



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)

Organized under the Laws of Ohio  
Incorporated/Organized..... July 2, 1963  
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address  
Statutory Statement Contact

NAIC Company Code..... 61727

State of Domicile or Port of Entry Ohio  
Commenced Business..... May 12, 1965

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

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

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

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

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

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

Country of Domicile US

512-451-2224  
(Area Code) (Telephone Number)

512-451-2224  
(Area Code) (Telephone Number)

512-807-4801  
(Area Code) (Telephone Number) (Extension)  
512-467-1399  
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Bradley Allen Wolfram	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Appointed Actuary
OTHER			
Tracy Eugene Maples	Chief Actuary	Maureen Hardiman Ryan	Assistant Treasurer
Paul Adolph Severt	Chief Financial Officer	Barry Richard McHale	Assistant Treasurer
Michael Kenneth Brown	Vice President		

DIRECTORS OR TRUSTEES

Bradley Allen Wollfram

Paul Adolph Severt

Eric Paul Palmer

Frank Sataline, Jr.

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

1. (Printed Name)  
President

(Title)

(Signature)  
Byron Keith Buescher

2. (Printed Name)  
Treasurer

(Title)

(Signature)  
Brenda Weigilia Hardison

3. (Printed Name)  
Secretary

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	10,045							1	10,045
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					No. of Pol.					
20. In force December 31, prior year.....	26	1,569,159		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.....					
<b>Other Individual Policies:</b>					
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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	16	466,922		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					.0	.0
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	.1	.6,000							.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,145		59		1,204
2. Annuity considerations.....	-				0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,145	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol.s. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	5	116,740		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
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.....	1,479				1,479
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,864	0	0	0	2,864
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).....	2,864	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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
Settled during current year:										
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					No. of Pol.					
20. In force December 31, prior year.....	1,682	51,142,908		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.....					
Other Individual Policies:					
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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	9	75,407		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	153				153
2. Annuity considerations.....	-				.0
3. Deposit-type contract funds.....		XXX		XXX	.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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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	.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	.0	3	17,349
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol.s. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	140	8,260,705		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	95	2,073,717		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	.6	.216,731		(a).....					.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....	.....	.....	.....	.....	.....	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	1	141,862		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	38	2,293,504		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.....	.....	.....	.....	.....	.....
<b>Other Individual Policies:</b>					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	3	18,054							3	18,054
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					No. of Pol.					
20. In force December 31, prior year.....	90	1,969,252		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.....					
<b>Other Individual Policies:</b>					
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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,025				2,025
2. Annuity considerations.....	-				.0
3. Deposit-type contract funds.....		XXX		XXX	.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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	214	4,567,229		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	.5	32,455		(a).....					.5	32,455
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.....	.4	27,455	.0	(a).....	.0	.0	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	.2	125,000		(a).....					.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	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	.1	.2,500		(a).....					.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	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	1	10,000		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	438	13,174,703		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	10	78,000		(a).....					10	78,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	2	109,000							2	109,000
23. In force December 31 of current year.....	12	187,000	.0	(a).....0	.0	.0	.0	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
17. Incurred during current year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					No. of Pol.					
20. In force December 31, prior year.....	.....1	.....25,000	.....	(a).....	.....	.....	.....	.....	.....1	.....25,000
21. Issued during year.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....0
22. Other changes to in force (Net).....	- .....	- .....	.....	.....	.....	.....	.....	.....	.....0	.....0
23. In force December 31 of current year.....	.....1	.....25,000	.....0	(a).....0	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.....	.....	.....	.....	.....	.....
<b>Other Individual Policies:</b>					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	26	1,251,944		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,434				17,434
2. Annuity considerations.....	-				.0
3. Deposit-type contract funds.....		XXX		XXX	.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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	49	2,395,436		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	3	203,000		(a)					3	203,000
21. Issued during year.....									.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	53	1,789,131		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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.

CENTRAL RESERVE LIFE INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,390				43,390
2. Annuity considerations.....	-				.0
3. Deposit-type contract funds.....		XXX		XXX	.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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	77	857,637		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,104				2,104
2. Annuity considerations.....	-				.0
3. Deposit-type contract funds.....		XXX		XXX	.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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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	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	0	8	61,891
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	0	0	0	0	1	2,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	187	3,682,736		(a)					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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 VERMONT DURING THE YEAR  
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	.4	106,846		(a)					.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	.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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	30	1,204,780		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	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 Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		<b>LONG-TERM BONDS</b>										
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...	...
9		Total bonds (sum of Lines 1 through 8).....	4,554,133	...XXX...	...XXX...	4,554,133	...XXX...	...0	...XXX...	...0	...XXX...	...0
		<b>PREFERRED STOCKS</b>										
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
		<b>SHORT-TERM BONDS</b>										
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 Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	9,301,765	XXX.....	XXX.....	9,301,765	XXX.....	1,899	XXX.....	10,920	XXX.....	14,243
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
36		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX.....	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
40		In good standing with restructured terms.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
		Overdue, not in process:										
41		Farm mortgages.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX.....	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX.....	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
52		Schedule DA mortgages.....			XXX.....	0	0.0030	0	0.0100	0	0.0130	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0



**ASSET VALUATION RESERVE**

Basic Contribution, Reserve Objective and Maximum Reserve Calculations  
Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		<b>COMMON STOCK</b>										
1		Unaffiliated public.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	(a).....	.....0	(a).....	.....0
2		Unaffiliated private.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600	.....0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.0050	.....0	.....0.0080	.....0
4		Affiliated life with AVR.....	12,798,822	XXX.....	XXX.....	12,798,822	.....0.0000	.....0	.....0.0000	.....0	.....0.0000	.....0
		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	(a).....	.....0
13		Unaffiliated common stock private.....				.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600	.....0
14		Mortgage loans.....				.....0	.....0.0030	.....0	.....0.0100	.....0	.....0.0130	.....0
15		Real estate.....				.....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	.....0
17		Affiliated - all other.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.1600	.....0	.....0.1600	.....0
18		Total common stock (sum of Lines 1 through 17).....	12,798,822	.....0	.....0	12,798,822	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0
		<b>REAL ESTATE</b>										
19		Home office property (General Account only).....				.....0	.....0.0000	.....0	.....0.0750	.....0	.....0.0750	.....0
20		Investment properties.....				.....0	.....0.0000	.....0	.....0.0750	.....0	.....0.0750	.....0
21		Properties acquired in satisfaction of debt.....				.....0	.....0.0000	.....0	.....0.1100	.....0	.....0.1100	.....0
22		Total real estate (sum of Lines 19 through 21).....	.....0	.....0	.....0	.....0	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0
		<b>OTHER INVESTED ASSETS</b>										
		<b>INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS</b>										
23		Exempt obligations.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.0000	.....0	.....0.0000	.....0
24	1	Highest quality.....		XXX.....	XXX.....	.....0	.....0.0004	.....0	.....0.0023	.....0	.....0.0030	.....0
25	2	High quality.....		XXX.....	XXX.....	.....0	.....0.0019	.....0	.....0.0058	.....0	.....0.0090	.....0
26	3	Medium quality.....		XXX.....	XXX.....	.....0	.....0.0093	.....0	.....0.0230	.....0	.....0.0340	.....0
27	4	Low quality.....		XXX.....	XXX.....	.....0	.....0.0213	.....0	.....0.0530	.....0	.....0.0750	.....0
28	5	Lower quality.....		XXX.....	XXX.....	.....0	.....0.0432	.....0	.....0.1100	.....0	.....0.1700	.....0
29	6	In or near default.....		XXX.....	XXX.....	.....0	.....0.0000	.....0	.....0.2000	.....0	.....0.2000	.....0
30		Total with bond characteristics (sum of Lines 23 through 29).....	.....0	XXX.....	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0	XXX.....	.....0

**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									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
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...
2.	Premiums earned.....	6,606,662	XXX...	39,010	XXX....		XXX...	39,445	XXX...		XXX....	6,528,207	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
4.	Cost containment expenses.....	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	(22,366)	(0.3)		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
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
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
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
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)		0.0	(22)	(0.1)		0.0	(1,200)	(0.0)		0.0		0.0		0.0
1102.	Pelnalties.....	858	0.0	7	0.0		0.0		0.0		0.0	851	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
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
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	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
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	0	4,092	0	512,545	0	0
	5. Total premium reserves, prior year.....	634,208	409		5,459		628,340		
	6. Increase in total premium reserves.....	(116,855)	307	0	(1,367)	0	(115,795)	0	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	0	0	162,998	0	0
	4. Total contract reserves, prior year.....	598,139	412,775				185,364		
	5. Increase in contract reserves.....	65,187	87,553	0	0	0	(22,366)	0	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)	0	(492)	0	(95,494)	0	0

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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	0	2,801	0	451,116	0	0	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	0	(1,133)	0	(102,407)	0	0	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**

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

**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  Current Year	11  Prior Year		
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**

SCHEDULE S - PART 6

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

	1 2013	2 2012	3 2011	4 2010	5 2009
<b>A. OPERATIONS ITEMS</b>					
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>B. BALANCE SHEET ITEMS</b>					
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
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple beneficiary trust.....			XXX	XXX	XXX
23. Funds deposited by and withheld from (F).....			XXX	XXX	XXX
24. Letters of credit (L).....			XXX	XXX	XXX
25. Trust agreements (T).....			XXX	XXX	XXX
26. Other (O).....			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
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
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
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
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
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		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	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)	*
<b>Members</b>														
	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.....	
							HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	12902....	20-8534298	1591167....	0000701221		HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95781....	63-0925225	1591167....	0000701221		HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11532....	65-1129599	1591167....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		77-0632665	1591167....	0000701221		NewQuest Management of Florida, LLC.....	FL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-4954206	1591167....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-8647386	1591167....	0000701221		HealthSpring Financial Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		45-2043106	1591167....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		45-0633893	1591167....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108527	1591167....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		75-3108521	1591167....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	..99.000	Cigna Corporation.....	
	Cigna Group.....		76-0657035	1591167....	0000701221		NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		33-1033586	1591167....	0000701221		HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		72-1559530	1591167....	0000701221		HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		62-1540621	1591167....	0000701221		HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11522....	62-1593150	1591167....	0000701221									

**SCHEDULE Y**

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

52.1

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.....		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.....	
	Cigna Group.....						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.....	11175	59-2675861	1591167.....	0000701221		Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95380	59-2676987	1591167.....	0000701221		Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	52021	59-1611217	1591167.....	0000701221		Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1351097	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**

52.2

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.....	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		Choicelinx 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		Merricak 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

52.3

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.....	
	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 Partership.....	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.....	Connectict 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**

52.4

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		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**

52.5

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.....		88-0334401	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.....	
	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 Cooperatief 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 Cooperatief 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 (Shangai) 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**

52.6

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				Cignattk 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	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	.....	.....	.....	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
<b>Affiliated Transactions</b>												
	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**

53.2

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	27-0268530.....	CORAC, LLC.....		(17,512,563)							(17,512,563)	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	20,000,000	(10,659,579)			(153,019,019)	(109,586,697)			(253,265,295)	(101,994,020)
	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)	(1,205,064,574)
	00-0000000.....	Cigna & CMC Life Insurance Company Limited, China.....		41,830,216							41,830,216	
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)				(5,768)				(1,005,768)	
	51-0389196.....	Cigna Global Holdings, Inc.....		128,460,000							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	93,223,000
	23-3009279.....	Cigna Holdings Overseas, Inc.....					11,030,044				11,030,044	
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....									0	
	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)	(108,424)
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....		6,728,652			(5,034,327)				1,694,325	
	00-0000000.....	Cigna Worldwide Life Insurance Company Limited.....					(46,839)				(46,839)	
	00-0000000.....	Cigna Global Insurance Company Limited (Guernsey).....					(2,230,708)	(4,984)			(2,235,692)	(1,253,873)
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	(5,946,945)
9999999.....	Control Totals.....		0	0	0	0	1	1	XXX	0	2	4



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.

	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

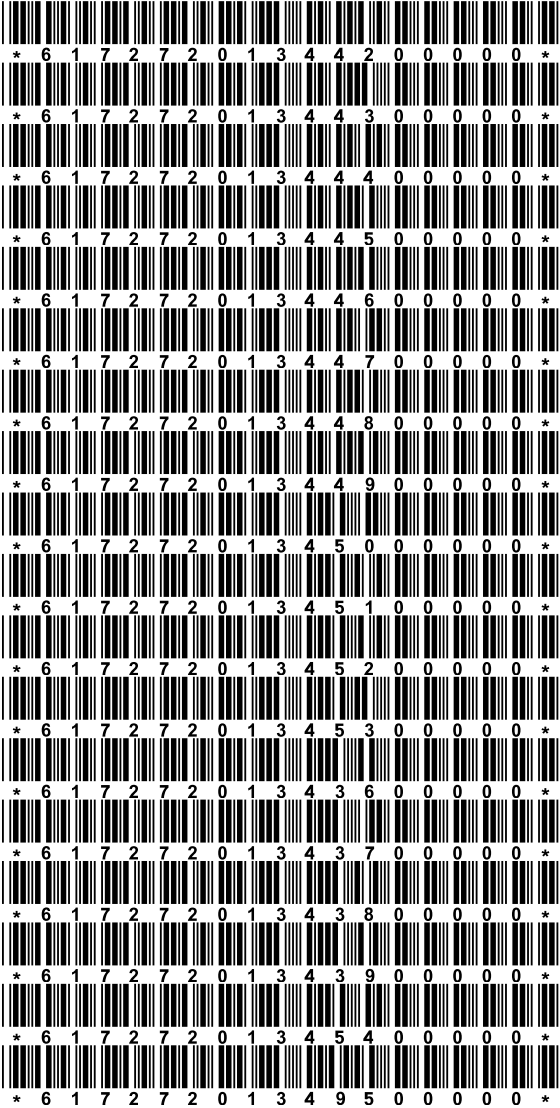
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

EXPLANATIONS:

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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.

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38.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 2 5 0 0 0 0 0 *</div></div>
39.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 2 6 0 0 0 0 0 *</div></div>
40.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 3 0 6 0 0 0 0 0 *</div></div>
41.	
42.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 3 0 0 0 0 0 0 *</div></div>
43.	
44.	
45.	
46.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 1 6 0 0 0 0 0 *</div></div>
47.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 1 7 0 0 0 0 0 *</div></div>
48.	<div><div></div><div>* 6 1 7 2 7 2 0 1 3 2 2 3 0 0 0 0 0 *</div></div>

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NONE**

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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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MK(CO).....	F.....	.....NO.....	34060.....	03/08/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,859	.....98	.....5.3	.....2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....1,859	.....98	.....5.3	.....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 .....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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**

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	MEDICARE SUPPLEMENT - HIGH 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

**GENERAL INTERROGATORIES**

- 360
- 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.

2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

2.2 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).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717

3.2 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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	MEDICARE SUPPLEMENT - HIGH 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	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	12		14	15	16		18
											13	17					
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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**

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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....276,713	.....207,205	.....74.9	.....71	.....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 .....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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**

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	MEDICARE SUPPLEMENT - HIGH 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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....0.0	.....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	

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

NONE

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	

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	

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	

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

Development of Incurred Losses  
(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2009.....	.....10,105	.....18,696	.....9,864	.....XXX.....	.....XXX.....
2. 2010.....	.....XXX.....	.....8,169	.....8,174	.....8,032	.....XXX.....
3. 2011.....	.....XXX.....	.....XXX.....	.....6,424	.....8,530	.....6,423
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.....	.....	NONE	.....	.....XXX.....	.....XXX.....
2. 2010.....	.....XXX.....		.....	.....	.....XXX.....
3. 2011.....	.....XXX.....		.....XXX.....	.....	.....
4. 2012.....	.....XXX.....		.....XXX.....	.....	.....
5. 2013.....	.....XXX.....		.....XXX.....	.....XXX.....	.....

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	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5  
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

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

**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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