.0	.....0.0	.....0.0	.....0.0	.....851	....0.0	.....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	....0.0	.....0.0	....0.0	.....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	.....0.0	.....0.0	.....0.0	.....0.0	.....0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	(393)	....(0.0)	.....(22)	....(0.1)	.....0	....0.0	....(22)	....(0.1)	.....0	....0.0	....(349)	....(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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	462,298		202		3,038		459,058		
2. Advance premiums.....	55,055		514		1,054		53,487		
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	517,353		716		4,092		512,545		0
5. Total premium reserves, prior year.....	634,208		409		5,459		628,340		
6. Increase in total premium reserves.....	(116,855)		307		(1,367)		(115,795)		0
B. Contract Reserves:									
1. Additional reserves (a).....	663,326		500,328				162,998		
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	663,326		500,328		0		162,998		0
4. Total contract reserves, prior year.....	598,139		412,775				185,364		
5. Increase in contract reserves.....	65,187		87,553		0		(22,366)		0
C. Claim Reserves and Liabilities:									
1. Total current year.....	471,732		10,261		3,442		458,029		
2. Total prior year.....	569,782		12,325		3,934		553,523		
3. Increase.....	(98,050)		(2,064)		(492)		(95,494)		0

3

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.....	458,150		5,099		2,794		450,257		
1.2 On claims incurred during current year.....	3,990,640		14,151		25,469		3,951,020		
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	9,655		8,789		7		859		
2.2 On claims incurred during current year.....	462,077		1,472		3,435		457,170		
3. Test:									
3.1 Lines 1.1 and 2.1.....	467,805		13,888		2,801		451,116		0
3.2 Claim reserves and liabilities, December 31, prior year.....	569,782		12,325		3,934		553,523		
3.3 Line 3.1 minus Line 3.2.....	(101,977)		1,563		(1,133)		(102,407)		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.....	2,936,193		33,933		38,770		2,825,406		38,084
2. Premiums earned.....	2,991,744		33,887		39,444		2,880,326		38,087
3. Incurred claims.....	1,945,193		17,654		27,772		1,891,138		8,629
4. Commissions.....	408,215		5,793		6,833		395,352		237

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

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	8,250	77,882	6,209,801	6,295,933
2. Beginning claim reserves and liabilities.....		12,787	956,374	969,161
3. Ending claim reserves and liabilities.....		9,836	789,886	799,722
4. Claims paid.....	8,250	80,833	6,376,289	6,465,372
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.....	8,250	37,722	1,899,220	1,945,192
10. Beginning claim reserves and liabilities.....		6,394	910,296	916,690
11. Ending claim reserves and liabilities.....		4,919	722,362	727,281
12. Claims paid.....	8,250	39,197	2,087,154	2,134,601
D. Net:				
13. Incurred claims.....	0	40,160	4,310,581	4,350,741
14. Beginning claim reserves and liabilities.....	0	6,393	46,078	52,471
15. Ending claim reserves and liabilities.....	0	4,917	67,524	72,441
16. Claims paid.....	0	41,636	4,289,135	4,330,771
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....		40,160	4,310,581	4,350,741
18. Beginning reserves and liabilities.....		6,393	46,078	52,471
19. Ending reserves and liabilities.....		4,917	67,524	72,441
20. Paid claims and cost containment expenses.....	0	41,636	4,289,135	4,330,771

Sch. S-Pt. 1-Sn. 1
NONE

Sch. S-Pt. 1-Sn. 2
NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY**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

63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	.....77,859	
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	.....4,000	
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....	.....60,092	
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	.....38,557	
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....0	.....180,508
1099999.	Total - Life and Annuity Non-Affiliates.....				.....0	.....180,508
1199999.	Total - Life and Annuity.....				.....0	.....180,508

Accident and Health - Non-Affiliates - U.S. Non-Affiliates

71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	.....321	
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Co of America.....	FL.....	.....629	.....9,143
62235.....	01-0278678....	01/01/1994	UNUM Life Insurance Co of America.....	ME.....	.....2,398	
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	.....398,341	.....202,971
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.....399,291	.....214,512
2199999.	Total - Accident and Health Non-Affiliates.....				.....399,291	.....214,512
2299999.	Total - Accident and Health.....				.....399,291	.....214,512
2399999.	Total U.S.....				.....399,291	.....395,020
9999999.	Total.....				.....399,291	.....395,020

CENTRAL RESERVE LIFE INSURANCE COMPANY**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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	17,377,245	5,813,987	1,427,139	.419,957	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	ACO/I.....	.....	.....	4,202,448	.35,355	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	ACO/I.....	.....	4,101,464	4,201,689	.37,693	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	OTH/I.....	11,177,322	.694,087	.681,353	.154,113	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	YRT/I.....	1,007,340	3,675	2,838	.5,687	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	CO/I.....	31,448	441	.213	.....	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	CT.....	CO/I.....	13,915,618	.287,578	.289,916	.37,664	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	CT.....	YRT/I.....	.....	.....	.2,931	.....	(4,321)	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	OH.....	ACO/I.....	.....	.722,335	.757,687	.....	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	OH.....	CO/I.....	2,200,025	.42,451	.15,419	.9,201	.....	.....	.....	.....
0899999.....	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				.....	45,708,998	11,666,018	11,581,633	.695,349	0	0	0	0
1099999.....	Total - General Account - Authorized - Non-Affiliates.....				.....	45,708,998	11,666,018	11,581,633	.695,349	0	0	0	0
1199999.....	Total - General Account - Authorized.....				.....	45,708,998	11,666,018	11,581,633	.695,349	0	0	0	0
3499999.....	Total - General Account - Authorized, Unauthorized and Certified.....				.....	45,708,998	11,666,018	11,581,633	.695,349	0	0	0	0
6999999.....	Total U.S.....				.....	45,708,998	11,666,018	11,581,633	.695,349	0	0	0	0
9999999.....	Total.....				.....	45,708,998	11,666,018	11,581,633	.695,349	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10	11		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
88340....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	.....5,875	.....224	.....14,047	.....	.....	.....	.....
88340....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	.....7,024	.....2,230	.....	.....	.....	.....	.....
88340....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	.....20,183	.....186	.....507,352	.....	.....	.....	.....
88340....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	.....2,842,957	.....212,515	.....129,960	.....	.....	.....	.....
67679....	23-1609793....	08/01/2006	American Republic Insurance Company.....	IA.....	CO/G.....	.....754	.....30	.....	.....	.....	.....	.....
67679....	23-1609793....	08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	.....59,187	.....202	.....	.....	.....	.....	.....
71404....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	CO/G.....	.....2,427	.....442	.....6,004	.....	.....	.....	.....
71404....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	.....3,256	.....	.....	.....	.....	.....	.....
62235....	01-0278678....	01/01/1994	UNUM Life Insurance Company.....	ME.....	CO/G.....	.....5,095	.....	.....86,601	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0
9999999.	Total.....				.....	.....2,946,758	.....215,829	.....743,964	.....0	.....0	.....0	.....0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY
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.....	3,642	10,322	4,752	26,861	52,357
2. Commissions and reinsurance expense allowances.....	452	651	1,034	3,654	6,400
3. Contract claims.....	2,439	2,807	3,081	15,511	35,847
4. Surrender benefits and withdrawals for life contracts.....				377	228
5. Dividends to policyholders.....				2	
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts...					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	893	1,459	1,147	1,454	1,969
9. Aggregate reserves for life and accident and health contracts.....	12,608	12,495	7,018	6,830	7,716
10. Liability for deposit-type contracts.....	(18)	40	16	51	58
11. Contract claims unpaid.....	395	425	416	662	4,906
12. Amounts recoverable on reinsurance.....	399	676	617	936	1,159
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (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

CENTRAL RESERVE LIFE INSURANCE COMPANY
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).....	22,279,429		22,279,429
2. Reinsurance (Line 16).....	482,384	(482,384)	0
3. Premiums and considerations (Line 15).....	(662,948)	893,006	230,058
4. Net credit for ceded reinsurance.....	XXX	12,615,814	12,615,814
5. All other admitted assets (balance).....	896,423		896,423
6. Total assets excluding Separate Accounts (Line 26).....	22,995,288	13,026,436	36,021,724
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	22,995,288	13,026,436	36,021,724
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	1,138,454	12,607,578	13,746,032
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	458,902	395,019	853,921
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	55,055	23,839	78,894
14. Other contract liabilities (Line 9).....	41,398		41,398
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	360,732		360,732
20. Total liabilities excluding Separate Accounts (Line 26).....	2,054,541	13,026,436	15,080,977
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	2,054,541	13,026,436	15,080,977
23. Capital & surplus (Line 38).....	20,940,747	XXX	20,940,747
24. Total liabilities, capital & surplus (Line 39).....	22,995,288	13,026,436	36,021,724
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	12,607,578		
26. Claim reserves.....	395,019		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	23,839		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	482,384		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	13,508,820		
34. Premiums and considerations.....	893,006		
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.....	893,006		
41. Total net credit for ceded reinsurance.....	12,615,814		

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	12,816	2,400				15,216
2. Alaska.....AK	372	-				372
3. Arizona.....AZ	8,655	-	479			9,134
4. Arkansas.....AR	9,922	-				9,922
5. California.....CA	907	-				907
6. Colorado.....CO	3,779	-				3,779
7. Connecticut.....CT	-	-				0
8. Delaware.....DE	344	-	313			657
9. District of Columbia.....DC	-	-				0
10. Florida.....FL	5,630	-				5,630
11. Georgia.....GA	1,204	-				1,204
12. Hawaii.....HI	-	-				0
13. Idaho.....ID	153	-				153
14. Illinois.....IL	34,429	-				34,429
15. Indiana.....IN	45,795	5,875				51,670
16. Iowa.....IA	4,471	-				4,471
17. Kansas.....KS	48,509	1,200	313			50,022
18. Kentucky.....KY	4,118	-	196			4,314
19. Louisiana.....LA	517	-				517
20. Maine.....ME	-	-				0
21. Maryland.....MD	826	-				826
22. Massachusetts.....MA	-	-				0
23. Michigan.....MI	9,905	2,337	4,281			16,523
24. Minnesota.....MN	-	-				0
25. Mississippi.....MS	2,025	-				2,025
26. Missouri.....MO	38,265	-				38,265
27. Montana.....MT	665	-				665
28. Nebraska.....NE	1,883	-				1,883
29. Nevada.....NV	900	-	313			1,213
30. New Hampshire.....NH	-	-				0
31. New Jersey.....NJ	100	-				100
32. New Mexico.....NM	-	-				0
33. New York.....NY	58	-				58
34. North Carolina.....NC	130,541	-	1,898			132,439
35. North Dakota.....ND	1,602	-				1,602
36. Ohio.....OH	104,671	47,636	4,150			156,457
37. Oklahoma.....OK	7,693	-				7,693
38. Oregon.....OR	-	-				0
39. Pennsylvania.....PA	8,736	2,200	2,209			13,145
40. Rhode Island.....RI	-	-				0
41. South Carolina.....SC	17,434	-				17,434
42. South Dakota.....SD	689	-				689
43. Tennessee.....TN	19,710	-	4,388			24,098
44. Texas.....TX	43,390	-	543			43,933
45. Utah.....UT	2,104	-				2,104
46. Vermont.....VT	-	-				0
47. Virginia.....VA	102,667	10,000	655			113,322
48. Washington.....WA	-	-				0
49. West Virginia.....WV	11,604	1,400				13,004
50. Wisconsin.....WI	790	-				790
51. Wyoming.....WY	-	-				0
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	-	-				0
58. Aggregate Other Alien.....OT	-	-				0
59. Totals.....	687,879	73,048	19,738	0	0	780,665

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
	Cigna Group.....		06-1059331	1591167.....	0000701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1072796	1591167.....	0000701221		Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		51-0402128	1591167.....	0000701221		Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1095823	1591167.....	0000701221		Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		52-0291385	1591167.....	0000701221		Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		23-1914061	1591167.....	0000701221		Former Cigna Investments, Inc	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-0861092	1591167.....	0000701221		Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1336442	1591167.....	0000701221		Cigna Mezzanine Partners III, L.P.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1207641	1591167.....	0000701221		Cottage Grove Real Estate, Inc.	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1336442	1591167.....	0000701221		Cigna Mezzanine Partners III, Inc.....	DE.....	NIA.....	Cigna Mezzanine Partners III, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		01-0947889	1591167.....	0000701221		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-0840391	1591167.....	0000701221		Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		81-0585518	1591167.....	0000701221		Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	12814.....	20-4433475	1591167.....	0000701221		Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-3851464	1591167.....	0000701221		Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		81-0400550	1591167.....	0000701221		Allegiance Benefit Plan Management, Inc.	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		71-0916514	1591167.....	0000701221		Allegiance COBRA Services, Inc.	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Allegiance Provider Direct, LLC	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		81-0425785	1591167.....	0000701221		Intermountain Underwriters, Inc.	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-1821898	1591167.....	0000701221		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		76-0628370	1591167.....	0000701221		NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		52-1929677	1591167.....	0000701221		Bravo Health, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	10095.....	52-2259087	1591167.....	0000701221		Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	Bravo Health, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11254.....	52-2363406	1591167.....	0000701221		Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	Bravo Health, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		12902.....	20-8534298	1591167.....	0000701221	HealthSpring Life & Health Insurance Company, Inc.	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		95781.....	63-0925225	1591167.....	0000701221	HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		11532.....	65-1129599	1591167.....	0000701221	HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		77-0632665	1591167.....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-4954206	1591167.....	0000701221		NewQuest Management of Florida, LLC.....	FL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-8647386	1591167.....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		45-2043106	1591167.....	0000701221		HealthSpring Financial Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		45-0633893	1591167.....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108527	1591167.....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108521	1591167.....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		76-0657035	1591167.....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	.99.000	Cigna Corporation.....	
	Cigna Group.....		33-1033586	1591167.....	0000701221		NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		72-1559530	1591167.....	0000701221		HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		62-1540621	1591167.....	0000701221		HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11522.....	62-1593150	1591167.....	0000701221		HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	20-5524622	1591167.....	0000701221		Tennessee Quest, LLC.....	TN..... NIA.....	HealthSpring Management, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	26-2353476	1591167.....	0000701221		HealthSpring Pharmacy Services, LLC.....	DE..... NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	26-2353772	1591167.....	0000701221		HealthSpring Pharmacy of Tennessee, LLC.....	DE..... NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	13733.....	03-0452349	1591167.....	0000701221	Cigna Arbor Life Insurance Company.....	CT..... IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	41-1648670	1591167.....	0000701221		Cigna Behavioral Health, Inc.....	MN..... NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	94-3107309	1591167.....	0000701221		Cigna Behavioral Health of California, Inc.....	CA..... IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	75-2751090	1591167.....	0000701221		Cigna Behavioral Health of Texas, Inc.....	TX..... NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
						MCC Independent Practice Association of New York, Inc.....	NY..... NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	06-1346406	1591167.....	0000701221		Cigna Dental Health, Inc.....	FL..... NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	59-2308055	1591167.....	0000701221		Cigna Dental Health Of California, Inc.....	CA..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	59-2600475	1591167.....	0000701221		Cigna Dental Health Of Colorado, Inc.....	CO..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	11175.....	59-2675861	1591167.....	0000701221	Cigna Dental Health Of Delaware, Inc.....	DE..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95380.....	59-2676987	1591167.....	0000701221	Cigna Dental Health Of Florida, Inc.....	FL..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	52021.....	59-1611217	1591167.....	0000701221	Cigna Dental Health Of Illinois, Inc.....	IL..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	52024.....	59-2625350	1591167.....	0000701221	Cigna Dental Health Of Kansas, Inc.....	KS..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	52108.....	59-2619589	1591167.....	0000701221	Cigna Dental Health Of Kentucky, Inc.....	KY..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	11160.....	06-1582068	1591167.....	0000701221	Cigna Dental Health Of Missouri, Inc.....	MO..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	11167.....	59-2308062	1591167.....	0000701221	Cigna Dental Health Of New Jersey, Inc.....	NJ..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95179.....	56-1803464	1591167.....	0000701221	Cigna Dental Health Of North Carolina, Inc.....	NC..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	47805.....	59-2579774	1591167.....	0000701221	Cigna Dental Health Of Ohio, Inc.....	OH..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	47041.....	52-1220578	1591167.....	0000701221	Cigna Dental Health Of Pennsylvania, Inc.....	PA..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95037.....	59-2676977	1591167.....	0000701221	Cigna Dental Health Of Texas, Inc.....	TX..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	52617.....	52-2188914	1591167.....	0000701221	Cigna Dental Health Of Virginia, Inc.....	VA..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	47013.....	86-0807222	1591167.....	0000701221	Cigna Dental Health Plan Of Arizona, Inc.....	AZ..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	48119.....	59-2740468	1591167.....	0000701221	Cigna Dental Health Of Maryland, Inc.....	MD..... IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	62-1312478	1591167.....	0000701221		Cigna Health Corporation.....	DE..... NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	02-0387748	1591167.....	0000701221		Healthsource, Inc.....	NH..... NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95125.....	86-0334392	1591167.....	0000701221	Cigna HealthCare of Arizona, Inc.....	AZ..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95-3310115	1591167.....	0000701221		Cigna HealthCare of California, Inc.....	CA..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95604.....	84-1004500	1591167.....	0000701221	Cigna HealthCare of Colorado, Inc.....	CO..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95660.....	06-1141174	1591167.....	0000701221	Cigna HealthCare of Connecticut, Inc.....	CT..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95136.....	59-2089259	1591167.....	0000701221	Cigna HealthCare of Florida, Inc.....	FL..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95602.....	36-3385638	1591167.....	0000701221	Cigna HealthCare of Illinois, Inc.....	IL..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95477.....	01-0418220	1591167.....	0000701221	Cigna HealthCare of Maine, Inc.....	ME..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95220.....	02-0402111	1591167.....	0000701221	Cigna HealthCare of Massachusetts, Inc.....	MA..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95599.....	52-1404350	1591167.....	0000701221	Cigna HealthCare Mid-Atlantic, Inc.....	MD..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95493.....	02-0387749	1591167.....	0000701221	Cigna HealthCare of New Hampshire, Inc.....	MA..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95500.....	22-2720890	1591167.....	0000701221	Cigna HealthCare of New Jersey, Inc.....	ME..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95121.....	23-2301807	1591167.....	0000701221	Cigna HealthCare of Pennsylvania, Inc.....	PA..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95635.....	36-3359925	1591167.....	0000701221	Cigna HealthCare of St. Louis, Inc.....	MO..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	95518.....	62-1230908	1591167.....	0000701221	Cigna HealthCare of Utah, Inc.....	UT..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	96229.....	58-1641057	1591167.....	0000701221	Cigna HealthCare of Georgia, Inc.....	GA..... IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....			

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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	Cigna Group.....	95383.....	74-2767437	1591167.....	0000701221		Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95525.....	35-1679172	1591167.....	0000701221		Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95488.....	11-2758941	1591167.....	0000701221		Cigna HealthCare of New York, Inc.....	NY.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95606.....	62-1218053	1591167.....	0000701221		Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95132.....	56-1479515	1591167.....	0000701221		Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95708.....	06-1185590	1591167.....	0000701221		Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000	1591167.....	0000701221		Temple Insurance Company Limited (Bermuda).....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	86-3581583	1591167.....	0000701221		Arizona Health Plan, Inc.	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	02-0467679	1591167.....	0000701221		Healthsource Properties, Inc.	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Managed Care Consultants, Inc.	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	02-0515554	1591167.....	0000701221		Chocelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	35-1641636	1591167.....	0000701221		Sagamore Health Network, Inc.	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	84-0985843	1591167.....	0000701221		Cigna Healthcare Holdings, Inc.	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	95388.....	93-1174749	1591167.....	0000701221		Great-West Healthcare of Illinois, Inc.	IL.....	IA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	02-0495422	1591167.....	0000701221		Cigna Healthcare, Inc.	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	AA-1560515	1591167.....	0000701221		Cigna Life Insurance Co. of Canada.	CA.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	64548.....	13-2556568	3281743.....	0000701221		Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	62308.....	06-0303370	1591167.....	0000701221		Connecticut General Life Insurance Company.....	CT.....	UIP.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	27-5402936	1591167.....	0000701221		CARING - Albuquerque, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	06-0303370	1591167.....	0000701221		CG Gillette Ridge, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	74-3091940	1591167.....	0000701221		Gillette Ridge Apartments, LLC	MD.....	NIA.....	CG Gillette Ridge LLC.....	Ownership.....	.65.000	Cigna Corporation.....		
	Cigna Group.....	06-0303370	1591167.....	0000701221		CG Merrick, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	52-2345309	1591167.....	0000701221		Merrick Park, LLC.....	DE.....	NIA.....	CG Merrick LLC.....	Ownership.....	.30.000	General Growth Properties, Inc. (non-affiliate).....		
	Cigna Group.....	52-2225244	1591167.....	0000701221		Mericak Park Parking, LLC.....	MD.....	NIA.....	CG Merrick LLC.....	Ownership.....	.30.000	General Growth Properties, Inc. (non-affiliate).....		
	Cigna Group.....	20-2542572	1591167.....	0000701221		CG Morrison LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	.100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Civic Holding, LLC.....	DE.....	NIA.....	CG Morrison LLC.....	Ownership.....	.85.000	Cigna Corporation.....		
	Cigna Group.....	45-3481107	1591167.....	0000701221		CG Mystic Center LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Station Landing Holding, LLC.....	DE.....	NIA.....	CG Mystic Center LLC.....	Ownership.....	.85.000	Cigna Corporation.....		
	Cigna Group.....	45-3481241	1591167.....	0000701221		CG Mystic Land LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		ND/CG HOLDING, LLC.....	MA.....	NIA.....	CG Mystic Land LLC.....	Ownership.....	.50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate).....		
	Cigna Group.....	58-2455703	1591167.....	0000701221		CG Pinnacle, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Pinnacle Industrial Center, LP.....	TX.....	NIA.....	CG Pinnacle LLC.....	Ownership.....	.50.000	Cigna Corporation.....		
	Cigna Group.....	20-3870049	1591167.....	0000701221		CG Skyline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Skyline ND/CG LLC.....	MA.....	NIA.....	CG Skyline LLC.....	Ownership.....	.85.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		ND Mystic Center Note LLC.....	DE.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	.100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Skyline Mezzanine Borrower LLC.....	MA.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Skyline at Station Landing LLC.....	MA.....	NIA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	26-0180898	1591167.....	0000701221		CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Carson Bayport I LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	.59.400	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		CG Bayport LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	.75.000	Cigna Corporation.....		
	Cigna Group.....	00-0000000	1591167.....	0000701221		Bayport Colony Apartments LLC.....	FL.....	NIA.....	CG Bayport LLC.....	Ownership.....	.99.900	Cigna Corporation.....		

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	00-0000000	1591167....	0000701221		CG Shirlington LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Shirlington Apartments LLC.....	DE..... NIA.....	CG Shirlington LLC.....	Ownership.....	60.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		CG Wheaton LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		CG-LINA Bayport I LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		CG-LINA Colonial LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		ND/CG Colonial LLC.....	MA..... NIA.....	CG-LINA Colonial LLC.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		PHF-ND Colonial LLC.....	DE..... NIA.....	ND/CG Colonial LLC.....	Ownership.....	50.000	Cigna Corporation.....			
	Cigna Group.....	26-1133516	1591167....	0000701221		CG-LINA Commonwealth LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		UNICO/CG Commonwealth LLC.....	DE..... NIA.....	CG-LINA Commonwealth LLC.....	Ownership.....	80.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Commonwealth Acquisition LLC.....	DE..... NIA.....	Unico / CG Commonwealth LLC.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	26-1585711	1591167....	0000701221		CG-LINA Jacob Way LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	20-8323494	1591167....	0000701221		CG-LINA Lovejoy LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		UNICO-CG Lovejoy LLC.....	OR..... NIA.....	CG-LINA Lovejoy, LLC.....	Ownership.....	80.000	Cigna Corporation.....			
	Cigna Group.....	32-0222252	1591167....	0000701221		Cigan Onsite Health, LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
52.3	Cigna Group.....	00-0000000	1591167....	0000701221		CR Longwood Investors L.P.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	24.600	Charles River Realty Longwood, LLC (non-affiliate)			
	Cigna Group.....	00-0000000	1591167....	0000701221		ND/CR Longwood LLC.....	DE..... NIA.....	CR Longwood Investors L.P.....	Ownership.....	95.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		ARE/ND/CR Longwood LLC.....	DE..... NIA.....	ND / CR Longwood LLC.....	Ownership.....	35.000	RE-MA Region No. 41, LLC (non-affiliate)			
	Cigna Group.....	00-0000000	1591167....	0000701221		Gillette Ridge Community Council, Inc.....	CT..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	20-3700105	1591167....	0000701221		Gillette Ridge Golf, LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	60.000	Cigna Corporation.....			
	Cigna Group.....	52-2149519	1591167....	0000701221		Hazard Center Investment Company LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Secon Properties, LP.....	CA..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)			
	Cigna Group.....	00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street GP, LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.273	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street, LP.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	55.710	Cigna Corporation.....			
	Cigna Group.....	23-3074013	1591167....	0000701221		TEL-DRUG of Pennsylvania, L.L.C.....	PA..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		AEW/FDG, LP.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		CR Washington Investors LP.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		ND/CR Unicorn LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Union Wharf Apartments LLC.....	MD..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		AMD Apartments Limited Partnership.....	TX..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		SP Newport Crossing LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	56.250	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		PUR Arbors Apartment Venture LLC.....	CA..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	35.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		CG Seventh LLC.....	CA..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	35.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Ideal Properties II LLC.....	CA..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	35.000	Cigna Corporation.....			
	Cigna Group.....	41-2189110	1591167....	0000701221		CG-LINA Realty Investors LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			
	Cigna Group.....	80-0668090	1591167....	0000701221		CG-LINA Alessandro II LLC.....	DE..... NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	45-2242273	1591167....	0000701221		115 Sansome Street Associates, LLC.....	DE..... NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	90.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		121 Tasman Apartments LLC.....	DE..... NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	85.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167....	0000701221		Alto Apartments LLC.....	WA..... NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	80.000	Cigna Corporation.....			
	Cigna Group.....	20-4786821	1591167....	0000701221		CG-LINA Paper Box LLC.....	DE..... NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	100.000	Cigna Corporation.....			
	Cigna Group.....	26-4032640	1591167....	0000701221		CG-LINA 10 Brookline, LLC.....	DE..... NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	75.000	Cigna Corporation.....			

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*	
52.4	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	ND/CR 10 Brookline LLC.....	DE.....	NIA.....	CG-LINA 10 Brookline LLC.....	Ownership.....	...50.000	Cigna Corporation and CR/ND Brookline LLC (non-affiliate)	
	Cigna Group.....	27-5402196	1591167.....	0000701221	.....	.....	Cigna Affiliates Realty Investment Group, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-0303370	1591167.....	0000701221	.....	.....	Cigna Dulles Town, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000	1591167.....	0000701221	.....	.....	Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Dulles Town, LLC.....	Ownership.....	..50.000	Cigna Corporation.....	
	Cigna Group.....	27-0268530	1591167.....	0000701221	.....	.....	CORAC, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..50.000	Cigna Corporation.....	
	Cigna Group.....	27-3923999	1591167.....	0000701221	.....	.....	Bridgepoint Office Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	27-3126102	1591167.....	0000701221	.....	.....	Fairway Center Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	27-3582688	1591167.....	0000701221	.....	.....	Henry on the Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	..80.000	Cigna Corporation.....	
	Cigna Group.....	67369	59-1031071	1591167.....	0000701221	Cigna Health and Life Insurance Company.....	CT.....	IA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	45-2681649	1591167.....	0000701221	.....	.....	CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	27-3396038	1591167.....	0000701221	.....	.....	Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	27-1903785	1591167.....	0000701221	.....	.....	Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	34-1970892	.....	.....	.....	.....	Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	88366	59-2760189	.....	.....	.....	American Retirement Life Insurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	61727	34-0970995	.....	.....	.....	Central Reserve Life Insurance Company.....	OH.....	.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	65722	63-0343428	.....	.....	.....	Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	67903	23-1335885	.....	.....	.....	Provident American Life and Health Insurance Company	OH.....	DS.....	Central Reserve Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	65269	75-2305400	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	DS.....	Provident American Life and Health Insurance Company	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	.....	23-1728483	1591167.....	0000701221	.....	Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	20-8064696	1591167.....	0000701221	.....	.....	Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	65498	23-1503749	1591167.....	0000701221	.....	Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	Cigna & CMC Life Insurance Company Limited (China) (50%)	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	..50.000	Cigna Corporation.....	
	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Life Insurance Company of North America.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	58-1136865	1591167.....	0000701221	.....	.....	Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	46-0427127	1591167.....	0000701221	.....	.....	Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	Vielife Holdings Limited (United Kingdom).....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	Vielife Limited (United Kingdom).....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	98-0463704	1591167.....	0000701221	.....	.....	Vielife Services, Inc.	DE.....	NIA.....	Vielife Limited.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	.....	00-0000000	1591167.....	0000701221	.....	Businesshealth UK Limited.....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1332403	1591167.....	0000701221	.....	.....	CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1332405	1591167.....	0000701221	.....	.....	CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	62-1724116	1591167.....	0000701221	.....	.....	Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	23-2741293	1591167.....	0000701221	.....	.....	Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	23-2924152	1591167.....	0000701221	.....	.....	Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	23-2741294	1591167.....	0000701221	.....	.....	Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1071502	1591167.....	0000701221	.....	.....	Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1522976	1591167.....	0000701221	.....	.....	Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1567902	1591167.....	0000701221	.....	.....	Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	06-1252419	1591167.....	0000701221	.....	.....	Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	06-1533555	1591167.....	0000701221		Healthsource Benefits, Inc.	DE..... NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	35-2041388	1591167.....	0000701221		IHN, Inc.	IN..... NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	06-1252418	1591167.....	0000701221		LINA Benefit Payments, Inc.	DE..... NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	88-0344401	1591167.....	0000701221		Mediversal, Inc.	NV..... NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	88-0344624	1591167.....	0000701221		Universal Claims Administration.....	MT..... NIA.....	Mediversal, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	51-0389196	1591167.....	0000701221		Cigna Global Holdings, Inc.	DE..... NIA.....	Cigna Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	51-0111677	1591167.....	0000701221		Cigna International Corporation, Inc.	DE..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	23-2610178	1591167.....	0000701221		Cigna International Services.....	DE..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	30-3087621	1591167.....	0000701221		Cigna International Marketing (Thailand) Limited....	THA..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		CGO PARTICIPATOS LTDA.....	BRA..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	.99.780	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		YCFM Servicos LTDA.....	BRA..... NIA.....	Cigna Global Holdings, Inc.	Ownership.....	.59.930	Cigna Corporation.....			
52.5	Cigna Group.....	98-0210110	1591167.....	0000701221		Cigna Global Reinsurance Company, Ltd. (Bermuda)	BMU..... IA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	23-3009279	1591167.....	0000701221		Cigna Holdings Overseas, Inc.	DE..... NIA.....	Cigna Global Reinsurance Company, Ltd.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Bellevue Alpha LLC.....	DE..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Hayat Sigorta, A.S.	TUR..... IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.999	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Nederland Alpha Coöperatief U.A.	NLD..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.999	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Nederland Beta B.V.	NLD..... NIA.....	Cigna Nederland Alpha Coöperatief U.A.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Nederland Gamma B.V.	NLD..... NIA.....	Cigna Nederland Beta B.V.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	AA-1240009	1591167.....	0000701221		Cigna Life Insurance Co. of Europe S.A.-N.V.	BEL..... IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.999	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Europe Insurance Company S.A.-N.V.	BEL..... IA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.999	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna European Services (UK) Limited....	GBR..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		CIGNA 2000 UK Pension LTD....	GBR..... NIA.....	Cigna European Services (UK) Limited....	Ownership.....	...100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Health Solution India Pvt. Ltd.	IND..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.999	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna International Services Australia Pty Ltd.	AUS..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Apac Holdings Limited (New Zealand)....	NZL..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Life Insurance New Zealand Limited (New Zealand)....	NZL..... IA.....	Cigna Apac Holdings Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Taiwan Life Assurance Company Limited....	TWN..... IA.....	Cigna Apac Holdings Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Taiwan Life Insurance Company Limited (New Zealand)....	NZL..... IA.....	Cigna Apac Holdings Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Hong Kong Holdings Company Limited....	HKG..... NIA.....	Cigna Apac Holdings Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Data Services (Shanghai) Company Limited (China)....	CHN..... NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna HLA Technology Services Limited (Hong Kong)....	HKG..... NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	.100.000	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Worldwide General Insurance Company Limited....	HKG..... IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	.97.500	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		Cigna Worldwide Life Insurance Company Limited....	HKG..... IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	.97.500	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		PT GAR Indonesia....	IDN..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.99.160	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		PT PGU Indonesia....	IDN..... NIA.....	PT GAR Indonesia....	Ownership.....	.99.990	Cigna Corporation.....			
	Cigna Group.....	00-0000000	1591167.....	0000701221		RHP (Thailand) Limited....	THA..... NIA.....	Cigna Holdings Overseas, Inc.	Ownership.....	.49.000	Cigna Corporation.....			

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Brokerage Services (Thailand) Limited.....	THA.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.25.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Non-Life Insurance Brokerage (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	.75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		KDM (Thailand) Limited (Thailand).....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	.75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Global Insurance Company Limited (Guernsey)	GGY.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International NV (Brussels).....	BEL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.99.990	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International Sdn. Bhd. (Malaysia).....	MYS.....	NIA.....	Vanbreda International N.V.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China).....	CHN.....	NIA.....	Vanbreda International N.V.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International, LLC (FL).....	FL.....	NIA.....	Vanbreda International N.V.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Dubai) Limited (United Arab Emirates).....	ARE.....	NIA.....	Vanbreda International N.V.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....	90859.	23-2088429	1591167....	0000701221		Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		AA-5360003	1591167....	0000701221		PT. Asuransi Cigna (Indonesia) (80%)	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	.80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Holdings Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Administration Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Brighter Business Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Legal Protection Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Insurance Services Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Retail Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street South LLC.....	DE.....	NIA.....	Market Street Retail Holdings LLC.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.90.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Cignafinans Emeklilik Ve Hayat Anonim Sirketi.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	.51.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Cignatt Health Insurance Company Limited.....	IND.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.26.000	TTK (non-affiliate).....	
							Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.71.000	Cigna Corporation.....	
							Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.50.000	Cigna Corporation and Newtown Square.....	
			06-1332401				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	.100.000	Cigna Corporation.....	
			00-0000000				AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	.85.000	Cigna Corporation.....	
			20-4266628				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	.100.000	Cigna Corporation.....	
			00-0000000				LINA Financial Service.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	.100.000	Cigna Corporation.....	
			00-0000000				Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	.100.000	Cigna Corporation.....	
			00-0000000				Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.50.000	Cigna Corporation and SAICO (non affiliate).....	
	Cigna Group.....		00-0000000				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	.100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	.100.000	Cigna Corporation.....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
	Cigna Group.....	00-0000000				Cigna Linden Holdings, Inc.....	DE.....	NIA.....		Cigna Holdings Overseas, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....		Cigna Linden Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....		Cigna Holdings Overseas, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....		Cigna Holdings Overseas, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				Cigna Elmwood Holdings, BVBA.....	BEL.....	NIA.....		Cigna Myrtle Holdings, Ltd.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....		Cigna Holdings Overseas, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				SB-SNH LLC.....	DE.....	NIA.....		Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	..85.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				680 Investors LLC.....	CA.....	NIA.....		SB-SNH LLC.....	Ownership.....	..85.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				685 New Hampshire LLC.....	CA.....	NIA.....		SB-SNH LLC.....	Ownership.....	..85.000	Cigna Corporation.....	
	Cigna Group.....	00-0000000				CGGL 18301 LLC.....	DE.....	NIA.....		Cigna Affiliates Reality Investment Group LLC.....	Ownership.....	..90.000	Cigna Corporation.....	

SCHEDULE Y**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 * Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331	Cigna Corporation.....	393,883,000			170,500	8,536,136				402,589,636	
	06-1072796	Cigna Holdings, Inc.....	1,132,500,000	(228,983,754)							903,516,246	
	23-1914061	Former Cigna Investments, Inc.....					61,584				61,584	
	06-0861092	Cigna Investments, Inc.....					35,287,911				35,287,911	
	01-0947889	Cigna Benefits Financing, Inc.....					1,967,136				1,967,136	
	06-0840391	Connecticut General Corporation.....	21,000,000				(4,143)				20,995,857	
	81-0585518	Benefit Management Corp.....									0	
12814.	20-4433475	Allegiance Life & Health Insurance Company.....					(11,654,014)	(1,482,293)			(13,136,307)	2,521,213
	20-3851464	Allegiance Re, Inc.....									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.....					2,847,239				2,847,239	
	71-0916514	Allegiance COBRA Services, Inc.					671				671	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC.....									0	
	81-0425785	Intermountain Underwriters, Inc.....					101,369				101,369	
	00-0000000	Star Point, LLC.....					520,544				520,544	
	20-1821898	HealthSpring, Inc.....	(62,500,000)				22,635,076				(39,864,924)	
	76-0628370	NewQuest, LLC.....	229,800,000								229,800,000	
	52-1929677	Bravo Health, LLC.....	(12,500,000)				183,288,824				170,788,824	
10095.	52-2259087	Bravo Health Mid-Atlantic, Inc.....					(26,369,395)				(26,369,395)	
11254.	52-2363406	Bravo Health Pennsylvania, Inc.....	(18,000,000)				(148,313,822)				(166,313,822)	
12902.	20-8534298	HealthSpring Life & Health Insurance Company, Inc.....	(118,000,000)				(297,003,167)				(415,003,167)	
95781.	63-0925225	HealthSpring of Alabama, Inc.....	(26,000,000)				(76,090,616)				(102,090,616)	
11532.	65-1129599	HealthSpring of Florida, Inc.....					(124,510,223)				(124,510,223)	
	77-0632665	NewQuest Management of Illinois, LLC.....					22,834,787				22,834,787	
	20-4954206	NewQuest Management of Florida, LLC.....	(44,000,000)				116,662,030				.72,662,030	
	20-8647386	HealthSpring Management of America, LLC.....	(7,000,000)				260,439,327				.253,439,327	
	45-0633893	NewQuest Management of West Virginia, LLC.....					(123,402)				(123,402)	
	75-3108527	TexQuest, LLC.....									0	
	75-3108521	HouQuest, LLC.....									0	
	76-0657035	GulfQuest, LP.....	(27,000,000)				(2,928)				(27,002,928)	
	33-1033586	NewQuest Management of Alabama, LLC.....	(8,000,000)				68,315,003				.60,315,003	
	72-1559530	HealthSpring USA, LLC.....					11,763,690				.11,763,690	
	62-1540621	HealthSpring Management, Inc.....	50,000,000				136,260,264				.186,260,264	
11522.	62-1593150	HealthSpring of Tennessee, Inc.....	(50,000,000)				(176,590,030)				(226,590,030)	
	20-5524622	Tennessee Quest, LLC.....	(6,800,000)				(8,303)				(6,808,303)	
13733.	03-0452349	Cigna Arbor Life Insurance Company.....		75,000,000			(116,468)				.74,883,532	
	41-1648670	Cigna Behavioral Health, Inc.....	(140,000,000)				100,075,508				(39,924,492)	
	59-2308055	Cigna Dental Health, Inc.....	(39,670,736)				37,788,254				(1,882,482)	
	59-2600475	Cigna Dental Health Of California, Inc.....	(9,700,000)				(203,634)				(9,903,634)	
11175.	59-2675861	Cigna Dental Health Of Colorado, Inc.....	(1,100,000)				(1,057,642)				(2,157,642)	
95380.	59-2676987	Cigna Dental Health Of Delaware, Inc.....					(10,705)				(10,705)	
52021.	59-1611217	Cigna Dental Health Of Florida, Inc.....	(6,000,000)				(3,621,118)				(9,621,118)	
52024.	59-2625350	Cigna Dental Health Of Kansas, Inc.....	(400,000)				(165,183)				(565,183)	

SCHEDULE Y**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	.....(250,000)				.....(136,127)				.....(386,127)	
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	.....(740,000)				.....(571,862)				.....(1,311,862)	
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	.....(1,300,000)				.....(1,411,414)				.....(2,711,414)	
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....					.....(524,131)				.....(524,131)	
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	.....(2,195,000)				.....(965,924)				.....(3,160,924)	
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	.....(1,406,069)				.....(592,763)				.....(1,998,832)	
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	.....(8,438,195)				.....(3,664,778)				.....(12,102,973)	
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	.....(1,200,000)				.....(650,889)				.....(1,850,889)	
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	.....(3,250,000)				.....(512,727)				.....(2,737,273)	
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	.....(2,350,000)				.....(1,361,150)				.....(3,711,150)	
	62-1312478.....	Cigna Health Corporation.....	.....26,895,113	.....95,411			.....70,521,151				.....97,511,675	
	02-0387748.....	Healthsource, Inc.....					.....(3,788,920)				.....(3,788,920)	
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	.....(8,000,000)	.....(95,411)			.....(31,060,418)	.....(909,838)			.....(40,065,667)	.....4,062,632
	95-3310115.....	Cigna HealthCare of California, Inc.....	.....(10,000,000)			.....(184,375)	.....(57,867,949)	.....(1,285,987)			.....(69,338,311)	.....21,102,160
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	.....(2,000,000)				.....(1,792,569)	.....(184,490)			.....(3,977,059)	.....472,136
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....					.....(1,724,136)	.....(14,747)			.....(1,738,883)	.....52,887
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....					.....(234,009)	.....(20,283)			.....(254,292)	.....179,120
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....				.....(28,750)	.....(110,062)	.....(15,294)			.....(154,106)	.....40,391
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....					.....(80,556)	-			.....(80,556)	
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....					.....(5,379)	-			.....(5,379)	.....94
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....	.....(2,745,113)				.....(95,254)	-			.....(2,840,367)	
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....					.....(37,535)	-			.....(37,535)	
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....					.....(465,601)	.....103,533			.....(362,068)	.....87,522
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....	.....(150,000)				.....(1,314)	-			.....(151,314)	
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	.....(1,500,000)				.....(581,638)	.....(18,302)			.....(2,099,940)	.....132,768
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....					.....201	-			.....201	
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....					.....(391,840)	.....(38,911)			.....(430,751)	.....162,198
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	.....(1,500,000)				.....(11,285,422)	.....169,335			.....(12,616,087)	.....3,659,234
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....					.....(69,724)	.....(11,476)			.....(81,200)	.....25,264
95488.....	11-2758941.....	Cigna HealthCare of New York, Inc.....	.....(18,000,000)			.....(170,500)	.....(239,791)	-			.....(18,410,291)	
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	.....(1,000,000)				.....(6,169,379)	.....(105,917)			.....(7,275,296)	.....2,053,718
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.....					.....(2,676,328)	.....(254,294)			.....(2,930,622)	.....1,020,071
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....					.....(375,020)	.....(18,398)			.....(393,418)	.....40,926
00-0000000.....		Temple Insurance Company Limited (Bermuda).....	.....(3,000,000)				.....(106,301)	-			.....(3,106,301)	
35-1641636.....		Sagamore Health Network, Inc.....					.....1,491,610				.....1,491,610	
95388.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....									.....0	
	AA-1560515.....	Cigna Life Insurance Co. of Canada.....					.....(12,218,796)	.....(574,767)			.....(12,793,563)	
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	.....(15,000,000)				.....(3,354,640)	.....(10,364,682)			.....(28,719,322)	.....(107,422,482)
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	.....(1,052,383,000)	.....91,853,767			.....(48,723,186)	.....78,216,505			.....(931,035,914)	.....1,292,954,988
45-3481107.....		CG Mystic Center LLC.....		.....(67,076)							.....(67,076)	
45-3481241.....		CG Mystic Land LLC.....		.....(358,808)							.....(358,808)	
32-0222252.....		Cigna Onsite Health, LLC.....					.....4,082,019				.....4,082,019	
23-3074013.....		TEL-DRUG of Pennsylvania, L.L.C.....					.....(60,539)				.....(60,539)	
27-5402196.....		Cigna Affiliates Realty Investment Group, LLC.....		.....(51,434,940)							.....(51,434,940)	

SCHEDULE Y**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
												Totals
67369.....	27-0268530.....	CORAC, LLC.....		(17,512,563)								(17,512,563)
	59-1031071.....	Cigna Health and Life Insurance Company.....	20,000,000	(10,659,579)				(153,019,019)	(109,586,697)			(253,265,295)
	45-2681649.....	CarePlexus, LLC.....										0
	27-3396038.....	Cigna Corporate Services, LLC.....										0
	27-1903785.....	Cigna Insurance Agency, LLC.....										0
	34-1970892.....	Ceres Sales of Ohio, LLC.....										0
88366.....	59-2760189.....	American Retirement Life Insurance Company.....						(10,148)				(10,148)
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....						(7,380)				(7,380)
65722.....	63-0343428.....	Loyal American Life Insurance Company.....	(10,000,000)					(98,710)				(10,098,710)
67903.....	23-1335885.....	Provident American Life & Health Insurance Company.....	(10,000,000)					(11,338)				(10,011,338)
65269.....	75-2305400.....	United Benefit Life Insurance Company.....										0
	23-1728483.....	Cigna Health Management, Inc.....	(9,000,000)			213,125	159,684,346					150,897,471
	20-8064696.....	Kronos Optimal Health Company.....	(3,000,000)					3,640,945				640,945
65498.....	23-1503749.....	Life Insurance Company of North America.....	(51,964,887)	(34,855,915)				(21,971,438)	(114,494,123)			(223,286,363)
	00-0000000.....	Cigna & CMC Life Insurance Company Limited, China.....		41,830,216								(1,205,064,574)
00000.....	00-0000000.....	LINA Life Insurance Company of Korea.....	(23,035,113)									(23,035,113)
	46-0427127.....	Tel-Drug, Inc.....	(53,000,000)					(16,558)				(53,016,558)
	00-0000000.....	Vielife Holdings Limited (United Kingdom).....										0
	35-2041388.....	IHN, Inc.....	(1,000,000)		128,460,000			(5,768)				(1,005,768)
	51-0389196.....	Cigna Global Holdings, Inc.....										128,460,000
	51-0111677.....	Cigna International Corporation, Inc.....						(12,999,996)				(12,999,996)
	98-0210110.....	Cigna Global Reinsurance Company, Ltd. (Bermuda).....						(18,869)	161,610,706			161,591,837
	23-3009279.....	Cigna Holdings Overseas, Inc.....						11,030,044				.93,223,000
	00-0000000.....	Cigna Nederland Alpha Coöperatief U.A.....										11,030,044
	00-0000000.....	Cigna Nederland Gamma B.V.....										0
	AA-1240009.....	Cigna Life Insurance Co. of Europe S.A.-N.V.....						(34,174,803)	(315,394)			(34,490,197)
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....		6,728,652				(5,034,327)				(108,424)
	00-0000000.....	Cigna Worldwide Life Insurance Company Limited.....						(46,839)				1,694,325
	00-0000000.....	Cigna Global Insurance Company Limited (Guernsey).....						(2,230,708)	(4,984)			(46,839)
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....						(9,605,710)	(435,563)			(10,041,273)
00002.....	00-0000000.....	First Assist Goup Holdings Limited.....						38,143,353	36,362			.38,179,715
	9999999.....	Control Totals.....	0	0	0	0	0	1	1	XXX	0	2
												4

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 the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed with this statement by March 1?	YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES

JUNE FILING

9. Will an audited financial report be filed by June 1? YES
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? YES

AUGUST FILING

11. 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

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15. 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?	YES
16. Will the actuarial opinion 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
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18. 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
19. 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
20. 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
21. 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
22. 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
23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24. 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
25. 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
26. 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
27. 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
28. 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
29. 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
30. 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
31. 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
32. 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
33. 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
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37. 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
38. 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
39. 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	
40. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
45. 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
46. 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
47. 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	
48. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

**CENTRAL RESERVE LIFE INSURANCE COMPANY
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.

36.



37.



38.



39.



40.



41.



42.



43.



44.



45.



46.



47.



48.



**Overflow Page
NONE**

**Overflow Page
NONE**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Alabama

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
										Premiums Earned	Amount	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives		

Individual Policies

....YES.....	3MG.....	G.....	NO.....	34000.....	03/16/2004	07/24/2009			MEDICARE SUPPLEMENT.....	.....14,376	.....618	.....4.3	.....3	.....	.....	.....0.0	.....
....YES.....	3MH.....	H.....	NO.....	34000.....	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT.....	.....2,597	.....617	.....23.7	.....1	.....	.....	.....0.0	.....
....YES.....	3MJ.....	J.....	NO.....	34000.....	02/09/2007	07/24/2009			MEDICARE SUPPLEMENT.....	.....19,655	.....9,148	.....46.5	.....6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....36,629	.....10,382	.....28.3	.....10	.....0	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Arkansas

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
										Premiums Earned	Amount	Number of Covered Lives	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives

Individual Policies

.....YES.....	3IF(AR).....	F.....	.....NO.....	34000.....	01/12/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....56,657	.....21,550	.....38.0	.....15	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....56,657	.....21,550	.....38.0	.....15	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Arizona

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
....YES.....	3IF(AZ).....	F.....	NO.....	34000.....	12/05/2005			05/31/2010	MEDICARE SUPPLEMENT.....	.....5,605	.....315	.....5.6	.....1	.....	.....	.....0.0
....YES.....	3IG(AZ).....	G.....	NO.....	34000.....	12/05/2005	07/24/2009			MEDICARE SUPPLEMENT.....	.....3,991	.....4,170	.....104.5	.....1	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....9,596	.....4,485	.....46.7	.....2	.....0	.....0.0	.....0.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Colorado

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned

Individual Policies

.....YES.....	3MK(CO).....	F.....	NO.....	34060.....	03/08/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,859	.....98	.....5.3	.....2	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....1,859	.....98	.....5.3	.....2	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Georgia

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3IE(GA).....	E.....	NO.....	....34000.....	11/09/2005	07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....8,480	.....3,992	.....47.1	.....3	.....	.....	.....0.0	.....
....YES.....	3IF(GA).....	F.....	NO.....	....34000.....	12/31/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....9,544	.....2,258	.....23.7	.....3	.....	.....	.....0.0	.....
....YES.....	3IG(GA).....	G.....	NO.....	....34000.....	12/31/2003	07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....13,231	.....15,307	.....115.7	.....5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....31,255	.....21,556	.....69.0	.....11	.....0	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

6 1 7 2 7 2 0 1 3 3 6 0 1 6 1 0 0 *

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Iowa

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	Incurred Claims		18	
											12	13		15	16	17	
Individual Policies																	
....YES.....	3ME(IA).....	E.....	.....NO.....	34000.....	10/10/2005	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,535	.....90	.....3.5	.....1	.....	.....	.....0.0
....YES.....	3MF(IA).....	F.....	.....NO.....	34000.....	01/27/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....122,192	.....84,946	.....69.5	.....30	.....	.....	.....0.0
....YES.....	3MG(IA).....	G.....	.....NO.....	34000.....	01/27/2004	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....45,949	.....25,010	.....54.4	.....15	.....	.....	.....0.0
....YES.....	3MJ(IA).....	J.....	.....NO.....	34000.....	02/16/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....37,750	.....26,519	.....70.2	.....12	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....208,426	.....136,565	.....65.5	.....58	.....0	.....0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Illinois

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MD(IL).....	D.....	NO.....	34060.....	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT.....	8,040	3,638	45.2	.2				0.0
....YES.....	3ME(IL).....	E.....	NO.....	34060.....	11/04/2005	07/25/2009			MEDICARE SUPPLEMENT.....	11,494	1,447	12.6	.3				0.0
....YES.....	3MF(IL).....	F.....	NO.....	34060.....	11/18/2003		05/31/2010		MEDICARE SUPPLEMENT.....	623,535	447,918	71.8	.106				0.0
....YES.....	3MG(IL).....	G.....	NO.....	34060.....	11/18/2003	07/25/2009			MEDICARE SUPPLEMENT.....	47,977	21,883	45.6	.9				0.0
....YES.....	3MH(IL).....	H.....	NO.....	34060.....	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT.....	24,629	7,495	30.4	.6				0.0
....YES.....	3MI(IL).....	I.....	NO.....	34060.....	08/11/2006	07/25/2009			MEDICARE SUPPLEMENT.....	52,484	39,039	74.4	.12				0.0
....YES.....	3MJ(IL).....	J.....	NO.....	34060.....	09/21/2007	07/25/2009			MEDICARE SUPPLEMENT.....	47,903	80,586	168.2	.12				0.0
....YES.....	3MK(IL).....	F.....	NO.....	34060.....	11/18/2003		05/31/2010	DEDUCTIBLE		1,020		0.0	.1				0.0
0199999.	Total Policy Experience on Individual Policies.....									817,083	602,005	73.7	.151	0	.0	0.0	0.0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Indiana

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MD.....	D.....	NO.....	34000.....	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT.....	26,345	16,324	62.0	.4				0.0
....YES.....	3ME.....	E.....	NO.....	34000.....	11/01/2005	07/29/2009			MEDICARE SUPPLEMENT.....	57,129	47,991	84.0	17				0.0
....YES.....	3MF.....	F.....	NO.....	34000.....	12/22/2003			05/31/2010	MEDICARE SUPPLEMENT.....	98,345	44,480	45.2	20				0.0
....YES.....	3MG.....	G.....	NO.....	34000.....	12/22/2003	07/29/2009			MEDICARE SUPPLEMENT.....	79,466	82,682	104.0	17				0.0
....YES.....	3MH(IN).....	H.....	NO.....	34000.....	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT.....	52,252	34,606	66.2	17				0.0
....YES.....	3MI(IN).....	I.....	NO.....	34000.....	12/05/2006	07/29/2009			MEDICARE SUPPLEMENT.....	11,235	18,130	161.4	.3				0.0
....YES.....	3MJ(IN).....	J.....	NO.....	34000.....	04/11/2007	07/29/2009			MEDICARE SUPPLEMENT.....	82,208	56,237	68.4	21				0.0
....YES.....	3MK.....	F.....	NO.....	34000.....	12/22/2003			05/31/2010	DEDUCTIBLE	3,639	167	4.6	.5				0.0
0199999.	Total Policy Experience on Individual Policies.....										410,618	300,618	73.2	.104	0	.0	0.0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

6 1 7 2 7 2 0 1 3 3 6 0 1 7 1 0 0 *

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Kansas

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	Incurred Claims		18	
											12	13		15	16	17	
Individual Policies																	
....YES.....	3ME(KS).....	E.....	NO.....	34060.....	12/21/2005	07/25/2009			MEDICARE SUPPLEMENT.....	3,567	3,775	105.8	1			0.0	
....YES.....	3MF(KS).....	F.....	NO.....	34060.....	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT.....	170,014	90,095	53.0	36			0.0	
....YES.....	3MG(KS).....	G.....	NO.....	34060.....	02/04/2004	07/25/2009			MEDICARE SUPPLEMENT.....	53,930	44,515	82.5	15			0.0	
....YES.....	3MH(KS).....	H.....	NO.....	34060.....	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT.....	53,694	53,638	99.9	15			0.0	
....YES.....	3MI(KS).....	I.....	NO.....	34060.....	05/26/2006	07/25/2009			MEDICARE SUPPLEMENT.....	12,103	7,982	65.9	4			0.0	
....YES.....	3MJ(KS).....	J.....	NO.....	34060.....	03/06/2007	07/25/2009			MEDICARE SUPPLEMENT.....	194,232	90,566	46.6	56			0.0	
....YES.....	3MK(KS).....	F.....	NO.....	34060.....	02/04/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,815	5,170	183.7	3			0.0	
0199999.	Total Policy Experience on Individual Policies.....									490,355	295,741	60.3	130	0	0	0.0	

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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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
.....YES.....	3ME(KY).....	E.....	NO.....	34060.....	11/16/2005	07/25/2009			MEDICARE SUPPLEMENT.....	.....36,685	.....28,885	.....78.7	.....10			.....0.0
.....YES.....	3MF(KY).....	F.....	NO.....	34060.....	10/30/2003			05/31/2010	MEDICARE SUPPLEMENT.....	.....50,326	.....26,413	.....52.5	.....8			.....0.0
.....YES.....	3MG(KY).....	G.....	NO.....	34060.....	10/30/2003	07/25/2009			MEDICARE SUPPLEMENT.....	.....15,903	.....11,751	.....73.9	.....4			.....0.0
.....YES.....	3MH(KY).....	H.....	NO.....	34060.....	09/10/2007	07/25/2009			MEDICARE SUPPLEMENT.....	.....7,304	.....11,834	.....162.0	.....2			.....0.0
.....YES.....	3MI(KY).....	I.....	NO.....	34060.....	06/02/2006	07/25/2009			MEDICARE SUPPLEMENT.....	.....3,800	.....3,435	.....90.4	.....1			.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....114,019	.....82,318	.....72.2	.....25	.....0	.....0	.....0.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Louisiana

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MF(LA)R.....	F.....	NO.....	34060.....	10/14/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....14,942	.....8,557	.....57.3	.....3	.....	.....	.....0.0	.....
....YES.....	3MG(LA)R.....	G.....	NO.....	34060.....	10/14/2003	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....11,317	.....12,663	.....111.9	.....2	.....	.....	.....0.0	.....
....YES.....	3MJ(LA).....	J.....	NO.....	34060.....	02/23/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....1,134	.....1,701	.....150.0	.....	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....27,394	.....22,920	.....83.7	.....5	.....0	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

6 1 7 2 7 2 0 1 3 3 6 0 2 6 1 0 0 *

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Missouri

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3ID.....	D.....	NO.....	34060.....	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT.....	3,207	.1,565	48.8	1			0.0	
....YES.....	3IE.....	E.....	NO.....	34060.....	04/11/2006	07/25/2009			MEDICARE SUPPLEMENT.....	2,942	.359	12.2	1			0.0	
....YES.....	3IF.....	F.....	NO.....	34060.....	04/16/2004		05/31/2010		MEDICARE SUPPLEMENT.....	62,844	.33,933	54.0	15			0.0	
....YES.....	3IG.....	G.....	NO.....	34060.....	04/16/2004	07/25/2009			MEDICARE SUPPLEMENT.....	74,261	.60,898	82.0	23			0.0	
0199999.	Total Policy Experience on Individual Policies.....									143,254	.96,755	.67.5	40	.0	.0	.0	.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MF(MS).....	F.....	NO.....	34060.....	12/18/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,222	.....4,311	.....102.1	.....1	.....	.....	.....0.0	.....
....YES.....	3MG(MS).....	G.....	NO.....	34060.....	12/18/2003	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....7,459	.....1,006	.....13.5	.....2	.....	.....	.....0.0	.....
....YES.....	3MJ(MS).....	J.....	NO.....	34060.....	10/28/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....3,851	.....2,213	.....57.5	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....15,532	.....7,530	.....48.5	.....4	.....0	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Montana

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	Incurred Claims		18	
											12	13		15	16	17	
Individual Policies																	
....YES.....	3MD(MT).....	D.....	NO.....	34000.....	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT.....	3,210	1,339	.41.7	1			0.0	
....YES.....	3MF(MT).....	F.....	NO.....	34000.....	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT.....	184,296	.89,979	.48.8	50			0.0	
....YES.....	3MG(MT).....	G.....	NO.....	34000.....	10/21/2004	07/25/2009			MEDICARE SUPPLEMENT.....	71,061	.71,762	.101.0	23			0.0	
....YES.....	3MJ(MT).....	J.....	NO.....	34000.....	03/30/2007	07/25/2009			MEDICARE SUPPLEMENT.....	26,784	.46,011	.171.8	6			0.0	
....YES.....	3MK(MT).....	F.....	NO.....	34000.....	10/21/2004			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,136		0.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies.....									286,487	209,090	.73.0	82	0	0	0.0	

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....North Carolina

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MC(NC).....	C.....	NO.....	34060.....	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT.....	14,058	4,761	33.9	.3				0.0
....YES.....	3MD(NC).....	D.....	NO.....	34000.....	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT.....	3,275	3,507	107.1	.1				0.0
....YES.....	3ME(NC).....	E.....	NO.....	34000.....	12/16/2005	07/25/2009			MEDICARE SUPPLEMENT.....	2,898	.456	15.7	.1				0.0
....YES.....	3MF(NC).....	F.....	NO.....	34000.....	06/08/2004			05/31/2010	MEDICARE SUPPLEMENT.....	418,995	184,439	44.0	.90				0.0
....YES.....	3MG(NC).....	G.....	NO.....	34000.....	06/08/2004	07/25/2009			MEDICARE SUPPLEMENT.....	247,918	143,332	57.8	.63				0.0
....YES.....	3MH(NC).....	H.....	NO.....	34000.....	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT.....	113,974	.52,174	45.8	.30				0.0
....YES.....	3MI(NC).....	I.....	NO.....	34000.....	04/27/2006	07/25/2009			MEDICARE SUPPLEMENT.....	.5,777	11,255	.194.8	.1				0.0
....YES.....	3MJ(NC).....	J.....	NO.....	34060.....	02/08/2007	07/25/2009			MEDICARE SUPPLEMENT.....	385,466	185,625	48.2	.89				0.0
0199999.	Total Policy Experience on Individual Policies.....									1,192,361	585,551	.49.1	.278	0	.0	0.0	

360

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
										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.....	3MF(ND).....	F.....	NO.....	...34000.....	11/25/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....98,199	.....33,509	.....34.1	.....26	.....	.....	.....0.0	.....
....YES.....	3MH(ND).....	H.....	NO.....	...34000.....	02/27/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....2,296	.....1,079	.....47.0	.....1	.....	.....	.....0.0	.....
....YES.....	3MJ(ND).....	J.....	NO.....	...34000.....	02/27/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....2,536	.....263	.....10.4	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....103,031	.....34,851	.....33.8	.....28	.....0	.....0	.....0.0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	Incurred Claims		18	
											12	13		15	16	17	
Individual Policies																	
....YES.....	3ME(NE).....	E.....	NO.....	34000.....	07/27/2005	07/25/2009			MEDICARE SUPPLEMENT.....	7,636	10,630	.139.2	.2				0.0
....YES.....	3MF.....	F.....	NO.....	34000.....	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT.....	508,853	340,003	.66.8	.116				0.0
....YES.....	3MG.....	G.....	NO.....	34000.....	11/17/2003	07/25/2009			MEDICARE SUPPLEMENT.....	74,674	46,493	.62.3	.19				0.0
....YES.....	3MH.....	H.....	NO.....	34000.....	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT.....	2,645	6,402	.242.1	.1				0.0
....YES.....	3MI.....	I.....	NO.....	34000.....	06/19/2006	07/25/2009			MEDICARE SUPPLEMENT.....	2,584	.551	.21.3	.1				0.0
....YES.....	3MJ.....	J.....	NO.....	34000.....	03/08/2007	07/25/2009			MEDICARE SUPPLEMENT.....	141,799	110,975	.78.3	.35				0.0
....YES.....	3MK.....	F.....	NO.....	34000.....	11/17/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.416		.0.0					0.0
0199999.	Total Policy Experience on Individual Policies.....									738,607	515,055	.69.7	.174	.0	.0	.0	

360

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- 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.
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

6 1 7 2 7 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.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
										Premiums Earned	Amount	Number of Covered Lives	Number of Covered Lives			Number of Covered Lives
.....YES.....	3MF.....	F.....	.....NO.....	34000.....	11/17/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	5,214	.978	18.8	1	.....	.....	0.0
0199999.	Total Policy Experience on Individual Policies.....									5,214	.978	18.8	1	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

6 1 7 2 7 2 0 1 3 3 6 0 3 6 1 0 0 *

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Ohio

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3ME(OH).....	E.....	NO.....	34000.....	08/08/2005	07/24/2009			MEDICARE SUPPLEMENT.....	20,342	10,311	50.7	7				0.0
....YES.....	3MF(OH).....	F.....	NO.....	34000.....	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT.....	93,540	91,958	98.3	18				0.0
....YES.....	3MG(OH).....	G.....	NO.....	34000.....	12/12/2003	07/24/2009			MEDICARE SUPPLEMENT.....	70,721	34,318	48.5	17				0.0
....YES.....	3MH(OH).....	H.....	NO.....	34000.....	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT.....	17,368	6,680	38.5	6				0.0
....YES.....	3MI(OH).....	I.....	NO.....	34000.....	05/01/2006	07/24/2009			MEDICARE SUPPLEMENT.....	31,826	33,873	106.4	10				0.0
....YES.....	3MJ(OH).....	J.....	NO.....	34000.....	02/01/2007	07/24/2009			MEDICARE SUPPLEMENT.....	42,004	30,064	71.6	12				0.0
....YES.....	3MK(OH).....	F.....	NO.....	34000.....	12/12/2003			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.912	.....0.0	.....0.0	1				0.0
0199999.	Total Policy Experience on Individual Policies.....									276,713	207,205	74.9	71	0	0	0.0	0.0

360

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details....
- 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.
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- 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.....Oklahoma

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned

Individual Policies

....YES.....	3ME(OK).....	E.....	NO.....	34000.....	11/14/2005	07/25/2009			MEDICARE SUPPLEMENT.....	7,935	3,201	40.3	.3			0.0	
....YES.....	3MF(OK).....	F.....	NO.....	34000.....	03/01/2004			05/31/2010	MEDICARE SUPPLEMENT.....	19,205	16,877	87.9	.5			0.0	
....YES.....	3MG(OK).....	G.....	NO.....	34000.....	03/01/2004	07/25/2009			MEDICARE SUPPLEMENT.....	17,394	6,202	35.7	.5			0.0	
....YES.....	3MH(OK).....	H.....	NO.....	34000.....	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT.....	2,076	5,785	278.7				0.0	
....YES.....	3MI(OK).....	I.....	NO.....	34000.....	05/05/2006	07/25/2009			MEDICARE SUPPLEMENT.....	2,977	12,671	425.7	1			0.0	
....YES.....	3MJ(OK).....	J.....	NO.....	34000.....	02/05/2007	07/25/2009			MEDICARE SUPPLEMENT.....	14,868	14,631	98.4	.5			0.0	
0199999.	Total Policy Experience on Individual Policies.....									64,455	59,367	92.1	19	0	.0	0.0	.0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - Contact person and phone number..... David Brosig 1-800-880-8824
- 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.....Oregon

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MF(OR).....	F.....	NO.....	34060.....	06/15/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	17,593	4,493	25.5	.3	.....	.....	0.0	.....
....YES.....	3MG(OR).....	G.....	NO.....	34060.....	06/15/2004	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,156	2,615	82.9	.1	.....	.....	0.0	.....
....YES.....	3MI(OR).....	I.....	NO.....	34060.....	09/07/2006	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,630	13,217	364.1	.1	.....	.....	0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									24,380	20,325	83.4	.5	0	.0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Pennsylvania

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
....YES.....	3MB(PA).....	B.....	NO.....	34060.....	05/12/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,791	.....2,278	.....47.5	.....1	.....	.....	.....0.0
....YES.....	3MC(PA).....	C.....	NO.....	34060.....	05/12/2004	07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....9,868	.....9,879	.....100.1	.....2	.....	.....	.....0.0
....YES.....	3MD(PA).....	D.....	NO.....	34060.....	05/12/2004	07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....93,523	.....94,632	.....101.2	.....20	.....	.....	.....0.0
....YES.....	3MF(PA).....	F.....	NO.....	34060.....	05/12/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....69,571	.....13,960	.....20.1	.....14	.....	.....	.....0.0
....YES.....	3MG(PA).....	G.....	NO.....	34060.....	05/12/2004	07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....286,450	.....184,305	.....64.3	.....68	.....	.....	.....0.0
....YES.....	3MI(PA).....	I.....	NO.....	34060.....	08/23/2006	07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....20,481	.....17,981	.....87.8	.....5	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....484,683	.....323,034	.....66.6	.....110	.....0	.....0	.....0.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....South Carolina

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	Incurred Claims		18	
											12	13		15	16	17	
										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.....	3MD.....	D.....	NO.....	34000.....	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT.....	3,763	846	22.5	1			0.0	
....YES.....	3MF.....	F.....	NO.....	34000.....	10/09/2003			05/31/2010	MEDICARE SUPPLEMENT.....	47,984	28,630	59.7	11			0.0	
....YES.....	3MG.....	G.....	NO.....	34000.....	10/09/2003	07/25/2009			MEDICARE SUPPLEMENT.....	30,478	22,973	75.4	.8			0.0	
....YES.....	3MH.....	H.....	NO.....	34000.....	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT.....	8,051	21,267	264.1	.3			0.0	
....YES.....	3MI.....	I.....	NO.....	34000.....	05/18/2006	07/25/2009			MEDICARE SUPPLEMENT.....	95,378	44,417	46.6	27			0.0	
....YES.....	3MJ.....	J.....	NO.....	34000.....	02/23/2007	07/25/2009			MEDICARE SUPPLEMENT.....	163,332	101,860	62.4	49			0.0	
0199999.	Total Policy Experience on Individual Policies.....									348,986	219,994	63.0	99	0	.0	0.0	.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....South Dakota

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
										Premiums Earned	Amount	Number of Covered Lives	Number of Covered Lives	Premiums Earned	Amount	Number of Covered Lives

Individual Policies

....YES.....	3MF.....	F.....	NO.....	34060.....	11/19/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....29,089	.....13,993	.....48.1	.....7	.....	.....	.....0.0
....YES.....	3MG(SD).....	G.....	NO.....	34060.....	11/19/2003	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....4,758	.....248	.....5.2	.....1	.....	.....	.....0.0
....YES.....	3MJ.....	J.....	NO.....	34060.....	01/17/2007	07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....3,461	.....5,216	.....150.7	.....1	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....										.....37,308	.....19,457	.....52.2	.....9	.....0	.....0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2013

(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
....YES.....	3MD(TN).....	D.....	NO.....	34000.....	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT.....	2,672	2,404	90.0	.2			0.0	
....YES.....	3ME(TN).....	E.....	NO.....	34000.....	08/30/2005	07/26/2009			MEDICARE SUPPLEMENT.....	8,020	15,394	192.0	.2			0.0	
....YES.....	3MF(TN).....	F.....	NO.....	34000.....	12/02/2003		05/31/2010		MEDICARE SUPPLEMENT.....	64,125	40,851	63.7	14			0.0	
....YES.....	3MG(TN).....	G.....	NO.....	34000.....	12/02/2003	07/26/2009			MEDICARE SUPPLEMENT.....	114,544	107,885	94.2	34			0.0	
....YES.....	3MI(TN).....	I.....	NO.....	34000.....	07/14/2006	07/26/2009			MEDICARE SUPPLEMENT.....	12,746	5,364	42.1	.4			0.0	
....YES.....	3MK(TN).....	F.....	NO.....	34000.....	12/02/2003		05/31/2010		MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.882		0.0	.1			0.0	
0199999.	Total Policy Experience on Individual Policies.....									202,988	171,899	84.7	.57	.0	.0	.0	

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Texas

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
....YES.....	3MA(TX).....	A.....	NO.....	34060.....	12/11/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,850	.....280	.....9.8	.....1	.....	.....	.....0.0
....YES.....	3MC(TX).....	C.....	NO.....	34000.....	12/11/2003	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....3,670	.....377	.....10.3	.....1	.....	.....	.....0.0
....YES.....	3MD(TX).....	D.....	NO.....	34000.....	12/11/2003	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....34,908	.....11,052	.....31.7	.....9	.....	.....	.....0.0
....YES.....	3ME(TX).....	E.....	NO.....	34000.....	12/30/2005	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....52,392	.....41,766	.....79.7	.....16	.....	.....	.....0.0
....YES.....	3MF(TX).....	F.....	NO.....	34000.....	12/11/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....510,311	.....351,156	.....68.8	.....88	.....	.....	.....0.0
....YES.....	3MG(TX).....	G.....	NO.....	34000.....	12/11/2003	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....204,782	.....129,199	.....63.1	.....44	.....	.....	.....0.0
....YES.....	3MH(TX).....	H.....	NO.....	34000.....	02/21/2007	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....5,047	.....17,193	.....340.6	.....2	.....	.....	.....0.0
....YES.....	3MI(TX).....	I.....	NO.....	34000.....	06/15/2006	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....22,249	.....19,419	.....87.3	.....7	.....	.....	.....0.0
....YES.....	3MJ(TX).....	J.....	NO.....	34000.....	02/21/2007	07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....131,916	.....76,576	.....58.0	.....36	.....	.....	.....0.0
....YES.....	3MK(TX).....	F.....	NO.....	34000.....	12/11/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....3,342	.....	.....0.0	.....4	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....										.....971,469	.....647,018	.....66.6	.....208	.....0	.....0	.....0.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Virginia

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																	
....YES.....	3MC(VA).....	C.....	NO.....	34000.....	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT.....	6,245	8,577	137.3	1				0.0
....YES.....	3MD(VA).....	D.....	NO.....	34000.....	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT.....	39,234	14,632	37.3	11				0.0
....YES.....	3MF(VA).....	F.....	NO.....	34000.....	08/05/2004		05/31/2010		MEDICARE SUPPLEMENT.....	527,972	401,611	76.1	159				0.0
....YES.....	3MG(VA).....	G.....	NO.....	34000.....	08/05/2004	07/26/2009			MEDICARE SUPPLEMENT.....	199,738	121,555	60.9	70				0.0
....YES.....	3MH(VA).....	H.....	NO.....	34000.....	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT.....	133,239	111,517	83.7	52				0.0
....YES.....	3MI(VA).....	I.....	NO.....	34000.....	11/07/2006	07/26/2009			MEDICARE SUPPLEMENT.....	219,244	117,867	53.8	82				0.0
....YES.....	3MJ(VA).....	J.....	NO.....	34000.....	06/06/2007	07/26/2009			MEDICARE SUPPLEMENT.....	843,061	675,821	80.2	300				0.0
....YES.....	3MK(VA).....	F.....	NO.....	34000.....	08/05/2004		05/31/2010	DEDUCTIBLE		1,367	14	1.1	2				0.0
0199999.	Total Policy Experience on Individual Policies.....									1,970,100	1,451,593	73.7	677	0	0.0	0.0	

360

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....West Virginia

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
....YES.....	3ME.....	E.....	NO.....	34000.....	12/01/2005	07/26/2009			MEDICARE SUPPLEMENT.....	.....3,732	.....681	.....18.3	.....1			.....0.0
....YES.....	3MG.....	G.....	NO.....	34000.....	11/24/2003	07/26/2009			MEDICARE SUPPLEMENT.....	.....13,231	.....5,180	.....39.1	.....2			.....0.0
....YES.....	3MK.....	F.....	NO.....	34000.....	11/24/2003		05/31/2010		MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....950	.....3	.....0.3	.....1			.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....17,914	.....5,864	.....32.7	.....4	.....0	.....0	.....0.0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Wyoming

NAIC Group Code.....0901

Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims	
											12	13	Percent of Premiums Earned		16	17	Percent of Premiums Earned
Individual Policies																
....YES.....	3MF(WY).....	F.....	NO.....	34000.....	12/05/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....74,758	.....37,684	.....50.4	.....16	.....	.....	.....0.0
....YES.....	3MG(WY).....	G.....	NO.....	34000.....	12/05/2003	07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....4,397	.....733	.....16.7	.....1	.....	.....	.....0.0
....YES.....	3MK(WY).....	F.....	NO.....	34000.....	12/05/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,053	.....8,094	.....768.3	.....1	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....80,209	.....46,511	.....58.0	.....18	.....0	.....0	.....0

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..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
 - 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

**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)	(276)
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	8,026
4. 2011.....	XXX.....	XXX.....	5,808	6,427	6,423
5. 2012.....	XXX.....	XXX.....	XXX.....	4,564	5,079
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 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior.....					
2. 2009.....					
3. 2010.....	XXX.....				
4. 2011.....	XXX.....	XXX.....			
5. 2012.....	XXX.....	XXX.....	XXX.....		
6. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

Section B - Other 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.....	XXX.....

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.....	XXX.....

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	.....6,423
4. 2012.....	.....XXX	.....XXX	.....XXX	.....5,120	.....5,080
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	.....6,423
4. 2012.....	XXX.....	XXX.....	XXX.....	.....5,120	.....5,080
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

Sch. O-Pt. 1-Sn. D
NONE

Sch. O-Pt. 1-Sn. E
NONE

Sch. O-Pt. 1-Sn. F
NONE

Sch. O-Pt. 1-Sn. G
NONE

Sch. O-Pt. 2-Sn. D
NONE

Sch. O-Pt. 2-Sn. E
NONE

Sch. O-Pt. 2-Sn. F
NONE

Sch. O-Pt. 2-Sn. G
NONE

Sch. O-Pt. 3-Sn. D
NONE

Sch. O-Pt. 3-Sn. E
NONE

Sch. O-Pt. 3-Sn. F
NONE

Sch. O-Pt. 3-Sn. G
NONE

Sch. O-Pt. 4-Sn. D
NONE

Sch. O-Pt. 4-Sn. E
NONE

Sch. O-Pt. 4-Sn. F
NONE

Sch. O-Pt. 4-Sn. G
NONE

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