LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

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

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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

Main Administrative Office 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US..... 78717 (512)451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US ..... 78717 (512)451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.loyalamerican.com

Statutory Statement Contact Jesse Navarrete 512-807-4801
(Name) (Area Code) (Telephone Number) (Extension)
CSBFinRpt@cigna.com (512) 467-1399
(E-Mail Address) (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

Paul Adolph Severt	Chief Financial Officer	Tracy Eugene Maples	Chief Actuary
David Lawrence Chambers	Vice President	Michael Kenneth Brown	Vice President
Maureen Hardiman Ryan	Assistant Treasurer	Barry Richard McHale	Assistant Treasurer
Scott Ronald Lambert #	Vice President	Eric Paul Palmer #	Vice President

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram	Paul Adolph Severt	Brian Case Evanko #	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)	(Signature)	(Signature)
Bradley Allen Wolfram	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

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

a. Is this an original filing? Yes [X] No [ ]
b. If no 1. State the amendment number
2. Date filed
3. Number of pages attached

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	248,096				248,096
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	248,096	0	0	0	248,096
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	8,863				8,863
6.2	Applied to pay renewal premiums	253				253
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)	9,116	0	0	0	9,116
	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)	9,116	0	0	0	9,116
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	40,360				40,360
10.	Matured endowments	4,019				4,019
11.	Annuity benefits	20,371				20,371
12.	Surrender values and withdrawals for life contracts	264,413				264,413
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	329,163	0	0	0	329,163
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	163,810							2	163,810
Settled during current year:										
18.1 By payment in full	1	9,751							1	9,751
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	9,751	0	0	0	0	0	0	1	9,751
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	9,751	0	0	0	0	0	0	1	9,751
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	154,059	0	0	0	0	0	0	1	154,059
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	376	48,309,373		(a)					376	48,309,373
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(4,669,491)							(30)	(4,669,491)
23. In force December 31 of current year	346	43,639,882	0	(a) 0	0	0	0	0	346	43,639,882

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	682	682			
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)	682	682	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682	682	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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,967				1,967
2.	Annuity considerations	2				2
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,969	0	0	0	1,969
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	251				251
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	33				33
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	284	0	0	0	284
	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)	284	0	0	0	284
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,932				3,932
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	16,114				16,114
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	20,046	0	0	0	20,046
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	11,322							2	11,322
Settled during current year:										
18.1 By payment in full	1	3,739							1	3,739
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	3,739	0	0	0	0	0	0	1	3,739
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	3,739	0	0	0	0	0	0	1	3,739
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,583	0	0	0	0	0	0	1	7,583
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	11	110,870		(a)					11	110,870
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(3,154)							(1)	(3,154)
23. In force December 31 of current year	10	107,716	0	(a) 0	0	0	0	0	10	107,716

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	126	126			
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)	8,406	8,335		2,852	2,871
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)	8,406	8,335	0	2,852	2,871
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,532	8,461	0	2,852	2,871

(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.

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DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	646,661		35,245		681,906
2.	Annuity considerations	2,764				2,764
3.	Deposit-type contract funds	1,232	XXX		XXX	1,232
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	650,657	0	35,245	0	685,902
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,089				14,089
6.2	Applied to pay renewal premiums	389				389
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	236				236
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14,714	0	0	0	14,714
	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)	14,714	0	0	0	14,714
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	839,497		2,009		841,506
10.	Matured endowments	8,067				8,067
11.	Annuity benefits	85,507		37,478		122,985
12.	Surrender values and withdrawals for life contracts	676,253				676,253
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	1,609,324	0	39,487	0	1,648,811
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	47	211,063							47	211,063
17. Incurred during current year	194	960,051			3	8,000			197	968,051
Settled during current year:										
18.1 By payment in full	145	795,045			1	2,000			146	797,045
18.2 By payment on compromised claims									0	0
18.3 Totals paid	145	795,045	0	0	1	2,000	0	0	146	797,045
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	145	795,045	0	0	1	2,000	0	0	146	797,045
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	96	376,069	0	0	2	6,000	0	0	98	382,069
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,710	65,091,348		(a)	161	4,153,551			3,871	69,244,899
21. Issued during year									0	0
22. Other changes to in force (Net)	(344)	(4,265,891)			(44)	(671,377)			(388)	(4,937,268)
23. In force December 31 of current year	3,366	60,825,457	0	(a) 0	117	3,482,174	0	0	3,483	64,307,631

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	20,913	22,884		5,700	6,212
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	82	39			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,536,474	3,587,971		2,230,532	2,245,618
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)	3,536,474	3,587,971	0	2,230,532	2,245,618
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,557,469	3,610,894	0	2,236,232	2,251,830

(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.

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	204,344		2,556		206,900
2.	Annuity considerations	313				313
3.	Deposit-type contract funds	199	XXX		XXX	199
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	204,856	0	2,556	0	207,412
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,683				1,683
6.2	Applied to pay renewal premiums	49				49
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)	1,732	0	0	0	1,732
	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)	1,732	0	0	0	1,732
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	280,081				280,081
10.	Matured endowments					0
11.	Annuity benefits	10,194				10,194
12.	Surrender values and withdrawals for life contracts	748,010				748,010
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	1,038,285	0	0	0	1,038,285
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	10	29,983							10	29,983
17. Incurred during current year	38	301,048							38	301,048
Settled during current year:										
18.1 By payment in full	32	258,922							32	258,922
18.2 By payment on compromised claims									0	0
18.3 Totals paid	32	258,922	0	0	0	0	0	0	32	258,922
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	32	258,922	0	0	0	0	0	0	32	258,922
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	72,109	0	0	0	0	0	0	16	72,109
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,045	15,955,215		(a)	25	791,773			1,070	16,746,988
21. Issued during year									0	0
22. Other changes to in force (Net)	(93)	(1,419,398)			(7)	(361,303)			(100)	(1,780,701)
23. In force December 31 of current year	952	14,535,817	0	(a) 0	18	430,470	0	0	970	14,966,287

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	20,936	23,451		3,200	3,488
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)	725,235	731,615		432,654	435,580
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)	725,235	731,615	0	432,654	435,580
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	746,171	755,066	0	435,854	439,068

(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.

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DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)		0	0	0	0
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

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

NONE

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,985		180		36,165
2.	Annuity considerations	47				47
3.	Deposit-type contract funds	3,385	XXX		XXX	3,385
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	39,417	0	180	0	39,597
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,767				3,767
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	154				154
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,921	0	0	0	3,921
	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)	3,921	0	0	0	3,921
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	67,641				67,641
10.	Matured endowments	35				35
11.	Annuity benefits	426,539				426,539
12.	Surrender values and withdrawals for life contracts	1,655,180				1,655,180
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	2,149,395	0	0	0	2,149,395
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	4	60,052							4	60,052
Settled during current year:										
18.1 By payment in full	3	60,035							3	60,035
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	60,035	0	0	0	0	0	0	3	60,035
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	60,035	0	0	0	0	0	0	3	60,035
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	17	0	0	0	0	0	0	1	17
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	62	3,365,216		(a)					62	3,365,216
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(690,719)							(9)	(690,719)
23. In force December 31 of current year	53	2,674,497	0	(a) 0	0	0	0	0	53	2,674,497

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,396	1,334		100	109
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	472,874	472,873		311,091	313,187
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)	472,874	472,873	0	311,091	313,187
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	474,339	474,276	0	311,191	313,296

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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	148,052		1,227		149,279
2. Annuity considerations	144,023				144,023
3. Deposit-type contract funds	12,642	XXX		XXX	12,642
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	304,717	0	1,227	0	305,944
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	6,085				6,085
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	248				248
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,333	0	0	0	6,333
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)	6,333	0	0	0	6,333
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	104,863				104,863
10. Matured endowments	5,000				5,000
11. Annuity benefits	1,086,779		1,338		1,088,117
12. Surrender values and withdrawals for life contracts	3,418,692				3,418,692
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	4,615,334	0	1,338	0	4,616,672
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	7	20,154							7	20,154
17. Incurred during current year	15	70,426							15	70,426
Settled during current year:										
18.1 By payment in full	15	73,701				-			15	73,701
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	15	73,701	0	0	0	0	0	0	15	73,701
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	73,701	0	0	0	0	0	0	15	73,701
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	16,879	0	0	0	0	0	0	7	16,879
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	560	13,071,757		(a)	11	842,661			571	13,914,418
21. Issued during year									0	0
22. Other changes to in force (Net)	(44)	(573,114)			(3)	(202,743)			(47)	(775,857)
23. In force December 31 of current year	516	12,498,643	0	(a) 0	8	639,918	0	0	524	13,138,561

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,298	6,337		3,480	3,793
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)	833,490	854,086		452,547	455,600
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)	833,490	854,086	0	452,547	455,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	839,788	860,423	0	456,027	459,393

(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.

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DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	154				154
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	154	0	0	0	154
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	57				57
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)	57	0	0	0	57
	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)	57	0	0	0	57
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	69				69
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	69	0	0	0	69
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0		0	0	0	0	0	0	0
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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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.

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,917				25,917
2.	Annuity considerations	34,378				34,378
3.	Deposit-type contract funds	559	XXX		XXX	559
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	60,854	0	0	0	60,854
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,447				1,447
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)	1,447	0	0	0	1,447
	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)	1,447	0	0	0	1,447
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,159				8,159
10.	Matured endowments					0
11.	Annuity benefits	69,470				69,470
12.	Surrender values and withdrawals for life contracts	1,192,946				1,192,946
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	1,270,575	0	0	0	1,270,575
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	6,927							2	6,927
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,927	0	0	0	0	0	0	1	1,927
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	61	3,601,552		(a)	1	6,000			62	3,607,552
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(21,831)							(4)	(21,831)
23.	In force December 31 of current year	57	3,579,721	0	(a) 0	1	6,000	0	0	58	3,585,721

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,363	1,363			
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)	1,144,635	1,130,899		628,373	632,598
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)	1,144,635	1,130,899	0	628,373	632,598
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,145,998	1,132,262	0	628,373	632,598

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	12,128				12,128
2. Annuity considerations	28				28
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,156	0	0	0	12,156
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	138				138
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	59				59
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	197	0	0	0	197
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)	197	0	0	0	197
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	449				449
10. Matured endowments					0
11. Annuity benefits	51,164		658		51,822
12. Surrender values and withdrawals for life contracts	37,105				37,105
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	88,718	0	658	0	89,376
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	130							1	130
17. Incurred during current year	2	10,002							2	10,002
Settled during current year:										
18.1 By payment in full	2	132							2	132
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	132	0	0	0	0	0	0	2	132
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	132	0	0	0	0	0	0	2	132
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	29	344,953		(a)					29	344,953
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(2)							(1)	(2)
23. In force December 31 of current year	28	344,951	0	(a) 0	0	0	0	0	28	344,951

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	660	660			
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)	44,495	42,308		22,832	22,986
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)	44,495	42,308	0	22,832	22,986
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,155	42,968	0	22,832	22,986

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

* 6 5 7 2 2 2 0 1 3 4 3 0 0 9 1 0 0 *

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,631				9,631
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	104	XXX		XXX	104
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,743	0	0	0	9,743
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	933				933
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	87				87
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,020	0	0	0	1,020
	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)	1,020	0	0	0	1,020
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,744				1,744
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	7,959				7,959
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	9,703	0	0	0	9,703
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	15							1	15
17.	Incurred during current year	1	2,081							1	2,081
	Settled during current year:										
18.1	By payment in full	1	15							1	15
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	15	0	0	0	0	0	0	1	15
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	15	0	0	0	0	0	0	1	15
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,081	0	0	0	0	0	0	1	2,081
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	83	956,647		(a)					83	956,647
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(5,852)							(2)	(5,852)
23.	In force December 31 of current year	81	950,795	0	(a) 0	0	0	0	0	81	950,795

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,009	1,214			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	(32)	(29)			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,780	10,168		2,800	2,819
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)	9,780	10,168	0	2,800	2,819
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,757	11,353	0	2,800	2,819

(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.

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,077				19,077
2.	Annuity considerations	30				30
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,107	0	0	0	19,107
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	99				99
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	153				153
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	252	0	0	0	252
	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)	252	0	0	0	252
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	363				363
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	363	0	0	0	363
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	-	-							0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	14	205,417		(a)					14	205,417
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(10,199)							(1)	(10,199)
23.	In force December 31 of current year	13	195,218	0	(a) 0	0	0	0	0	13	195,218

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	17,360	17,289		3,079	3,100
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)	17,360	17,289	0	3,079	3,100
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,360	17,289	0	3,079	3,100

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	722,999		1,744		724,743
2.	Annuity considerations	43,164				43,164
3.	Deposit-type contract funds	3,619	XXX		XXX	3,619
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	769,782	0	1,744	0	771,526
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	19,656				19,656
6.2	Applied to pay renewal premiums	13				13
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,621				5,621
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	25,290	0	0	0	25,290
	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)	25,290	0	0	0	25,290
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	512,496				512,496
10.	Matured endowments	5,718				5,718
11.	Annuity benefits	660,347		80,802		741,149
12.	Surrender values and withdrawals for life contracts	5,056,906				5,056,906
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	6,235,467	0	80,802	0	6,316,269
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	48	147,482							48	147,482
17. Incurred during current year	159	608,604							159	608,604
Settled during current year:										
18.1 By payment in full	126	474,125							126	474,125
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	126	474,125	0	0	0	0	0	0	126	474,125
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	126	474,125	0	0	0	0	0	0	126	474,125
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	81	281,961	0	0	0	0	0	0	81	281,961
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,435	45,745,113		(a)	1	34,100			4,436	45,779,213
21. Issued during year									0	0
22. Other changes to in force (Net)	(349)	(4,480,077)				(2,250)			(349)	(4,482,327)
23. In force December 31 of current year	4,086	41,265,036	0	(a) 0	1	31,850	0	0	4,087	41,296,886

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,538	2,517			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	5,831	5,824		6,171	6,542
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,043,463	1,061,251		724,804	729,698
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)	1,043,463	1,061,251	0	724,804	729,698
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,051,832	1,069,592	0	730,975	736,240

(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.

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	337,756		2,279		340,035
2.	Annuity considerations	157				157
3.	Deposit-type contract funds	4,688	XXX		XXX	4,688
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	342,601	0	2,279	0	344,880
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	68,535				68,535
6.2	Applied to pay renewal premiums	2,807				2,807
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,437				2,437
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	73,779	0	0	0	73,779
	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)	73,779	0	0	0	73,779
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	829,847		1,008		830,855
10.	Matured endowments	16,879				16,879
11.	Annuity benefits	90,201		9,266		99,467
12.	Surrender values and withdrawals for life contracts	423,479				423,479
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	1,360,406	0	10,274	0	1,370,680
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	25	138,441			1	1,200			26	139,641
17. Incurred during current year	155	774,130				(200)			155	773,930
Settled during current year:										
18.1 By payment in full	115	741,195			1	1,000			116	742,195
18.2 By payment on compromised claims									0	0
18.3 Totals paid	115	741,195	0	0	1	1,000	0	0	116	742,195
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	115	741,195	0	0	1	1,000	0	0	116	742,195
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	65	171,376	0	0	0	0	0	0	65	171,376
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,282	27,335,300		(a)	5	301,000			3,287	27,636,300
21. Issued during year									0	0
22. Other changes to in force (Net)	(241)	(2,192,175)			(1)	(100,000)			(242)	(2,292,175)
23. In force December 31 of current year	3,041	25,143,125	0	(a) 0	4	201,000	0	0	3,045	25,344,125

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,693	4,687			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,852	3,820		4,323	4,583
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,135,899	1,145,516		686,265	677,978
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)	1,135,899	1,145,516	0	686,265	677,978
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,144,444	1,154,023	0	690,588	682,561

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,071,980		90,717		7,162,697
2.	Annuity considerations	564,255				564,255
3.	Deposit-type contract funds	75,768	XXX		XXX	75,768
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,712,003	0	90,717	0	7,802,720
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	251,745				251,745
6.2	Applied to pay renewal premiums	4,258				4,258
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	19,775				19,775
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	275,778	0	0	0	275,778
	Annuities:					
7.1	Paid in cash or left on deposit	409				409
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	409	0	0	0	409
8.	Grand Totals (Lines 6.5 + 7.4)	276,187	0	0	0	276,187
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,065,784		6,244		8,072,028
10.	Matured endowments	52,729				52,729
11.	Annuity benefits	8,041,400		164,543		8,205,943
12.	Surrender values and withdrawals for life contracts	43,891,758				43,891,758
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	60,051,671	0	170,787	0	60,222,458
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	330	1,402,724		(0)	2	2,200			332	1,404,924
17.	Incurred during current year	1,716	9,018,504			7	17,500			1,723	9,036,004
	Settled during current year:										
18.1	By payment in full	1,303	7,423,534			4	6,200			1,307	7,429,734
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,303	7,423,534	0	0	4	6,200	0	0	1,307	7,429,734
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,303	7,423,534	0	0	4	6,200	0	0	1,307	7,429,734
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	743	2,997,694	0	(0)	5	13,500	0	0	748	3,011,194
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	38,439	605,800,319		(a)	2,372	12,090,692			40,811	617,891,011
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3,300)	(51,531,560)			(162)	(2,507,200)			(3,462)	(54,038,760)
23.	In force December 31 of current year	35,139	554,268,759	0	(a) 0	2,210	9,583,492	0	0	37,349	563,852,251

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,056,954	4,363,797		1,036,998	1,130,214
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	30,464	30,771		25,740	27,288
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	389	389			6
25.2	Guaranteed renewable (b)	118,275,397	118,757,164		78,189,338	78,704,823
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)	118,275,786	118,757,553	0	78,189,338	78,704,829
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	122,363,204	123,152,121	0	79,252,076	79,862,331

(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.

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,081				3,081
2.	Annuity considerations					0
3.	Deposit-type contract funds	305	XXX		XXX	305
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,386	0	0	0	3,386
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	321				321
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	51				51
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	372	0	0	0	372
	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)	372	0	0	0	372
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	656				656
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	656	0	0	0	656
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4	87,000		(a)					4	87,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	4	87,000	0	(a) 0	0	0	0	0	4	87,000

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

(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.

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DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,592		2,620		14,212
2.	Annuity considerations	4				4
3.	Deposit-type contract funds	1,538	XXX		XXX	1,538
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	13,134	0	2,620	0	15,754
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,280				2,280
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)	2,280	0	0	0	2,280
	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)	2,280	0	0	0	2,280
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,065				15,065
10.	Matured endowments					0
11.	Annuity benefits	5,725				5,725
12.	Surrender values and withdrawals for life contracts	318,089				318,089
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	338,879	0	0	0	338,879
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	3	14,561							3	14,561
Settled during current year:										
18.1 By payment in full	2	9,561							2	9,561
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	9,561	0	0	0	0	0	0	2	9,561
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	9,561	0	0	0	0	0	0	2	9,561
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	72	1,090,327		(a)	1	200,000			73	1,290,327
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(73,884)							(6)	(73,884)
23. In force December 31 of current year	66	1,016,443	0	(a) 0	1	200,000	0	0	67	1,216,443

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	397	397			
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)	117,559	118,609		61,321	61,736
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)	117,559	118,609	0	61,321	61,736
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	117,956	119,006	0	61,321	61,736

(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.

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,850		367		14,217
2. Annuity considerations	10,009				10,009
3. Deposit-type contract funds	257	XXX		XXX	257
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,116	0	367	0	24,483
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	396				396
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	44				44
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	440	0	0	0	440
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)	440	0	0	0	440
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,559				11,559
10. Matured endowments					0
11. Annuity benefits	134,996				134,996
12. Surrender values and withdrawals for life contracts	690,561				690,561
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	837,116	0	0	0	837,116
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
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	39	340,115		(a)	1	100,000			40	440,115
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(35,761)							(3)	(35,761)
23. In force December 31 of current year	36	304,354	0	(a) 0	1	100,000	0	0	37	404,354

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,786	3,342		600	654
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)	4,303,191	4,332,048		3,264,127	3,286,203
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)	4,303,191	4,332,048	0	3,264,127	3,286,203
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,305,977	4,335,390	0	3,264,727	3,286,857

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,419				3,419
2.	Annuity considerations	25,008				25,008
3.	Deposit-type contract funds	4	XXX		XXX	4
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	28,431	0	0	0	28,431
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	169				169
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)	169	0	0	0	169
	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)	169	0	0	0	169
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	367				367
10.	Matured endowments					0
11.	Annuity benefits	82,051				82,051
12.	Surrender values and withdrawals for life contracts	289,992				289,992
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	372,410	0	0	0	372,410
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	16	965,757		(a)	1	6,000			17	971,757
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(3,888)			(1)	(6,000)			(2)	(9,888)
23.	In force December 31 of current year	15	961,869	0	(a) 0	0	0	0	0	15	961,869

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,004,056	1,009,968		757,030	762,150
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)	1,004,056	1,009,968	0	757,030	762,150
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,004,056	1,009,968	0	757,030	762,150

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	134,195		2,735		136,930
2.	Annuity considerations	117,954				117,954
3.	Deposit-type contract funds	40	XXX		XXX	40
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	252,189	0	2,735	0	254,924
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,976				1,976
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)	1,976	0	0	0	1,976
	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)	1,976	0	0	0	1,976
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	78,861				78,861
10.	Matured endowments					0
11.	Annuity benefits	520,590				520,590
12.	Surrender values and withdrawals for life contracts	2,275,243				2,275,243
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	2,874,694	0	0	0	2,874,694
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	10,751							6	10,751
17.	Incurred during current year	12	83,772							12	83,772
	Settled during current year:										
18.1	By payment in full	14	72,187							14	72,187
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	72,187	0	0	0	0	0	0	14	72,187
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	72,187	0	0	0	0	0	0	14	72,187
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	22,336	0	0	0	0	0	0	4	22,336
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	501	10,070,845		(a)	9	637,702			510	10,708,547
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(53)	(1,355,503)			(2)	(188,721)			(55)	(1,544,224)
23.	In force December 31 of current year	448	8,715,342	0	(a) 0	7	448,981	0	0	455	9,164,323

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	38,674	42,113		3,975	4,332
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)	9,010,817	9,015,955		6,660,407	6,705,453
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)	9,010,817	9,015,955	0	6,660,407	6,705,453
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,049,491	9,058,068	0	6,664,382	6,709,785

(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.

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	257,881		2,019		259,900
2.	Annuity considerations	479				479
3.	Deposit-type contract funds	862	XXX		XXX	862
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	259,222	0	2,019	0	261,241
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	(1,132)				(1,132)
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)	(1,132)	0	0	0	(1,132)
	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)	(1,132)	0	0	0	(1,132)
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	429,385				429,385
10.	Matured endowments					0
11.	Annuity benefits	306,496				306,496
12.	Surrender values and withdrawals for life contracts	2,633,158				2,633,158
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	3,369,039	0	0	0	3,369,039
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	15,425							6	15,425
17. Incurred during current year	46	413,943							46	413,943
Settled during current year:										
18.1 By payment in full	42	409,047							42	409,047
18.2 By payment on compromised claims									0	0
18.3 Totals paid	42	409,047	0	0	0	0	0	0	42	409,047
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	42	409,047	0	0	0	0	0	0	42	409,047
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	20,321	0	0	0	0	0	0	10	20,321
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,287	19,255,555		(a)	12	518,518			1,299	19,774,073
21. Issued during year									0	0
22. Other changes to in force (Net)	(98)	(1,374,576)			(4)	(90,649)			(102)	(1,465,225)
23. In force December 31 of current year	1,189	17,880,979	0	(a) 0	8	427,869	0	0	1,197	18,308,848

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,481	6,460			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	24	34			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,489,026	6,493,606		4,500,660	4,531,099
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)	6,489,026	6,493,606	0	4,500,660	4,531,099
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,495,531	6,500,100	0	4,500,660	4,531,099

(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.

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DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	48,430		67		48,497
2.	Annuity considerations	43				43
3.	Deposit-type contract funds	732	XXX		XXX	732
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	49,205	0	67	0	49,272
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	497				497
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	69				69
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	566	0	0	0	566
	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)	566	0	0	0	566
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	60,530				60,530
10.	Matured endowments					0
11.	Annuity benefits	95,517				95,517
12.	Surrender values and withdrawals for life contracts	923,890				923,890
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	1,079,937	0	0	0	1,079,937
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	12,710							3	12,710
17. Incurred during current year	16	71,644							16	71,644
Settled during current year:										
18.1 By payment in full	11	57,214							11	57,214
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	11	57,214	0	0	0	0	0	0	11	57,214
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	57,214	0	0	0	0	0	0	11	57,214
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	27,140	0	0	0	0	0	0	8	27,140
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	306	5,400,050		(a)					306	5,400,050
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(296,961)							(30)	(296,961)
23. In force December 31 of current year	276	5,103,089	0	(a) 0	0	0	0	0	276	5,103,089

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	14,478	15,767		800	872
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,031,721	5,053,880		3,197,588	3,219,214
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)	5,031,721	5,053,880	0	3,197,588	3,219,214
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,046,268	5,069,716	0	3,198,388	3,220,086

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	50,485				50,485
2.	Annuity considerations	29,766				29,766
3.	Deposit-type contract funds	347	XXX		XXX	347
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	80,598	0	0	0	80,598
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,834				2,834
6.2	Applied to pay renewal premiums	80				80
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	49				49
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,963	0	0	0	2,963
	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)	2,963	0	0	0	2,963
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	16,850				16,850
10.	Matured endowments					0
11.	Annuity benefits	244,736				244,736
12.	Surrender values and withdrawals for life contracts	400,387				400,387
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	661,973	0	0	0	661,973
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	12,866							4	12,866
	Settled during current year:										
18.1	By payment in full	3	11,277							3	11,277
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	11,277	0	0	0	0	0	0	3	11,277
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	11,277	0	0	0	0	0	0	3	11,277
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,589	0	0	0	0	0	0	1	1,589
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	95	3,342,818		(a)					95	3,342,818
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(632,747)							(8)	(632,747)
23.	In force December 31 of current year	87	2,710,071	0	(a) 0	0	0	0	0	87	2,710,071

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	215	197			
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)	2,109,810	2,114,219		1,482,364	1,492,390
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)	2,109,810	2,114,219	0	1,482,364	1,492,390
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,110,025	2,114,416	0	1,482,364	1,492,390

(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.

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	230,147		238		230,385
2.	Annuity considerations	192				192
3.	Deposit-type contract funds	668	XXX		XXX	668
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	231,007	0	238	0	231,245
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,501				6,501
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)	6,501	0	0	0	6,501
	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)	6,501	0	0	0	6,501
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	264,905				264,905
10.	Matured endowments	(630)				(630)
11.	Annuity benefits	47,181				47,181
12.	Surrender values and withdrawals for life contracts	364,986				364,986
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	676,442	0	0	0	676,442
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	82,694							9	82,694
17.	Incurred during current year	26	289,265							26	289,265
	Settled during current year:										
18.1	By payment in full	20	254,680							20	254,680
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	20	254,680	0	0	0	0	0	0	20	254,680
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	20	254,680	0	0	0	0	0	0	20	254,680
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	117,279	0	0	0	0	0	0	15	117,279
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,289	37,326,350		(a)	3	154,622			1,292	37,480,972
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(113)	(3,983,984)			(1)	(113,818)			(114)	(4,097,802)
23.	In force December 31 of current year	1,176	33,342,366	0	(a) 0	2	40,804	0	0	1,178	33,383,170

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	514,990	547,634		70,338	76,661
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	337			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,123,480	2,116,984		917,745	923,952
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)	2,123,480	2,116,984	0	917,745	923,952
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,638,807	2,664,955	0	988,083	1,000,613

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	81,251		256		81,507
2. Annuity considerations	259				259
3. Deposit-type contract funds	422	XXX		XXX	422
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	81,932	0	256	0	82,188
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	611				611
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	70				70
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	681	0	0	0	681
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)	681	0	0	0	681
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	46,489				46,489
10. Matured endowments	(3,873)				(3,873)
11. Annuity benefits	19,127				19,127
12. Surrender values and withdrawals for life contracts	1,041,989				1,041,989
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	1,103,732	0	0	0	1,103,732
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	5,931							3	5,931
17. Incurred during current year	27	83,995							27	83,995
Settled during current year:										
18.1 By payment in full	15	38,114							15	38,114
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	15	38,114	0	0	0	0	0	0	15	38,114
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	38,114	0	0	0	0	0	0	15	38,114
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	51,812	0	0	0	0	0	0	15	51,812
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	450	5,752,905		(a)	1	76,900			451	5,829,805
21. Issued during year									0	0
22. Other changes to in force (Net)	(35)	(181,059)				(3,100)			(35)	(184,159)
23. In force December 31 of current year	415	5,571,846	0	(a) 0	1	73,800	0	0	416	5,645,646

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,830	3,952			
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)	40,150	40,027		18,280	18,404
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)	40,150	40,027	0	18,280	18,404
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,980	43,979	0	18,280	18,404

(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.

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	73,357				73,357
2.	Annuity considerations	501				501
3.	Deposit-type contract funds	2,481	XXX		XXX	2,481
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	76,339	0	0	0	76,339
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,006				3,006
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	70				70
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,076	0	0	0	3,076
	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)	3,076	0	0	0	3,076
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	46,873				46,873
10.	Matured endowments	397				397
11.	Annuity benefits	1,985				1,985
12.	Surrender values and withdrawals for life contracts	294,948				294,948
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	344,203	0	0	0	344,203
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	14,224							3	14,224
17. Incurred during current year	10	33,664							10	33,664
Settled during current year:										
18.1 By payment in full	8	37,923							8	37,923
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	37,923	0	0	0	0	0	0	8	37,923
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	37,923	0	0	0	0	0	0	8	37,923
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	9,965	0	0	0	0	0	0	5	9,965
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	261	4,036,350		(a)	1	6,000			262	4,042,350
21. Issued during year									0	0
22. Other changes to in force (Net)	(20)	(332,491)							(20)	(332,491)
23. In force December 31 of current year	241	3,703,859	0	(a) 0	1	6,000	0	0	242	3,709,859

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,321	6,266		250	272
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)	181,608	182,710		123,281	124,115
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)	181,608	182,710	0	123,281	124,115
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	187,929	188,976	0	123,531	124,387

(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.

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DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	88,290				88,290
2. Annuity considerations	360				360
3. Deposit-type contract funds	161	XXX		XXX	161
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	88,811	0	0	0	88,811
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	609				609
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	46				46
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	655	0	0	0	655
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)	655	0	0	0	655
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	49,145				49,145
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	108,333				108,333
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	157,478	0	0	0	157,478
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	18,838							2	18,838
17. Incurred during current year	5	44,617							5	44,617
Settled during current year:										
18.1 By payment in full	4	47,652							4	47,652
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	4	47,652	0	0	0	0	0	0	4	47,652
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	47,652	0	0	0	0	0	0	4	47,652
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	15,803	0	0	0	0	0	0	3	15,803
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	390	5,781,213		(a)					390	5,781,213
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(509,058)							(23)	(509,058)
23. In force December 31 of current year	367	5,272,155	0	(a) 0	0	0	0	0	367	5,272,155

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	201,252	200,864		59,510	59,912
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)	201,252	200,864	0	59,510	59,912
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	201,252	200,864	0	59,510	59,912

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

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

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	59,800				59,800
2.	Annuity considerations	2,289				2,289
3.	Deposit-type contract funds	392	XXX		XXX	392
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	62,481	0	0	0	62,481
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,664				1,664
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	128				128
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,792	0	0	0	1,792
	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)	1,792	0	0	0	1,792
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	175,134				175,134
10.	Matured endowments					0
11.	Annuity benefits	157,555		3,917		161,472
12.	Surrender values and withdrawals for life contracts	2,212,601				2,212,601
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	2,545,290	0	3,917	0	2,549,207
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	100,000							1	100,000
17. Incurred during current year	8	94,851							8	94,851
Settled during current year:										
18.1 By payment in full	5	171,620							5	171,620
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	171,620	0	0	0	0	0	0	5	171,620
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	171,620	0	0	0	0	0	0	5	171,620
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	23,231	0	0	0	0	0	0	4	23,231
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	97	6,518,899		(a)					97	6,518,899
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(251,213)							(6)	(251,213)
23. In force December 31 of current year	91	6,267,686	0	(a) 0	0	0	0	0	91	6,267,686

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	30,742	32,970		365	398
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)	5,788,847	5,846,763		3,789,972	3,815,605
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)	5,788,847	5,846,763	0	3,789,972	3,815,605
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,819,589	5,879,733	0	3,790,337	3,816,003

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	31,795				31,795
2. Annuity considerations	675				675
3. Deposit-type contract funds	44	XXX		XXX	44
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	32,514	0	0	0	32,514
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	711				711
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	(148)				(148)
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	563	0	0	0	563
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)	563	0	0	0	563
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	108,198				108,198
10. Matured endowments					0
11. Annuity benefits	122,660				122,660
12. Surrender values and withdrawals for life contracts	1,028,461				1,028,461
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	1,259,319	0	0	0	1,259,319
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	11	37,310							11	37,310
17. Incurred during current year	33	87,525							33	87,525
Settled during current year:										
18.1 By payment in full	31	98,351							31	98,351
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	31	98,351	0	0	0	0	0	0	31	98,351
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	31	98,351	0	0	0	0	0	0	31	98,351
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	26,484	0	0	0	0	0	0	13	26,484
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	477	4,731,688		(a)					477	4,731,688
21. Issued during year									0	0
22. Other changes to in force (Net)	(50)	(209,689)							(50)	(209,689)
23. In force December 31 of current year	427	4,521,999	0	(a) 0	0	0	0	0	427	4,521,999

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	378,650	371,573		191,666	192,962
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)	378,650	371,573	0	191,666	192,962
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	378,650	371,573	0	191,666	192,962

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	131,412		877		132,289
2.	Annuity considerations	204				204
3.	Deposit-type contract funds	2,031	XXX		XXX	2,031
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	133,647	0	877	0	134,524
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,647				1,647
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,684	0	0	0	1,684
	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)	1,684	0	0	0	1,684
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	233,423				233,423
10.	Matured endowments	145				145
11.	Annuity benefits	115,703				115,703
12.	Surrender values and withdrawals for life contracts	849,597				849,597
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	1,198,868	0	0	0	1,198,868
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	16,489							6	16,489
17. Incurred during current year	53	326,790							53	326,790
Settled during current year:										
18.1 By payment in full	36	223,574							36	223,574
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	36	223,574	0	0	0	0	0	0	36	223,574
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	36	223,574	0	0	0	0	0	0	36	223,574
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	23	119,705	0	0	0	0	0	0	23	119,705
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,029	13,417,431		(a)	1	75,000			1,030	13,492,431
21. Issued during year									0	0
22. Other changes to in force (Net)	(105)	(1,367,420)							(105)	(1,367,420)
23. In force December 31 of current year	924	12,050,011	0	(a) 0	1	75,000	0	0	925	12,125,011

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	13,378	13,958		3,040	3,313
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)	3,006,844	3,032,973		1,893,449	1,906,234
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)	3,006,844	3,032,973	0	1,893,449	1,906,234
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,020,222	3,046,931	0	1,896,489	1,909,547

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	291,309		11,498		302,807
2.	Annuity considerations	2,251				2,251
3.	Deposit-type contract funds	297	XXX		XXX	297
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	293,857	0	11,498	0	305,355
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,270				4,270
6.2	Applied to pay renewal premiums	150				150
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)	4,420	0	0	0	4,420
	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)	4,420	0	0	0	4,420
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	393,653		2,017		395,670
10.	Matured endowments	39				39
11.	Annuity benefits	806		1,370		2,176
12.	Surrender values and withdrawals for life contracts	715,273				715,273
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	1,109,771	0	3,387	0	1,113,158
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	18	70,545		(0)	1	1,000			19	71,545
17. Incurred during current year	88	567,111			2	7,000			90	574,111
Settled during current year:										
18.1 By payment in full	61	378,120			1	2,000			62	380,120
18.2 By payment on compromised claims									0	0
18.3 Totals paid	61	378,120	0	0	1	2,000	0	0	62	380,120
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	61	378,120	0	0	1	2,000	0	0	62	380,120
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	45	259,536	0	(0)	2	6,000	0	0	47	265,536
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,610	22,417,109		(a)	1,855	1,270,158			3,465	23,687,267
21. Issued during year									0	0
22. Other changes to in force (Net)	(161)	(2,126,355)			(22)	(215,740)			(183)	(2,342,095)
23. In force December 31 of current year	1,449	20,290,754	0	(a) 0	1,833	1,054,418	0	0	3,282	21,345,172

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	97,375	100,494		38,021	41,439
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)	5,635,534	5,650,088		3,419,498	3,442,625
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)	5,635,534	5,650,088	0	3,419,498	3,442,625
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,732,909	5,750,582	0	3,457,519	3,484,064

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,148				1,148
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,148	0	0	0	1,148
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	135				135
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)	135	0	0	0	135
	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)	135	0	0	0	135
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	147				147
10.	Matured endowments					0
11.	Annuity benefits	15,228				15,228
12.	Surrender values and withdrawals for life contracts	139,033				139,033
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	154,408	0	0	0	154,408
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	32,209		(a)					6	32,209
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(7,500)							(1)	(7,500)
23.	In force December 31 of current year	5	24,709	0	(a) 0	0	0	0	0	5	24,709

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	914	914			
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)	1,501,865	1,503,229		907,051	913,186
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)	1,501,865	1,503,229	0	907,051	913,186
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,502,779	1,504,143	0	907,051	913,186

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	696,448		19		696,467
2.	Annuity considerations	102,113				102,113
3.	Deposit-type contract funds	18,614	XXX		XXX	18,614
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	817,175	0	19	0	817,194
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	18,860				18,860
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,013				6,013
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,873	0	0	0	24,873
	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)	24,873	0	0	0	24,873
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	669,650				669,650
10.	Matured endowments	2,307				2,307
11.	Annuity benefits	59,867		4,468		64,335
12.	Surrender values and withdrawals for life contracts	713,616				713,616
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	1,445,440	0	4,468	0	1,449,908
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	22	53,755							22	53,755
17. Incurred during current year	136	769,128							136	769,128
Settled during current year:										
18.1 By payment in full	122	630,396							122	630,396
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	122	630,396	0	0	0	0	0	0	122	630,396
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	122	630,396	0	0	0	0	0	0	122	630,396
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	36	192,487	0	0	0	0	0	0	36	192,487
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,939	47,673,702		(a)					2,939	47,673,702
21. Issued during year									0	0
22. Other changes to in force (Net)	(259)	(3,772,453)							(259)	(3,772,453)
23. In force December 31 of current year	2,680	43,901,249	0	(a) 0	0	0	0	0	2,680	43,901,249

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	101,928	112,118		27,349	29,807
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	11,500	11,680		5,775	6,122
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	389	389			6
25.2	Guaranteed renewable (b)	6,544,476	6,604,133		4,565,338	4,595,929
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)	6,544,865	6,604,522	0	4,565,338	4,595,935
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,658,293	6,728,320	0	4,598,462	4,631,864

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	997		286		1,283
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	997	0	286	0	1,283
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	155				155
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)	155	0	0	0	155
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)	155	0	0	0	155
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	326				326
10. Matured endowments					0
11. Annuity benefits	22,262				22,262
12. Surrender values and withdrawals for life contracts	15,455				15,455
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	38,043	0	0	0	38,043
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	3	10,862							3	10,862
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)	3	10,862	0	0	0	0	0	0	3	10,862
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	26	172,976		(a)	1	125,000			27	297,976
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(13,314)							(4)	(13,314)
23. In force December 31 of current year	22	159,662	0	(a) 0	1	125,000	0	0	23	284,662

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,828	8,388		792	863
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)	75,130	77,913		51,219	51,565
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)	75,130	77,913	0	51,219	51,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,958	86,301	0	52,011	52,428

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	26,415				26,415
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	26,415	0	0	0	26,415
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	687				687
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5				5
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	692	0	0	0	692
	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)	692	0	0	0	692
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	12,541				12,541
10.	Matured endowments	331				331
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	434,216				434,216
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	447,088	0	0	0	447,088
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	15,070							4	15,070
	Settled during current year:										
18.1	By payment in full	4	15,070							4	15,070
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	15,070	0	0	0	0	0	0	4	15,070
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	15,070	0	0	0	0	0	0	4	15,070
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	68	850,332		(a)					68	850,332
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(7)	(110,344)							(7)	(110,344)
23.	In force December 31 of current year	61	739,988	0	(a) 0	0	0	0	0	61	739,988

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,921	2,703			
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)	2,938,829	2,933,332		2,330,782	2,346,538
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)	2,938,829	2,933,332	0	2,330,782	2,346,538
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,941,750	2,936,035	0	2,330,782	2,346,538

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	15,108		55		15,163
2.	Annuity considerations	41				41
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	15,149	0	55	0	15,204
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	335				335
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)	335	0	0	0	335
	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)	335	0	0	0	335
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	47,022				47,022
10.	Matured endowments					0
11.	Annuity benefits	4,022				4,022
12.	Surrender values and withdrawals for life contracts	71,292				71,292
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	122,336	0	0	0	122,336
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	3	57,583							3	57,583
Settled during current year:										
18.1 By payment in full	2	46,408							2	46,408
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	46,408	0	0	0	0	0	0	2	46,408
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	46,408	0	0	0	0	0	0	2	46,408
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	11,175	0	0	0	0	0	0	1	11,175
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	68	1,563,258		(a)					68	1,563,258
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(71,980)							(4)	(71,980)
23. In force December 31 of current year	64	1,491,278	0	(a) 0	0	0	0	0	64	1,491,278

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	38,916	38,970		16,575	16,687
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)	38,916	38,970	0	16,575	16,687
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,916	38,970	0	16,575	16,687

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	340,320		120		340,440
2.	Annuity considerations	2,574				2,574
3.	Deposit-type contract funds	26	XXX		XXX	26
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	342,920	0	120	0	343,040
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	870				870
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)	870	0	0	0	870
	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)	870	0	0	0	870
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	66,780				66,780
10.	Matured endowments	10,000				10,000
11.	Annuity benefits	3,840				3,840
12.	Surrender values and withdrawals for life contracts	470,503				470,503
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	551,123	0	0	0	551,123
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	19,723							6	19,723
17.	Incurred during current year	23	93,238							23	93,238
	Settled during current year:										
18.1	By payment in full	14	68,162							14	68,162
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	14	68,162	0	0	0	0	0	0	14	68,162
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	68,162	0	0	0	0	0	0	14	68,162
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	44,799	0	0	0	0	0	0	15	44,799
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,572	13,597,565		(a)	1	500			2,573	13,598,065
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(141)	(724,397)							(141)	(724,397)
23.	In force December 31 of current year	2,431	12,873,168	0	(a) 0	1	500	0	0	2,432	12,873,668

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,634	2,530		15,100	16,457
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)	266,689	217,394		63,362	63,791
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)	266,689	217,394	0	63,362	63,791
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	269,323	219,924	0	78,462	80,248

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

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,230				12,230
2.	Annuity considerations	75				75
3.	Deposit-type contract funds	322	XXX		XXX	322
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,627	0	0	0	12,627
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,179				1,179
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	150				150
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,329	0	0	0	1,329
	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)	1,329	0	0	0	1,329
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,039				8,039
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	14,583				14,583
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	22,622	0	0	0	22,622
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	6,845							2	6,845
	Settled during current year:										
18.1	By payment in full	2	6,845							2	6,845
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	6,845	0	0	0	0	0	0	2	6,845
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	6,845	0	0	0	0	0	0	2	6,845
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	46	1,101,729		(a)					46	1,101,729
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(46,696)							(8)	(46,696)
23.	In force December 31 of current year	38	1,055,033	0	(a) 0	0	0	0	0	38	1,055,033

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,140	2,778			
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)	521,965	519,401		366,414	368,892
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)	521,965	519,401	0	366,414	368,892
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	525,105	522,179	0	366,414	368,892

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,128				18,128
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	5,159	XXX		XXX	5,159
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	23,295	0	0	0	23,295
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,074				2,074
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)	2,074	0	0	0	2,074
	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)	2,074	0	0	0	2,074
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	53,012				53,012
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	197,961				197,961
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	250,973	0	0	0	250,973
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	20							1	20
17.	Incurred during current year	2	50,000							2	50,000
	Settled during current year:										
18.1	By payment in full	3	50,020							3	50,020
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	50,020	0	0	0	0	0	0	3	50,020
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	50,020	0	0	0	0	0	0	3	50,020
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	36	2,273,983		(a)					36	2,273,983
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(50,211)							(2)	(50,211)
23.	In force December 31 of current year	34	2,223,772	0	(a) 0	0	0	0	0	34	2,223,772

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	(135)	(94)			
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)	89,666	90,014		8,941	9,001
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)	89,666	90,014	0	8,941	9,001
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,531	89,920	0	8,941	9,001

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	29,801				29,801
2.	Annuity considerations	99				99
3.	Deposit-type contract funds	478	XXX		XXX	478
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,378	0	0	0	30,378
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,206				2,206
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	199				199
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,405	0	0	0	2,405
	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)	2,405	0	0	0	2,405
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,049				7,049
10.	Matured endowments	160				160
11.	Annuity benefits	267,239				267,239
12.	Surrender values and withdrawals for life contracts	723,073				723,073
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	997,521	0	0	0	997,521
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	3,519							1	3,519
17.	Incurred during current year	3	20,249							3	20,249
	Settled during current year:										
18.1	By payment in full	1	3,679							1	3,679
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	3,679	0	0	0	0	0	0	1	3,679
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	3,679	0	0	0	0	0	0	1	3,679
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	20,089	0	0	0	0	0	0	3	20,089
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	87	1,623,802		(a)					87	1,623,802
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(96,302)							(4)	(96,302)
23.	In force December 31 of current year	83	1,527,500	0	(a) 0	0	0	0	0	83	1,527,500

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	22,997	23,757		15,103	15,205
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)	22,997	23,757	0	15,103	15,205
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,997	23,757	0	15,103	15,205

(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.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	179,842		115		179,957
2.	Annuity considerations	764				764
3.	Deposit-type contract funds	51	XXX		XXX	51
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	180,657	0	115	0	180,772
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,099				2,099
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)	2,099	0	0	0	2,099
	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)	2,099	0	0	0	2,099
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	173,984				173,984
10.	Matured endowments	200				200
11.	Annuity benefits	285,214		2,451		287,665
12.	Surrender values and withdrawals for life contracts	868,875				868,875
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	1,328,273	0	2,451	0	1,330,724
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	13,354							3	13,354
17. Incurred during current year	17	151,033							17	151,033
Settled during current year:										
18.1 By payment in full	13	148,497							13	148,497
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	13	148,497	0	0	0	0	0	0	13	148,497
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	148,497	0	0	0	0	0	0	13	148,497
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	15,890	0	0	0	0	0	0	7	15,890
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	476	22,284,962		(a)					476	22,284,962
21. Issued during year									0	0
22. Other changes to in force (Net)	(33)	(1,682,992)							(33)	(1,682,992)
23. In force December 31 of current year	443	20,601,970	0	(a) 0	0	0	0	0	443	20,601,970

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,851	8,809		300	327
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)	3,913,385	3,922,250		2,255,456	2,270,710
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)	3,913,385	3,922,250	0	2,255,456	2,270,710
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,921,236	3,931,059	0	2,255,756	2,271,037

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	100,359		1,536		101,895
2.	Annuity considerations	58				58
3.	Deposit-type contract funds	120	XXX		XXX	120
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	100,537	0	1,536	0	102,073
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,882				1,882
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	190				190
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,072	0	0	0	2,072
	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)	2,072	0	0	0	2,072
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	111,066				111,066
10.	Matured endowments					0
11.	Annuity benefits	395		791		1,186
12.	Surrender values and withdrawals for life contracts	195,258				195,258
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	306,719	0	791	0	307,510
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	20,194							3	20,194
17. Incurred during current year	21	146,077							21	146,077
Settled during current year:										
18.1 By payment in full	19	107,644							19	107,644
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	19	107,644	0	0	0	0	0	0	19	107,644
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	107,644	0	0	0	0	0	0	19	107,644
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	58,627	0	0	0	0	0	0	5	58,627
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	375	5,702,503		(a)	22	154,000			397	5,856,503
21. Issued during year									0	0
22. Other changes to in force (Net)	(43)	(426,641)			(7)	(34,000)			(50)	(460,641)
23. In force December 31 of current year	332	5,275,862	0	(a) 0	15	120,000	0	0	347	5,395,862

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,866	12,901		1,355	1,477
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)	2,904,393	2,915,217		1,720,839	1,732,478
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)	2,904,393	2,915,217	0	1,720,839	1,732,478
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,916,259	2,928,118	0	1,722,194	1,733,955

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,845				17,845
2.	Annuity considerations	42				42
3.	Deposit-type contract funds	298	XXX		XXX	298
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	18,185	0	0	0	18,185
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	921				921
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)	921	0	0	0	921
	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)	921	0	0	0	921
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	23,706				23,706
10.	Matured endowments					0
11.	Annuity benefits	211,664				211,664
12.	Surrender values and withdrawals for life contracts	1,131,173				1,131,173
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	1,366,543	0	0	0	1,366,543
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	5	21,000							5	21,000
	Settled during current year:										
18.1	By payment in full	5	21,000							5	21,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	21,000	0	0	0	0	0	0	5	21,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	21,000	0	0	0	0	0	0	5	21,000
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	2,609,271		(a)					37	2,609,271
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(310,100)							(3)	(310,100)
23.	In force December 31 of current year	34	2,299,171	0	(a) 0	0	0	0	0	34	2,299,171

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,216,880	3,208,454		2,128,809	2,143,207
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)	3,216,880	3,208,454	0	2,128,809	2,143,207
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,216,880	3,208,454	0	2,128,809	2,143,207

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	248,096				248,096
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	248,096	0	0	0	248,096
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	8,863				8,863
6.2 Applied to pay renewal premiums	253				253
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)	9,116	0	0	0	9,116
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)	9,116	0	0	0	9,116
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	40,360				40,360
10. Matured endowments	4,019				4,019
11. Annuity benefits	20,371				20,371
12. Surrender values and withdrawals for life contracts	264,413				264,413
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	329,163	0	0	0	329,163
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	163,810							2	163,810
Settled during current year:										
18.1 By payment in full	1	9,751							1	9,751
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	1	9,751	0	0	0	0	0	0	1	9,751
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	9,751	0	0	0	0	0	0	1	9,751
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	154,059	0	0	0	0	0	0	1	154,059
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	376	48,309,373		(a)					376	48,309,373
21. Issued during year									0	0
22. Other changes to in force (Net)	(30)	(4,669,491)							(30)	(4,669,491)
23. In force December 31 of current year	346	43,639,882	0	(a) 0	0	0	0	0	346	43,639,882

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	682	682			
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)	682	682	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682	682	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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	79,469		329		79,798
2. Annuity considerations	26,912				26,912
3. Deposit-type contract funds	462	XXX		XXX	462
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	106,843	0	329	0	107,172
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,804				2,804
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	229				229
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,033	0	0	0	3,033
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)	3,033	0	0	0	3,033
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	66,594				66,594
10. Matured endowments	25,000				25,000
11. Annuity benefits	820,885				820,885
12. Surrender values and withdrawals for life contracts	2,562,551				2,562,551
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	3,475,030	0	0	0	3,475,030
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	12,300							1	12,300
17. Incurred during current year	15	81,498							15	81,498
Settled during current year:										
18.1 By payment in full	8	79,577							8	79,577
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	79,577	0	0	0	0	0	0	8	79,577
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	79,577	0	0	0	0	0	0	8	79,577
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	14,221	0	0	0	0	0	0	8	14,221
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	253	5,183,316		(a)	2	110,648			255	5,293,964
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(370,314)				5,533			(27)	(364,781)
23. In force December 31 of current year	226	4,813,002	0	(a) 0	2	116,181	0	0	228	4,929,183

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,562	3,629		795	866
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)	887,566	888,036		611,579	615,715
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)	887,566	888,036	0	611,579	615,715
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	891,128	891,665	0	612,374	616,581

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,793				10,793
2.	Annuity considerations					0
3.	Deposit-type contract funds	357	XXX		XXX	357
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,150	0	0	0	11,150
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	695				695
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)	695	0	0	0	695
	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)	695	0	0	0	695
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	622				622
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	27,578				27,578
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	28,200	0	0	0	28,200
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	26	1,332,189		(a)					26	1,332,189
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(300,000)							(1)	(300,000)
23.	In force December 31 of current year	25	1,032,189	0	(a) 0	0	0	0	0	25	1,032,189

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	50	50			
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)	50	50	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	50	50	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 RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	26,509				26,509
2.	Annuity considerations	21				21
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	26,530	0	0	0	26,530
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	15				15
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)	15	0	0	0	15
	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)	15	0	0	0	15
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	71,907				71,907
10.	Matured endowments	42				42
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	153,818				153,818
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	225,767	0	0	0	225,767
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	19,584							3	19,584
17.	Incurred during current year	19	55,257							19	55,257
	Settled during current year:										
18.1	By payment in full	16	60,772							16	60,772
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	60,772	0	0	0	0	0	0	16	60,772
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	60,772	0	0	0	0	0	0	16	60,772
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	14,069	0	0	0	0	0	0	6	14,069
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	338	7,634,494		(a)					338	7,634,494
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(33)	(3,443,383)							(33)	(3,443,383)
23.	In force December 31 of current year	305	4,191,111	0	(a) 0	0	0	0	0	305	4,191,111

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	223	223			
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)	18,592	20,266		7,260	7,309
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)	18,592	20,266	0	7,260	7,309
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,815	20,489	0	7,260	7,309

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	278,574		296		278,870
2.	Annuity considerations	1,143				1,143
3.	Deposit-type contract funds	1,807	XXX		XXX	1,807
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	281,524	0	296	0	281,820
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,950				14,950
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	876				876
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	15,826	0	0	0	15,826
	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)	15,826	0	0	0	15,826
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	454,384				454,384
10.	Matured endowments	20,319				20,319
11.	Annuity benefits	262,400		2,337		264,737
12.	Surrender values and withdrawals for life contracts	1,708,879				1,708,879
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	2,445,982	0	2,337	0	2,448,319
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	16	68,966							16	68,966
17. Incurred during current year	110	542,443							110	542,443
Settled during current year:										
18.1 By payment in full	85	442,298							85	442,298
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	85	442,298	0	0	0	0	0	0	85	442,298
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	85	442,298	0	0	0	0	0	0	85	442,298
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	41	169,111	0	0	0	0	0	0	41	169,111
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,007	30,162,276		(a)					2,007	30,162,276
21. Issued during year									0	0
22. Other changes to in force (Net)	(189)	(1,972,015)							(189)	(1,972,015)
23. In force December 31 of current year	1,818	28,190,261	0	(a) 0	0	0	0	0	1,818	28,190,261

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,129	3,366		600	654
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	8,033	8,264		9,471	10,041
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,446,930	6,493,328		4,353,572	4,383,013
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)	6,446,930	6,493,328	0	4,353,572	4,383,013
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,458,092	6,504,958	0	4,363,643	4,393,708

(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.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	15,628				15,628
2. Annuity considerations					0
3. Deposit-type contract funds	444	XXX		XXX	444
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,072	0	0	0	16,072
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	149				149
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	199				199
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	348	0	0	0	348
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)	348	0	0	0	348
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,709				4,709
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	24,046				24,046
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	28,755	0	0	0	28,755
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	958							1	958
17. Incurred during current year	1	2,880							1	2,880
Settled during current year:										
18.1 By payment in full	2	3,838							2	3,838
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	3,838	0	0	0	0	0	0	2	3,838
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	3,838	0	0	0	0	0	0	2	3,838
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	58	566,996		(a)					58	566,996
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(54,778)							(5)	(54,778)
23. In force December 31 of current year	53	512,218	0	(a) 0	0	0	0	0	53	512,218

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,852	3,248		1,000	1,090
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)	1,518,933	1,529,355		1,067,715	1,074,936
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)	1,518,933	1,529,355	0	1,067,715	1,074,936
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,521,785	1,532,603	0	1,068,715	1,076,026

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	404,835		21,179		426,014
2.	Annuity considerations	930				930
3.	Deposit-type contract funds	571	XXX		XXX	571
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	406,336	0	21,179	0	427,515
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,794				5,794
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	45				45
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,839	0	0	0	5,839
	Annuities:					
7.1	Paid in cash or left on deposit	91				91
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	91	0	0	0	91
8.	Grand Totals (Lines 6.5 + 7.4)	5,930	0	0	0	5,930
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	742,449		1,210		743,659
10.	Matured endowments	5,234				5,234
11.	Annuity benefits	582,891		628		583,519
12.	Surrender values and withdrawals for life contracts	796,357				796,357
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	2,126,931	0	1,838	0	2,128,769
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	38	138,730							38	138,730
17. Incurred during current year	263	956,628			2	2,700			265	959,328
Settled during current year:										
18.1 By payment in full	179	710,947			1	1,200			180	712,147
18.2 By payment on compromised claims									0	0
18.3 Totals paid	179	710,947	0	0	1	1,200	0	0	180	712,147
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	179	710,947	0	0	1	1,200	0	0	180	712,147
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	122	384,411	0	0	1	1,500	0	0	123	385,911
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,186	33,970,511		(a)	245	2,251,403			3,431	36,221,914
21. Issued during year									0	0
22. Other changes to in force (Net)	(368)	(2,681,347)			(70)	(512,342)			(438)	(3,193,689)
23. In force December 31 of current year	2,818	31,289,164	0	(a) 0	175	1,739,061	0	0	2,993	33,028,225

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	20,115	20,489		1,700	1,853
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	138	148			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,861,394	2,857,347		1,813,223	1,825,478
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)	2,861,394	2,857,347	0	1,813,223	1,825,478
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,881,647	2,877,984	0	1,814,923	1,827,331

(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.

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	365,652		778		366,430
2.	Annuity considerations	298				298
3.	Deposit-type contract funds	5,685	XXX		XXX	5,685
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	371,635	0	778	0	372,413
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	11,252				11,252
6.2	Applied to pay renewal premiums	473				473
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	661				661
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	12,386	0	0	0	12,386
	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)	12,386	0	0	0	12,386
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	178,877				178,877
10.	Matured endowments					0
11.	Annuity benefits	277,600		1,496		279,096
12.	Surrender values and withdrawals for life contracts	2,029,376				2,029,376
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	2,485,853	0	1,496	0	2,487,349
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	851							1	851
17.	Incurred during current year	35	177,106							35	177,106
	Settled during current year:										
18.1	By payment in full	27	143,284							27	143,284
18.2	By payment on compromised claims									0	0
18.3	Totals paid	27	143,284	0	0	0	0	0	0	27	143,284
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	27	143,284	0	0	0	0	0	0	27	143,284
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	34,673	0	0	0	0	0	0	9	34,673
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	876	10,348,628		(a)					876	10,348,628
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(75)	(822,830)							(75)	(822,830)
23.	In force December 31 of current year	801	9,525,798	0	(a) 0	0	0	0	0	801	9,525,798

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,088,874	3,332,851		856,983	934,018
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	156	156			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	27,213,172	27,357,666		18,032,779	18,154,742
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)	27,213,172	27,357,666	0	18,032,779	18,154,742
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,302,202	30,690,673	0	18,889,762	19,088,760

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,711				18,711
2.	Annuity considerations	10,502				10,502
3.	Deposit-type contract funds	1,154	XXX		XXX	1,154
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,367	0	0	0	30,367
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	653				653
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)	653	0	0	0	653
	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)	653	0	0	0	653
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	12,154				12,154
10.	Matured endowments					0
11.	Annuity benefits	484,653				484,653
12.	Surrender values and withdrawals for life contracts	1,296,358				1,296,358
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	1,793,165	0	0	0	1,793,165
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	7,500							1	7,500
Settled during current year:										
18.1 By payment in full	1	7,500							1	7,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	7,500	0	0	0	0	0	0	1	7,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	7,500	0	0	0	0	0	0	1	7,500
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	25	1,069,575		(a)					25	1,069,575
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(67,918)							(3)	(67,918)
23. In force December 31 of current year	22	1,001,657	0	(a) 0	0	0	0	0	22	1,001,657

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	592,784	594,780		382,370	384,956
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)	592,784	594,780	0	382,370	384,956
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	592,784	594,780	0	382,370	384,956

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	164,931		446		165,377
2.	Annuity considerations	429				429
3.	Deposit-type contract funds	1,728	XXX		XXX	1,728
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	167,088	0	446	0	167,534
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	24,793				24,793
6.2	Applied to pay renewal premiums	44				44
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,078				1,078
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	25,915	0	0	0	25,915
	Annuities:					
7.1	Paid in cash or left on deposit	147				147
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	147	0	0	0	147
8.	Grand Totals (Lines 6.5 + 7.4)	26,062	0	0	0	26,062
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	336,349				336,349
10.	Matured endowments	(46,535)				(46,535)
11.	Annuity benefits	8,079		16,719		24,798
12.	Surrender values and withdrawals for life contracts	304,446				304,446
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	602,339	0	16,719	0	619,058
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	13,218							10	13,218
17.	Incurred during current year	82	300,100							82	300,100
	Settled during current year:										
18.1	By payment in full	53	258,265							53	258,265
18.2	By payment on compromised claims.									0	0
18.3	Totals paid	53	258,265	0	0	0	0	0	0	53	258,265
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	53	258,265	0	0	0	0	0	0	53	258,265
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	39	55,053	0	0	0	0	0	0	39	55,053
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,491	19,760,826		(a)	2	78,000			1,493	19,838,826
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(133)	(1,544,655)							(133)	(1,544,655)
23.	In force December 31 of current year	1,358	18,216,171	0	(a) 0	2	78,000	0	0	1,360	18,294,171

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,880	2,973		30	33
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	209	210			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	542,751	550,010		441,837	444,825
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)	542,751	550,010	0	441,837	444,825
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	545,840	553,193	0	441,867	444,858

(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 U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	13,753				13,753
2.	Annuity considerations	2,581				2,581
3.	Deposit-type contract funds	4	XXX		XXX	4
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,338	0	0	0	16,338
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	559				559
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	70				70
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	629	0	0	0	629
	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)	629	0	0	0	629
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	46,248				46,248
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	39,249				39,249
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	85,497	0	0	0	85,497
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	6,200							2	6,200
17.	Incurred during current year	3	36,384							3	36,384
	Settled during current year:										
18.1	By payment in full	5	42,584							5	42,584
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	42,584	0	0	0	0	0	0	5	42,584
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	42,584	0	0	0	0	0	0	5	42,584
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	76	836,787		(a)					76	836,787
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(7)	(71,521)							(7)	(71,521)
23.	In force December 31 of current year	69	765,266	0	(a) 0	0	0	0	0	69	765,266

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	104	104			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,182	1,183			
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)	1,182	1,183	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,286	1,287	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 VERMONT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	132,534		379		132,913
2.	Annuity considerations	334				334
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	132,868	0	379	0	133,247
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	229				229
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)	229	0	0	0	229
	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)	229	0	0	0	229
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	162,572				162,572
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	187,022				187,022
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	349,594	0	0	0	349,594
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	7,487							5	7,487
17. Incurred during current year	11	209,761							11	209,761
Settled during current year:										
18.1 By payment in full	12	156,893							12	156,893
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	156,893	0	0	0	0	0	0	12	156,893
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	156,893	0	0	0	0	0	0	12	156,893
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	60,355	0	0	0	0	0	0	4	60,355
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	480	13,808,955		(a)	2	89,238			482	13,898,193
21. Issued during year									0	0
22. Other changes to in force (Net)	(28)	(711,104)				(5,070)			(28)	(716,174)
23. In force December 31 of current year	452	13,097,851	0	(a) 0	2	84,168	0	0	454	13,182,019

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	33,183	33,314		4,869	4,902
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)	33,183	33,314	0	4,869	4,902
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,183	33,314	0	4,869	4,902

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

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	21,753				21,753
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	162	XXX		XXX	162
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,923	0	0	0	21,923
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,821				2,821
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,856	0	0	0	2,856
	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)	2,856	0	0	0	2,856
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	44,602				44,602
10.	Matured endowments					0
11.	Annuity benefits	322,180				322,180
12.	Surrender values and withdrawals for life contracts	1,105,424				1,105,424
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	1,472,206	0	0	0	1,472,206
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	35,000							2	35,000
17.	Incurred during current year	3	66,911							3	66,911
	Settled during current year:										
18.1	By payment in full	2	37,173							2	37,173
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	37,173	0	0	0	0	0	0	2	37,173
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	37,173	0	0	0	0	0	0	2	37,173
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	64,738	0	0	0	0	0	0	3	64,738
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	37	1,031,955		(a)					37	1,031,955
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(147,350)							(5)	(147,350)
23.	In force December 31 of current year	32	884,605	0	(a) 0	0	0	0	0	32	884,605

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,544	1,439			
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)	69,307	69,049		56,257	56,633
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)	69,307	69,049	0	56,257	56,633
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,851	70,488	0	56,257	56,633

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,751				17,751
2.	Annuity considerations	13				13
3.	Deposit-type contract funds	48	XXX		XXX	48
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,812	0	0	0	17,812
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	636				636
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	507				507
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,143	0	0	0	1,143
	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)	1,143	0	0	0	1,143
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	981				981
10.	Matured endowments					0
11.	Annuity benefits	56,481				56,481
12.	Surrender values and withdrawals for life contracts	923,393				923,393
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	980,855	0	0	0	980,855
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	6,286							2	6,286
	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)	2	6,286	0	0	0	0	0	0	2	6,286
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	59	1,728,360		(a)					59	1,728,360
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(315,618)							(5)	(315,618)
23.	In force December 31 of current year	54	1,412,742	0	(a) 0	0	0	0	0	54	1,412,742

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	620,376	623,784		452,445	455,480
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)	620,376	623,784	0	452,445	455,480
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	620,376	623,784	0	452,445	455,480

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

* 6 5 7 2 2 2 0 1 3 4 3 0 4 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	154,354		1,271		155,625
2.	Annuity considerations	394				394
3.	Deposit-type contract funds	235	XXX		XXX	235
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	154,983	0	1,271	0	156,254
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,720				2,720
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	74				74
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,794	0	0	0	2,794
	Annuities:					
7.1	Paid in cash or left on deposit	171				171
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	171	0	0	0	171
8.	Grand Totals (Lines 6.5 + 7.4)	2,965	0	0	0	2,965
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	149,055				149,055
10.	Matured endowments	(125)				(125)
11.	Annuity benefits	800		824		1,624
12.	Surrender values and withdrawals for life contracts	84,810				84,810
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	234,540	0	824	0	235,364
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	56,680							8	56,680
17.	Incurred during current year	46	131,608							46	131,608
	Settled during current year:										
18.1	By payment in full	33	141,702							33	141,702
18.2	By payment on compromised claims									0	0
18.3	Totals paid	33	141,702	0	0	0	0	0	0	33	141,702
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	33	141,702	0	0	0	0	0	0	33	141,702
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	21	46,586	0	0	0	0	0	0	21	46,586
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,193	14,168,844		(a)	8	107,918			1,201	14,276,762
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(81)	(649,305)				(5,620)			(81)	(654,925)
23.	In force December 31 of current year	1,112	13,519,539	0	(a) 0	8	102,298	0	0	1,120	13,621,837

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,303	5,483		1,125	1,226
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	92	46			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	774,818	778,061		512,369	515,834
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)	774,818	778,061	0	512,369	515,834
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	780,213	783,590	0	513,494	517,060

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,031				5,031
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	1,034	XXX		XXX	1,034
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,073	0	0	0	6,073
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	309				309
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)	309	0	0	0	309
	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)	309	0	0	0	309
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	365				365
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	28,848				28,848
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	29,213	0	0	0	29,213
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	7	83,142		(a)					7	83,142
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	7	83,142	0	(a) 0	0	0	0	0	7	83,142

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	926	926			
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)	263,830	263,611		188,447	189,722
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)	263,830	263,611	0	188,447	189,722
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	264,756	264,537	0	188,447	189,722

(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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	7,432,124
2. Current year's realized pre-tax capital gains/(losses) of $.....542,525 transferred into the reserve net of taxes of $.....189,884	352,641
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)	7,784,765
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,536,049
6. Reserve as of December 31, current year (Line 4 minus Line 5)	6,248,716

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	1,501,157	34,892		1,536,049
2. 2014	1,442,507	72,828		1,515,335
3. 2015	1,236,237	68,461		1,304,698
4. 2016	1,057,350	55,249		1,112,599
5. 2017	865,801	41,776		907,577
6. 2018	694,240	27,393		721,633
7. 2019	528,968	18,237		547,205
8. 2020	354,531	14,530		369,061
9. 2021	182,522	10,527		193,049
10. 2022	2,917	6,524		9,441
11. 2023	(86,079)	2,224		(83,855)
12. 2024	(76,774)			(76,774)
13. 2025	(63,730)			(63,730)
14. 2026	(52,667)			(52,667)
15. 2027	(41,332)			(41,332)
16. 2028	(34,520)			(34,520)
17. 2029	(33,349)			(33,349)
18. 2030	(30,310)			(30,310)
19. 2031	(23,132)			(23,132)
20. 2032	(13,603)			(13,603)
21. 2033	(3,955)			(3,955)
22. 2034	2,740			2,740
23. 2035	5,688			5,688
24. 2036	6,752			6,752
25. 2037	4,958			4,958
26. 2038	2,717			2,717
27. 2039	1,695			1,695
28. 2040	763			763
29. 2041	74			74
30. 2042	(42)			(42)
31. 2043 and Later				0
32. Total (Lines 1 to 31)	7,432,124	352,641	0	7,784,765

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	974,111		974,111	0		0	974,111
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	247,112		247,112			0	247,112
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,221,223	0	1,221,223	0	0	0	1,221,223
9. Maximum reserve	1,286,280		1,286,280			0	1,286,280
10. Reserve objective	869,654		869,654			0	869,654
11. 20% of (Line 10 minus Line 8)	(70,314)	0	(70,314)	(0)	0	(0)	(70,314)
12. Balance before transfers (Lines 8 + 11)	1,150,909	0	1,150,909	0	0	0	1,150,909
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)	1,150,909	0	1,150,909	0	0	0	1,150,909

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,576,640	XXX	XXX	4,576,640	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	107,972,095	XXX	XXX	107,972,095	0.0004	43,189	0.0023	248,336	0.0030	323,916
3	2	High quality	104,444,583	XXX	XXX	104,444,583	0.0019	198,445	0.0058	605,779	0.0090	940,001
4	3	Medium quality	523,792	XXX	XXX	523,792	0.0093	4,871	0.0230	12,047	0.0340	17,809
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)	217,517,110	XXX	XXX	217,517,110	XXX	246,505	XXX	866,162	XXX	1,281,726
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	1,518,130	XXX	XXX	1,518,130	0.0004	607	0.0023	3,492	0.0030	4,554
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)	1,518,130	XXX	XXX	1,518,130	XXX	607	XXX	3,492	XXX	4,554

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded		XXX	XXX	0	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)	219,035,240	XXX	XXX	219,035,240	XXX	247,112	XXX	869,653	XXX	1,286,281
		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 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(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	8,426,687	XXX	XXX	8,426,687	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)	8,426,687	0	0	8,426,687	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
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
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
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	259,984,934	XXX	6,014,177	XXX		XXX	1,079,401	XXX	1,402,569	XXX	250,931,791	XXX	500,516	XXX		XXX	56,480	XXX
2.	Premiums earned	261,441,065	XXX	6,009,883	XXX		XXX	1,094,989	XXX	1,404,957	XXX	252,355,517	XXX	518,567	XXX		XXX	57,152	XXX
3.	Incurred claims	168,737,966	64.5	2,349,938	39.1		0.0	644,061	58.8	2,356,212	167.7	163,141,795	64.6	189,603	36.6		0.0	56,357	98.6
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)	168,737,966	64.5	2,349,938	39.1	0	0.0	644,061	58.8	2,356,212	167.7	163,141,795	64.6	189,603	36.6	0	0.0	56,357	98.6
6	Increase in contract reserves	5,396,276	2.1	419,646	7.0		0.0	(42,242)	(3.9)	(663,723)	(47.2)	5,694,210	2.3	(192)	(0.0)		0.0	(11,423)	(20.0)
7	Commissions (a)	35,208,810	13.5	954,589	15.9		0.0	(32,785)	(3.0)	83,296	5.9	34,188,492	13.5	12,636	2.4		0.0	2,582	4.5
8	Other general insurance expenses	28,454,964	10.9	1,076,213	17.9		0.0	110,784	10.1	165,554	11.8	26,931,729	10.7	158,423	30.6		0.0	12,261	21.5
9	Taxes, licenses and fees	7,230,549	2.8	237,905	4.0		0.0	27,121	2.5	28,087	2.0	6,924,161	2.7	12,149	2.3		0.0	1,126	2.0
10	Total other expenses incurred	70,894,323	27.1	2,268,707	37.7	0	0.0	105,120	9.6	276,937	19.7	68,044,382	27.0	183,208	35.3	0	0.0	15,969	27.9
11.	Aggregate write-ins for deductions	(40,245)	(0.0)	2,318	0.0	0	0.0	(66)	(0.0)	0	0.0	(42,639)	(0.0)	142	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	16,452,745	6.3	969,274	16.1	0	0.0	388,116	35.4	(564,469)	(40.2)	15,517,769	6.1	145,806	28.1	0	0.0	(3,751)	(6.6)
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	16,452,745	6.3	969,274	16.1	0	0.0	388,116	35.4	(564,469)	(40.2)	15,517,769	6.1	145,806	28.1	0	0.0	(3,751)	(6.6)
DETAILS OF WRITE-INS																			
1101.	Increase in loading	(40,245)	(0.0)	2,318	0.0		0.0	(66)	(0.0)		0.0	(42,639)	(0.0)	142	0.0		0.0		0.0
1102.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
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)	(40,245)	(0.0)	2,318	0.0	0	0.0	(66)	(0.0)	0	0.0	(42,639)	(0.0)	142	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	3	4	Other Individual Contracts				
		Group Accident and Health	Credit Accident and Health (Group and Individual)		5	6	7	8	9
	Total			Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	15,944,483	207,244		45,037	163,637	15,399,631	119,682		9,252
2. Advance premiums	2,812,068	54,988		7,342	13,492	2,731,261	3,696		1,289
3. Reserve for rate credits	0								
4. Total premium reserves, current year	18,756,551	262,232	0	52,379	177,129	18,130,892	123,378	0	10,541
5. Total premium reserves, prior year	20,169,526	251,470		71,193	177,950	19,509,690	147,973		11,250
6. Increase in total premium reserves	(1,412,975)	10,762	0	(18,814)	(821)	(1,378,798)	(24,595)	0	(709)
B. Contract Reserves:									
1. Additional reserves (a)	81,831,543	4,177,826		319,910	3,580,601	73,687,540	369		65,297
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	81,831,543	4,177,826	0	319,910	3,580,601	73,687,540	369	0	65,297
4. Total contract reserves, prior year	76,435,266	3,758,180		362,152	4,244,323	67,993,330	561		76,720
5. Increase in contract reserves	5,396,277	419,646	0	(42,242)	(663,722)	5,694,210	(192)	0	(11,423)
C. Claim Reserves and Liabilities:									
1. Total current year	48,547,753	922,242		90,534	11,864,863	35,198,210	75,479		396,425
2. Total prior year	80,062,619	2,225,307		340,671	13,936,111	62,928,881	140,314		491,335
3. Increase	(31,514,866)	(1,303,065)	0	(250,137)	(2,071,248)	(27,730,671)	(64,835)	0	(94,910)

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	51,936,424	1,246,647		224,170	3,529,878	46,593,302	233,284		109,143
1.2 On claims incurred during current year	148,316,407	2,406,355		670,029	897,581	144,279,164	21,154		42,124
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	27,653,238	99,858		8,765	11,141,979	15,985,668	35,062		381,906
2.2 On claims incurred during current year	20,894,515	822,384		81,769	722,884	19,212,542	40,417		14,519
3. Test:									
3.1 Lines 1.1 and 2.1	79,589,662	1,346,505	0	232,935	14,671,857	62,578,970	268,346	0	491,049
3.2 Claim reserves and liabilities, December 31, prior year	80,062,619	2,225,307		340,671	13,936,111	62,928,881	140,314		491,335
3.3 Line 3.1 minus Line 3.2	(472,957)	(878,802)	0	(107,736)	735,746	(349,911)	128,032	0	(286)

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	154,368,974	5,869,466		1,047,126	1,402,180	145,493,206	500,516		56,480
2. Premiums earned	155,481,922	5,864,135		1,062,148	1,404,568	146,575,351	518,568		57,152
3. Incurred claims	95,570,135	2,339,892		616,773	2,356,206	90,011,304	189,603		56,357
4. Commissions	18,041,338	950,391		(35,347)	83,291	17,027,785	12,636		2,582
B. Reinsurance Ceded:									
1. Premiums written	16,730,179	4,416,313				12,313,866			
2. Premiums earned	16,763,631	4,412,114				12,351,517			
3. Incurred claims	6,706,417	1,120,168				5,586,249			
4. Commissions	5,401,291	2,026,776				3,374,515			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	1		79,874,250	79,874,251
2.	Beginning claim reserves and liabilities	27		13,423,459	13,423,486
3.	Ending claim reserves and liabilities	28		14,045,633	14,045,661
4.	Claims paid	0	0	79,252,076	79,252,076
B.	Assumed Reinsurance:				
5.	Incurred claims	79,799	256,631	95,233,702	95,570,132
6.	Beginning claim reserves and liabilities	402,647	119,933	68,927,536	69,450,116
7.	Ending claim reserves and liabilities	108,711	33,716	32,635,576	32,778,003
8.	Claims paid	373,735	342,848	131,525,662	132,242,245
C.	Ceded Reinsurance:				
9.	Incurred claims			6,706,417	6,706,417
10.	Beginning claim reserves and liabilities			2,811,084	2,811,084
11.	Ending claim reserves and liabilities			2,851,148	2,851,148
12.	Claims paid	0	0	6,666,353	6,666,353
D.	Net:				
13.	Incurred claims	79,800	256,631	168,401,535	168,737,966
14.	Beginning claim reserves and liabilities	402,674	119,933	79,539,911	80,062,518
15.	Ending claim reserves and liabilities	108,739	33,716	43,830,061	43,972,516
16.	Claims paid	373,735	342,848	204,111,385	204,827,968
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	79,800	256,631	168,401,534	168,737,965
18.	Beginning reserves and liabilities	402,674	119,933	79,539,914	80,062,521
19.	Ending reserves and liabilities	108,739	33,716	43,830,061	43,972,516
20.	Paid claims and cost containment expenses	373,735	342,848	204,111,387	204,827,970

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	2,389,181	871,795	27,277			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					2,389,181	871,795	27,277	0	0	0
1099999.	Total - General Account - Non-Affiliates					2,389,181	871,795	27,277	0	0	0
1199999.	Total - General Account					2,389,181	871,795	27,277	0	0	0
2399999.	Total U.S.					2,389,181	871,795	27,277	0	0	0
9999999.	Total					2,389,181	871,795	27,277	0	0	0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	10,602	525	32,493	994		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	CO/I	7,670,942	273,001	627,243	673,426		
63479	58-0869673	08/31/2012	United Teacher Associates Insurance Company	TX	CO/I	109,348,961	8,072,113	77,449,488	14,752,991		
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	CO/I	37,430,858	3,304,290	6,330,888	3,250,818		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					154,461,363	11,649,929	84,440,112	18,678,229	0	0
1099999.	Total - Non-Affiliates					154,461,363	11,649,929	84,440,112	18,678,229	0	0
1199999.	Total - U.S.					154,461,363	11,649,929	84,440,112	18,678,229	0	0
9999999.	Total					154,461,363	11,649,929	84,440,112	18,678,229	0	0

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						
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX		6,122
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	12,500	17,500
91472	63-0782739	05/17/1972	Globe Life & Accident Company	OK	27,115	6,535
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		5,659,445
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				39,615	5,689,602
1099999.	Total - Life and Annuity Non-Affiliates				39,615	5,689,602
1199999.	Total - Life and Annuity				39,615	5,689,602
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX	176,909	589
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		2,848,671
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	4,398,330	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				4,575,239	2,849,260
2199999.	Total - Accident and Health Non-Affiliates				4,575,239	2,849,260
2299999.	Total - Accident and Health				4,575,239	2,849,260
2399999.	Total U.S.				4,614,854	8,538,862
9999999.	Total				4,614,854	8,538,862

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86231	39-0989781	04/24/1975	Transamerica LIfe Ins Co	IA	YRT/I	2,481,887	26,435	49,235	103,230				
93572	43-1235868	06/01/1989	RGA Reinsurance Co	MO	YRT/I	145,744	44	32	1,008				
93572	43-1235868	12/15/1989	RGA Reinsurance Co	MO	YRT/I	77,000	633	536	1,374				
93572	43-1235868	09/01/1986	RGA Reinsurance Co	MO	YRT/I	233,334	95	205	6,232				
60895	35-0145825	05/01/1980	American United Life Ins Co	IN	CO/I	360,000	6,431	6,089	8,288				
60895	35-0145825	10/04/1963	American United Life Ins Co	IN	YRT/I	198,982	9,680	40,494					
60895	35-0145825	03/01/1965	American United Life Ins Co	IN	YRT/I	75,798	5,415		(17,797)				
60895	35-0145825	02/14/1962	American United Life Ins Co	IN	YRT/I	105,000	2,188		22,447				
61492	44-0188050	01/01/1975	Business Mens Assur Co of Amer	MO	YRT/I	59,518		146	269				
86258	13-2572994	02/01/1990	General Re Life Corp	CT	YRT/I	26,174	8	8	168				
86258	13-2572994	12/15/1989	General Re Life Corp	CT	YRT/I	77,000	635	536	1,374				
86258	13-2572994	11/22/1966	General Re Life Corp	CT	YRT/I	158,000	3,276	4,371	3,700				
86258	13-2572994	02/12/1965	General Re Life Corp	CT	YRT/I	18,767	98,195	114,288	70,563				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	104,581	29	342	4,831				
68276	48-1024691	01/01/1984	Employers Reassur Corp	KS	ADB/I	2,783,291	4,484	6,755	14,280				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	272,123	247		4,752				
68276	48-1024691	02/17/1965	Employers Reassur Corp	KS	DIS/I		42,657	46,203					
68276	48-1024691	10/01/1976	Employers Reassur Corp	KS	YRT/I	2,160,667	69,152	70,000	184,163				
68276	48-1024691	10/01/1986	Employers Reassur Corp	KS	CO/I	33,333	173	205	802				
68276	48-1024691	01/01/1976	Employers Reassur Corp	KS	ADB/I	1,283,495	3,847	5,531	2,083				
91472	63-0782739	05/17/1972	Globe Life & Accident Ins Co	OK	CO/I	3,196,374	1,998,003	2,200,530	42,244				
86258	13-2572994	03/01/1982	General Re Life Corp	CT	CO/I	1,114,123	23,805	6,959	47,299				
86258	13-2572994	11/01/1982	General Re Life Corp	CT	CO/I			858,446					
86258	13-2572994	05/01/1984	General Re Life Corp	CT	CO/I	3,428,570	997,349	21,760	(1,005)				
86258	13-2572994	03/01/1982	General Re Life Corp	CT	YRT/I			4,072					
82627	06-0839705	04/01/1984	Swiss Re Life & Health Amer Inc	CT	CO/I	300,000	18,200	61,380	14,030				
82627	06-0839705	10/01/1980	Swiss Re Life & Health Amer Inc	CT	MCO/I	50,000	16,900	34,231	626				
82627	06-0839705	04/01/1982	Swiss Re Life & Health Amer Inc	CT	YRT/I	985,173	12,272	59,235	30,159				
66346	58-0828824	09/01/1980	Munich American Reassur Co	GA	MCO/I	200,000			19,510				
88099	75-1608507	12/31/1985	Optimum Re Ins Co	TX	CO/I	800,000	26,189	28,245	(30,148)				
88099	75-1608507	12/31/1966	Optimum Re Ins Co	TX	YRT/I	60,956	3,698	3,279	8,916				
88099	75-1608507	10/15/1980	Optimum Re Ins Co	TX	YRT/I	584,550	2,577	2,806	16,504				
67814	06-0493340	03/01/1980	Phoenix Life Ins Co	CT	CO/I	2,035,000	28,883	39,189	76,923				
67814	06-0493340	10/01/1981	Phoenix Life Ins Co	CT	YRT/I	1,084,555	284	1,940	49,283				
67814	06-0493340	01/01/1969	Phoenix Life Ins Co	CT	YRT/I	781,060	22,956	25,846	30,523				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	YRT/I	6,728,454	2,779	2,873	67,773				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	ADB/I	410,000	683	864	540				

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	4,056,894	362,639	365,456	65,274				
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	699,190			10,201				
88340	59-2859797	03/01/1981	Hannover Life Reassur Co Of Amer	FL	YRT/I	1,000,000	20,040	16,700	44,955				
88340	59-2859797	04/01/1996	Hannover Life Reassur Co Of Amer	FL	CO/I	275,591	469	616	1,075				
86231	39-0989781	06/01/1989	Transamerica LIfe Ins Co	IA	YRT/I	119,570	38	24	840				
86231	39-0989781	09/01/1986	Transamerica LIfe Ins Co	IA	YRT/I	33,334	173	205	742				
86231	39-0989781	08/01/1987	Transamerica LIfe Ins Co	IA	YRT/I	78,493		1,112					
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	YRT/I	59,370	285	245	681				
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	DIS/I			1	3				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	CO/I	25,000	229	4,548	521				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	DIS/I			161	42				
82627	06-0839705	07/01/1981	Swiss Re Life & Health Amer Inc	NY	YRT/I	231,932	571	540	1,718				
97071	13-3126819	03/01/2002	Generali USA Reassurance Co	MO	CO/I	19,469,700	470,538	461,581	25,218				
88340	59-2859797	03/01/2002	Hannover Life Reassur Co Of Amer	FL	CO/I	25,958,316	627,384	615,441	33,624				
68713	84-0499703	03/01/2002	Security Life of Denver Ins Co	CO	CO/I	6,489,901	156,846	153,860	16,812				
93572	43-1235868	03/01/2002	RGA Reins Co	MO	CO/I	12,979,797	313,692	307,720	8,406				
63312	13-1935920	08/31/2012	Great American Life Insurance	OH	ACO/I	456,220,000	131,882,373	148,113,428	317,914				
63312	13-1935920	08/31/2012	Great American Life Insurance	OH	CO/I		164,008,369	186,468,571	5,832,957				
63312	13-1935920	01/01/2007	Great American Life Insurance	OH	ACO/I		45,497,875	49,583,850	211,770				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					560,110,597	346,769,723	389,790,690	7,357,697	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
	AA-1340017	06/01/1991	Zurich Versicherung Ag	DEU	YRT/I	3,492,569	1,547	1,571	37,374				
	AA-1340017	11/01/1989	Zurich Versicherung Ag	DEU	YRT/I	249,050	224	213	6,393				
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates					3,741,619	1,771	1,784	43,767	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates					563,852,216	346,771,494	389,792,474	7,401,464	0	0	0	0
1199999	Total - General Account - Authorized					563,852,216	346,771,494	389,792,474	7,401,464	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified					563,852,216	346,771,494	389,792,474	7,401,464	0	0	0	0
6999999	Total U.S.					560,110,597	346,769,723	389,790,690	7,357,697	0	0	0	0
7099999	Total Non-U.S.					3,741,619	1,771	1,784	43,767	0	0	0	0
9999999	Total					563,852,216	346,771,494	389,792,474	7,401,464	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	16,647,827	221,677	7,884,650				
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX	CO/I	77,893	15,781	604,989				
62308	06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	CO/I	646						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					16,726,366	237,458	8,489,639	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates					16,726,366	237,458	8,489,639	0	0	0	0
1199999.	Total - General Account - Authorized					16,726,366	237,458	8,489,639	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					16,726,366	237,458	8,489,639	0	0	0	0
6999999.	Total - U.S.					16,726,366	237,458	8,489,639	0	0	0	0
9999999.	Total					16,726,366	237,458	8,489,639	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
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	24,128	384,055	18,670	25,029	35,528
2.	Commissions and reinsurance expense allowances	5,696	4,590	6,262	12,702	7,535
3.	Contract claims	29,201	20,002	15,697	14,659	16,487
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,743	3,817	1,683	1,781	1,699
9.	Aggregate reserves for life and accident and health contracts			188,616	198,945	211,408
10.	Liability for deposit-type contracts	647	12,819			
11.	Contract claims unpaid	8,499	7,955	2,914	3,303	5,827
12.	Amounts recoverable on reinsurance	4,615	2,554	1,756	1,428	2,529
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers			XXX	XXX	XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)			120,843	122,010	118,263
19.	Letters of credit (L)				10,000	15,000
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust			XXX	XXX	XXX
23.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
24.	Letters of credit (L)			XXX	XXX	XXX
25.	Trust agreements (T)			XXX	XXX	XXX
26.	Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	223,323,241		223,323,241
2.	Reinsurance (Line 16)	5,649,142	(109,265)	5,539,877
3.	Premiums and considerations (Line 15)	(5,677,714)	1,742,835	(3,934,879)
4.	Net credit for ceded reinsurance	XXX	362,548,270	362,548,270
5.	All other admitted assets (balance)	20,743,931		20,743,931
6.	Total assets excluding Separate Accounts (Line 26)	244,038,600	364,181,840	608,220,440
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	244,038,600	364,181,840	608,220,440
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	118,764,588	343,430,043	462,194,631
10.	Liability for deposit-type contracts (Line 3)	9,157	12,069,580	12,078,737
11.	Claim reserves (Line 4)	27,598,808	8,499,247	36,098,055
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	2,812,068	182,970	2,995,038
14.	Other contract liabilities (Line 9)	8,024,908		8,024,908
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)	15,307,441		15,307,441
20.	Total liabilities excluding Separate Accounts (Line 26)	172,516,970	364,181,840	536,698,810
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	172,516,970	364,181,840	536,698,810
23.	Capital & surplus (Line 38)	71,521,630	XXX	71,521,630
24.	Total liabilities, capital & surplus (Line 39)	244,038,600	364,181,840	608,220,440
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	343,430,043		
26.	Claim reserves	8,499,247		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	182,970		
29.	Liability for deposit-type contracts	12,069,580		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	109,265		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	364,291,105		
34.	Premiums and considerations	1,742,835		
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	1,742,835		
41.	Total net credit for ceded reinsurance	362,548,270		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	681,906	2,764	3,307		1,232	689,209
2. Alaska AK	1,967	2				1,969
3. Arizona AZ	36,165	47	520	1,548	3,385	41,665
4. Arkansas AR	206,900	313			199	207,412
5. California CA	149,279	144,023	48,207	1,830	12,642	355,981
6. Colorado CO	25,917	34,378		9,452	559	70,306
7. Connecticut CT	12,128	28				12,156
8. Delaware DE	19,077	30				19,107
9. District of Columbia DC	9,631	8			104	9,743
10. Florida FL	724,743	43,164	11,559	3,757	3,619	786,842
11. Georgia GA	340,035	157	1,702	16,593	4,688	363,175
12. Hawaii HI	14,212	4			1,538	15,754
13. Idaho ID	3,419	25,008			4	28,431
14. Illinois IL	136,930	117,954	865		40	255,789
15. Indiana IN	259,900	479	298		862	261,539
16. Iowa IA	14,217	10,009			257	24,483
17. Kansas KS	48,497	43	319		732	49,591
18. Kentucky KY	50,485	29,766			347	80,598
19. Louisiana LA	230,385	192	1,774		668	233,019
20. Maine ME	88,290	360			161	88,811
21. Maryland MD	73,357	501	110		2,481	76,449
22. Massachusetts MA	81,507	259			422	82,188
23. Michigan MI	59,800	2,289			392	62,481
24. Minnesota MN	31,795	675			44	32,514
25. Mississippi MS	302,807	2,251			297	305,355
26. Missouri MO	132,289	204		6,329	2,031	140,853
27. Montana MT	1,148					1,148
28. Nebraska NE	26,415			1,582		27,997
29. Nevada NV	18,128	8	216		5,159	23,511
30. New Hampshire NH	15,163	41				15,204
31. New Jersey NJ	340,440	2,574			26	343,040
32. New Mexico NM	12,230	75			322	12,627
33. New York NY	29,801	99			478	30,378
34. North Carolina NC	696,467	102,113	(53)	10,547	18,614	827,688
35. North Dakota ND	1,283					1,283
36. Ohio OH	179,957	764	4,841		51	185,613
37. Oklahoma OK	101,895	58			120	102,073
38. Oregon OR	17,845	42			298	18,185
39. Pennsylvania PA	79,798	26,913	592		462	107,765
40. Rhode Island RI	26,509	21				26,530
41. South Carolina SC	278,870	1,143	1,820	6,966	1,807	290,606
42. South Dakota SD	15,628				444	16,072
43. Tennessee TN	426,014	930	674	2,310	571	430,499
44. Texas TX	366,430	298	2,418		5,685	374,831
45. Utah UT	18,711	10,502			1,154	30,367
46. Vermont VT	132,913	334				133,247
47. Virginia VA	165,377	429	795		1,728	168,329
48. Washington WA	21,753	8		1,308	162	23,231
49. West Virginia WV	155,625	394			235	156,254
50. Wisconsin WI	17,751	13		12,486	48	30,298
51. Wyoming WY	5,031	8			1,034	6,073
52. American Samoa AS						0
53. Guam GU	3,081				305	3,386
54. Puerto Rico PR	10,793				357	11,150
55. US Virgin Islands VI	13,753	2,580			4	16,337
56. Northern Mariana Islands MP						0
57. Canada CAN	154					154
58. Aggregate Other Alien OT	248,096					248,096
59. Totals	7,162,697	564,255	79,964	74,708	75,768	7,957,392

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	Cigna Group		75-3108521	1591167	0000701221		HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	...100.000	Cigna Corporation	
	Cigna Group		76-0657035	1591167	0000701221		GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	....99.000	Cigna Corporation	
	Cigna Group		33-1033586	1591167	0000701221		NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	...100.000	Cigna Corporation	
	Cigna Group		72-1559530	1591167	0000701221		HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	...100.000	Cigna Corporation	
	Cigna Group		62-1540621	1591167	0000701221		HealthSpring Management, Inc.	TN	NIA	NewQuest, LLC	Ownership	...100.000	Cigna Corporation	
	Cigna Group	11522	62-1593150	1591167	0000701221		HealthSpring of Tennessee, Inc.	TN	IA	HealthSpring Management, Inc.	Ownership	...100.000	Cigna Corporation	
	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		06-1346406	1591167	0000701221		MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	...100.000	Cigna Corporation	
	Cigna Group		59-2308055	1591167	0000701221		Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	...100.000	Cigna Corporation	
	Cigna Group		59-2600475	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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	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.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	
	Cigna Group	95500	22-2720890	1591167	0000701221		Cigna HealthCare of New Jersey, Inc.	NJ	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	
	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 Tennesee, 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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	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	
	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 Acquistion 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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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	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	
	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-affilicate)	
	Cigna Group		27-5402196	1591167	0000701221		Cigna Affiliates Realty Investment Group, LLC	DE	NIA	Connectict 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	Connectict 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	DS	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	

SCHEDULE Y

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	Cigna Group	61727	34-0970995				Central Reserve Life Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH		Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
	Cigna Group	67903	23-1335885				Provident American Life and Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	
	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	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	IA	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	
	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	

SCHEDULE Y

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	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	
	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	

SCHEDULE Y

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	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				`	GBR	NIA	Cigna Apac Holdings Limited	Ownership	100.000	Cigna Corporation	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	45-3481241	CG Mystic Land LLC		(358,808)							(358,808)	
	32-0222252	Cigna Onsite Health, LLC					4,082,019				4,082,019	
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C					(60,539)				(60,539)	
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		(51,434,940)							(51,434,940)	
	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

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.

		Responses
	MARCH FILING	
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?	YES
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
	APRIL FILING	
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
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?	YES
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?	YES
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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:	BAR CODE:
1.	
2.	
3.	
4.	
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22.	
23.	
24.	
25. Reinsurer assumes this into their RBC calcuation	
26. Reinsurer assumes this into their RBC calculation	
27.	
28.	
29. Reinsurer assumes this into their RBC calculation	
30.	
31.	
32.	
33. Not applicable	
34.	

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.

35.

36.

37. Not applicable

38. Not applicable

39. Not applicable

40.

41.

42.

43.

44.

45.

46.

47.

48.

Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Hannover Experience Refund		692,191
08.305	Gain/Loss on Reinsurance	194	760,207
08.306	IMR Adjustment Released From the Reserve		15,645,000
08.397	Summary of remaining write-ins for Line 8.3	194	17,097,398

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
5304.	Reserve Correction		(3,391,838)
5397.	Summary of remaining write-ins for Line 53	0	(3,391,838)

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. Change in LAE			(42,099)			(42,099)
09.305. Transition Services Agreement Expense Reimbursement			(3,262,228)			(3,262,228)
09.397. Summary of remaining write-ins for Line 9.3	0	0	(3,304,327)	0	0	(3,304,327)

Additional Write-Ins for Schedule T:

	1	Direct Business Only					
		Life Contracts		4	5	6	7
		2	3	Accident and Health Insurance Premiums,		Total	
States, Etc.	Active Status	Life Insurance Premiums	Annuity Considerations	Including Policy, Membership and Other Fees	Other Considerations	Columns 2 through 5	Deposit-Type Contracts
58004. Nicaragua	...XXX...	17,397				17,397	
58005. Costa Rica	...XXX...	10,948				10,948	
58006. Guatemala	...XXX...	10,496				10,496	
58007. Argentina	...XXX...	8,433				8,433	
58008. Venezuela	...XXX...	7,262				7,262	
58009. El Salvador	...XXX...	6,025				6,025	
58010. United Arab Emirates	...XXX...			502		502	
58011. Bahamas	...XXX...			60		60	
58012. Belize	...XXX...			60		60	
58013. Japan	...XXX...			60		60	
58014. Other Aliens	...XXX...	51,924				51,924	
58997. Summary of remaining write-ins for line 58	...XXX...	112,484	0	682	0	113,166	0

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Gain/Loss on Reinsurance	194										194	
08.397. Summary of remaining write-ins for Line 8.3	194	0	0	0	0	0	0	0	0	0	194	0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-AK	F.....	.....NO.....	....34000.....	.08/21/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	2,307	322	.....14.0	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	2,307	322	.....14.0	3

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.....Alabama

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	71,673	40,130	56.0	35	205,804	185,312	90.0	104
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	28,936	13,252	45.8	15	264,718	232,523	87.8	141
YES	L-6200-AL	H	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,723	4,890	27.6	6			0.0	
YES	L-6201-AL	I	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,194	16,908	104.4	6			0.0	
YES	L-6202-AL	J	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	139,010	94,344	67.9	47			0.0	
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,235	1,913	45.2	3	71,424	38,654	54.1	44
0199999.	Total Policy Experience on Individual Policies									277,771	171,437	61.7	112	541,946	456,489	84.2	289

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".

Supplement for the year 2013 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5233-AR	D	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,840	1,193	64.8	1			0.0	
YES	L-5234-AR	F	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	142,315	155,522	109.3	72			0.0	
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	12,745	10,966	86.0	8	28,540	22,356	78.3	15
YES	L-5235-AR	G	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,261	3,430	65.2	3			0.0	-
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,397	814	18.5	2	6,947	7,214	103.8	4
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0	-	2,547	105	4.1	2
0199999.	Total Policy Experience on Individual Policies									166,558	171,925	103.2	86	38,034	29,675	78.0	21

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-AZ	A	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,903	1,681	43.1	2			0.0	
YES	L-5233-AZ	D	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,545	1,962	77.1	1			0.0	
YES	L-5234-AZ	F	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	84,993	122,453	144.1	27			0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	20,938	6,532	31.2	7	83,152	32,980	39.7	27
YES	L-5235-AZ	G	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,080	219	5.4	1			0.0	
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,140	729	23.2	1	10,553	32,721	310.1	4
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,175	1,179	54.2	1	2,146	-	0.0	1
0199999.	Total Policy Experience on Individual Policies									121,774	134,755	110.7	40	95,851	65,701	68.5	32

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 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.....California

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Colorado

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	102,501	58,184	.....56.8	50	743,222	456,726	.....61.5	391
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	6,687	4,669	.....69.8	4	97,373	55,173	.....56.7	58
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	2,955	3,311	.....112.0	2	8,951	7,722	.....86.3	5
0199999.	Total Policy Experience on Individual Policies.....									112,143	66,164	.....59.0	56	849,546	519,621	.....61.2	454

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.....Connecticut

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....District of Columbia

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-DC	F.....	.....NO.....	....34000.....	.05/09/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	1,228	1,684	.....137.1	3
.....YES.....	LOYAL-MS-AA-N-DC	N.....	.....NO.....	....34000.....	.05/09/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	121	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	1,349	1,684	.....124.8	4

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.....Delaware

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Florida

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Georgia

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-F-GA.	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	61,250	66,463	108.5	25	106,281	76,220	71.7	49
YES	LOYAL-MS-IA-G-GA.	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	9,452	1,334	14.1	5	57,869	18,977	32.8	30
YES	L-6200-GA	H	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,804	10,801	122.7	3			0.0	
YES	L-6201-GA	I	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,148	7,353	34.8	9			0.0	
YES	L-6202-GA	J	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	305,674	185,639	60.7	115			0.0	
YES	LOYAL-MS-IA-N-GA.	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	14,749	18,282	124.0	7	15,048	1,407	9.4	9
0199999.	Total Policy Experience on Individual Policies									421,077	289,872	68.8	164	179,198	96,604	53.9	88

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.....Hawaii

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Iowa

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-C-IA.	C	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,394	2,136	89.2	1
YES	L-5233-IA.	D	NO	34000	.10/31/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,226	3,033	71.8	2			0.0	
YES	L-5234-IA.	F	NO	34000	.10/31/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	590,245	533,829	90.4	251			0.0	
YES	LOYAL-MS-AA-F-IA.	F	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	498,600	430,803	86.4	200	1,098,532	730,366	66.5	474
YES	L-5235-IA.	G	NO	34000	.10/31/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,497	29,131	200.9	5			0.0	
YES	LOYAL-MS-AA-G-IA.	G	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	10,062	8,277	82.3	5	69,921	60,195	86.1	36
YES	L-6200-IA.	H	NO	34000	.09/12/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,912	1,108	28.3	2			0.0	
YES	L-6201-IA.	I	NO	34000	.09/12/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,430	4,931	66.4	3			0.0	
YES	L-6202-IA.	J	NO	34000	.09/12/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,900,051	1,301,298	68.5	733			0.0	
YES	LOYAL-MS-AA-N-IA.	N	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	3,900	28	0.7	3	19,933	5,757	28.9	11
0199999.	Total Policy Experience on Individual Policies									3,032,923	2,312,438	76.2	1,204	1,190,780	798,454	67.1	522

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.

GENERAL INTERROGATORIES

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.....Idaho

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan			0.0		8,615	7,041	81.7	4
YES	L-5234-ID	F	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	67,697	52,226	77.1	29			0.0	
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	154,816	81,017	52.3	64	219,047	171,178	78.1	94
YES	L-5235-ID	G	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	47,140	42,641	90.5	24			0.0	
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	19,545	7,279	37.2	9	46,081	20,504	44.5	23
YES	L-6201-ID	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,159	2,288	55.0	1			0.0	
YES	L-6202-ID	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	412,626	297,041	72.0	150			0.0	
YES	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,035	2,098	69.1	2	16,745	15,973	95.4	9
0199999.	Total Policy Experience on Individual Policies									709,018	484,590	68.3	279	290,488	214,696	73.9	130

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5233-IL	D	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,097	2,969	141.6	1			0.0	
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010				Modernized Medicare Supplement Insurance Plan	635		0.0		7,040	573	8.1	3
YES	L-5234-IL	F	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	672,531	558,774	83.1	242			0.0	
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,061,569	811,524	76.4	444	3,299,608	2,490,666	75.5	1,423
YES	L-5235-IL	G	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,805	10,016	42.1	11			0.0	
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	85,283	43,467	51.0	36	352,025	221,338	62.9	159
YES	L-6200-IL	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,337	4,002	54.5	3			0.0	
YES	L-6201-IL	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,995	28,321	74.5	14			0.0	
YES	L-6202-IL	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,813,755	1,982,287	70.4	1,007			0.0	
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	46,490	43,610	93.8	26	337,787	269,783	79.9	188
0199999.	Total Policy Experience on Individual Policies									4,751,497	3,484,970	73.3	1,784	3,996,460	2,982,360	74.6	1,773

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.

GENERAL INTERROGATORIES

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.....Indiana

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-A-IN.	A	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	1,275	780	61.2	1	6,361	2,396	37.7	6
YES	L-5231-IN	B	NO	34000	.12/18/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,011	125	6.2	1			0.0	
YES	L-5232-IN	C	NO	34000	.12/18/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,523	6,170	111.7	2			0.0	
YES	LOYAL-MS-AA-C-IN.	C	NO	34000	.07/26/2010				Modernized Medicare Supplement Insurance Plan	5,599	5,172	92.4	3	12,146	6,535	53.8	6
YES	L-5233-IN	D	NO	34000	.12/18/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,391	4,511	25.9	7			0.0	
YES	LOYAL-MS-AA-D-IN.	D	NO	34000	.07/26/2010				Modernized Medicare Supplement Insurance Plan	4,964	1,556	31.3	2	46,886	30,887	65.9	25
YES	L-5234-IN	F	NO	34000	.12/18/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	672,112	518,816	77.2	257			0.0	
YES	LOYAL-MS-AA-F-IN..	F	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	393,255	300,524	76.4	193	1,670,493	1,279,476	76.6	912
YES	L-5235-IN	G	NO	34000	.12/18/2005			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	378,403	305,103	80.6	154			0.0	
YES	LOYAL-MS-AA-G-IN.	G	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	86,789	59,063	68.1	48	470,763	359,100	76.3	274
YES	L-6200-IN	H	NO	34000	.11/14/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,060	44,792	127.8	15			0.0	
YES	L-6201-IN	I	NO	34000	.11/14/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	43,964	57,318	130.4	17			0.0	
YES	L-6202-IN	J	NO	34000	.11/14/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,685,143	1,069,797	63.5	614			0.0	
YES	LOYAL-MS-AA-N-IN.	N	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	58,835	51,319	87.2	39	336,586	248,846	73.9	243
0199999.	Total Policy Experience on Individual Policies									3,390,324	2,425,046	71.5	1,353	2,543,235	1,927,240	75.8	1,466

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-KS	F	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	134,959	142,274	105.4	59	825,961	659,202	79.8	403
YES	LOYAL-MS-AA-G-KS	G	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	31,348	5,356	17.1	17	44,940	40,940	91.1	24
YES	L-6200-KS	H	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,454	8,383	188.2	2			0.0	
YES	L-6201-KS	I	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	67,211	50,179	74.7	29			0.0	
YES	L-6202-KS	J	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,113,487	862,057	77.4	398			0.0	
YES	LOYAL-MS-AA-N-KS	N	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	4,985	662	13.3	2	13,083	10,259	78.4	4
0199999.	Total Policy Experience on Individual Policies									1,356,444	1,068,911	78.8	507	883,984	710,401	80.4	431

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.....Kentucky

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-KY	A	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,247	2,451	109.1	1			0.0	
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,276	375	16.5	2	1,212	2,491	205.5	1
YES	L-5231-KY	B	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,442	19,594	36.7	17			0.0	
YES	L-5232-KY	C	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,757	12,692	144.9	2			0.0	
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	12,780	22,739	177.9	5	14,802	8,064	54.5	6
YES	L-5233-KY	D	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,953	3,132	26.2	3			0.0	
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,466	519	21.0	1	3,747	1,043	27.8	2
YES	L-5234-KY	F	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	553,569	443,388	80.1	195			0.0	
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	270,006	217,223	80.5	127	613,001	432,510	70.6	309
YES	L-5235-KY	G	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	72,799	56,289	77.3	25			0.0	
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	40,332	46,393	115.0	21	149,646	124,219	83.0	78
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	7		0.0	-	76,607	30,782	40.2	46
0199999.	Total Policy Experience on Individual Policies									1,030,634	824,795	80.0	399	859,015	599,109	69.7	442

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.

GENERAL INTERROGATORIES

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5231-LA	B	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,820	13,961	101.0	5			0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,699	611	16.5	1			0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,461	2,383	43.6	2			0.0	
YES	L-5234-LA	F	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	175,303	99,340	56.7	57			0.0	
YES	L-5333-LA	F	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,391	1,593	29.5	2			0.0	
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	17,288	19,106	110.5	6	95,485	47,171	49.4	36
YES	L-5235-LA	G	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,581	25,719	61.9	15			0.0	
YES	L-5334-LA	G	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,081	69	3.3	1			0.0	
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	18,568	10,007	53.9	10	28,943	17,657	61.0	13
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0	-	83	123	148.2	-
0199999.	Total Policy Experience on Individual Policies									283,192	172,789	61.0	99	124,511	64,951	52.2	49

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.

GENERAL INTERROGATORIES

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.....Massachusetts

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Maryland

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Maine

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Michigan

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-B-MI.	B	NO	34000	06/07/2010				Modernized Medicare Supplement Insurance Plan			0.0		7,010	8,822	125.8	3
YES	LOYAL-MS-AA-C-MI.	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	24,503	12,466	50.9	7	24,174	29,380	121.5	11
YES	LOYAL-MS-AA-D-MI.	D	NO	34000	06/07/2010				Modernized Medicare Supplement Insurance Plan	12,267	3,386	27.6	6	97,841	45,970	47.0	46
YES	L-5234-MI	F	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	63,112	45,637	72.3	20			0.0	
YES	LOYAL-MS-AA-F-MI.	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	378,837	275,833	72.8	160	2,413,103	1,591,518	66.0	1,135
YES	L-5235-MI	G	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,693	212	7.9	1			0.0	
YES	LOYAL-MS-AA-G-MI.	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	92,814	76,744	82.7	36	964,636	674,955	70.0	524
YES	L-6200-MI	H	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,968	1,353	13.6	4			0.0	
YES	L-6201-MI	I	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	54,179	30,327	56.0	18			0.0	
YES	L-6202-MI	J	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	958,240	615,665	64.2	330			0.0	
YES	LOYAL-MS-AA-N-MI.	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	65,999	51,362	77.8	33	653,396	350,955	53.7	404
0199999.	Total Policy Experience on Individual Policies									1,662,612	1,112,985	66.9	615	4,160,160	2,701,600	64.9	2,123

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

GENERAL INTERROGATORIES

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.....Minnesota

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	6	.....	.....0.0	.....
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	3,780	1,486	.....39.3	2	4,660	2,589	.....55.6	2
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	46,395	25,280	.....54.5	19	241,826	114,585	.....47.4	109
0199999.	Total Policy Experience on Individual Policies.....									50,175	26,766	.....53.3	21	246,492	117,174	.....47.5	111

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".

Supplement for the year 2013 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-F-MO.	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	265,505	238,069	89.7	96	342,295	184,558	53.9	124
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	51,402	30,251	58.9	20	106,019	102,837	97.0	44
YES	L-6200-MO	H	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,235	18,941	64.8	7			0.0	
YES	L-6201-MO	I	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,311	7,256	34.0	8			0.0	
YES	L-6202-MO	J	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,412,322	812,022	57.5	474			0.0	
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	10,620	14,134	133.1	4	19,640	16,846	85.8	9
0199999.	Total Policy Experience on Individual Policies									1,790,395	1,120,673	62.6	609	467,954	304,241	65.0	177

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		14,558	8,303	57.0	8
YES	L-5232-MS	C	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,356	2,008	24.0	3			0.0	
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010				Modernized Medicare Supplement Insurance Plan	1,765	1,393	78.9	1	18,809	10,068	53.5	10
YES	L-5332-MS	D	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,952	1,746	35.3	2			0.0	
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		8,889	1,829	20.6	5
YES	L-5234-MS	F	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	153,229	116,078	75.8	59			0.0	
YES	L-5333-MS	F	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	331,066	173,846	52.5	117			0.0	
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	262,105	229,607	87.6	111	1,989,673	1,345,731	67.6	840
YES	L-5235-MS	G	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,736	37,784	275.1	5			0.0	
YES	L-5334-MS	G	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,716	613	9.1	3			0.0	
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	17,688	15,049	85.1	8	186,031	92,388	49.7	90
YES	L-6200-MS	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,320	963	18.1	2			0.0	
YES	L-6201-MS	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,649	21,500	184.6	5			0.0	
YES	L-6202-MS	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,121,003	802,114	71.6	404			0.0	
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	9,143	3,475	38.0	5	90,340	38,217	42.3	53
0199999.	Total Policy Experience on Individual Policies									1,946,728	1,406,176	72.2	725	2,308,300	1,496,536	64.8	1,006

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5233-MT	D	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,732	1,149	66.3	1			0.0	
YES	L-5234-MT	F	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	31,168	15,959	51.2	10			0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	45,948	22,591	49.2	20	22,059	13,282	60.2	12
YES	L-5235-MT	G	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,549	4,145	162.6	1			0.0	
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	13,071	5,229	40.0	7	3,795	3,846	101.3	2
YES	L-6201-MT	I	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,496	67	2.7	1			0.0	
YES	L-6202-MT	J	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,370,149	814,420	59.4	592			0.0	
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		7,353	265	3.6	5
0199999.	Total Policy Experience on Individual Policies									1,467,113	863,560	58.9	632	33,207	17,393	52.4	19

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,694	1,991	53.9	2
YES	L-5232-NC	C	NO	34060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,147	10,323	78.5	4			0.0	
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010				Modernized Medicare Supplement Insurance Plan	11,082	5,712	51.5	4	44,119	46,955	106.4	15
YES	L-5233-NC	D	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,592	6,274	43.0	4			0.0	
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010				Modernized Medicare Supplement Insurance Plan	8,306	7,436	89.5	3	20,371	6,888	33.8	10
YES	L-5234-NC	F	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	432,922	331,975	76.7	142			0.0	
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	960,269	831,143	86.6	408	1,274,053	1,007,791	79.1	559
YES	L-5235-NC	G	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	67,865	70,711	104.2	21			0.0	
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	109,578	68,334	62.4	51	194,540	164,844	84.7	100
YES	L-6200-NC	H	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,718	10,638	46.8	8			0.0	
YES	L-6201-NC	I	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	61,212	40,112	65.5	19			0.0	
YES	L-6202-NC	J	NO	34060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,171,696	1,492,851	68.7	757			0.0	
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	32,829	18,002	54.8	19	131,445	105,673	80.4	81
0199999.	Total Policy Experience on Individual Policies									3,906,216	2,893,511	74.1	1,440	1,668,222	1,334,142	80.0	767

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	16,234	10,001	.....61.6	7
.....YES.....	L-6202-ND.....	J.....	.....NO.....	....34000.....	.10/21/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,318	8,163	.....44.6	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,318	8,163	.....44.6	8	16,234	10,001	.....61.6	7

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-NE	C	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,704	763	20.6	1			0.0	
YES	LOYAL-MS-AA-C-NE	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,142	479	22.4	1			0.0	
YES	L-5233-NE	D	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,371	2,931	123.6	1			0.0	
YES	L-5234-NE	F	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	157,980	113,955	72.1	56			0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	354,555	227,579	64.2	154	866,680	579,489	66.9	409
YES	L-5235-NE	G	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,550	1,091	24.0	2			0.0	
YES	LOYAL-MS-AA-G-NE	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	12,020	10,529	87.6	6	60,065	63,503	105.7	28
YES	L-6200-NE	H	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,375	2,361	43.9	2			0.0	
YES	L-6201-NE	I	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,675	1,208	45.2	1			0.0	
YES	L-6202-NE	J	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,115,219	943,681	84.6	411			0.0	
YES	LOYAL-MS-AA-N-NE	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,200	3,069	95.9	2	7,678	17,322	225.6	5
0199999.	Total Policy Experience on Individual Policies									1,663,791	1,307,646	78.6	637	934,423	660,314	70.7	442

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

GENERAL INTERROGATORIES

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.....New Hampshire

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	5,131	7,739	.....150.8	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	5,131	7,739	.....150.8	2

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 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.....New Jersey

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-C-NJ	C.....	.....NO.....	....34060.....	.05/16/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	957	314	.....32.8	2
.....YES.....	LOYAL-MS-AA-F-NJ.	F.....	.....NO.....	....34000.....	.05/16/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	86,453	44,089	.....51.0	182
.....YES.....	LOYAL-MS-AA-G-NJ	G.....	.....NO.....	....34000.....	.05/16/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	104,329	41,520	.....39.8	210
.....YES.....	LOYAL-MS-AA-N-NJ	N.....	.....NO.....	....34000.....	.05/16/2013	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	17,494	4,417	.....25.2	50
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	209,233	90,340	.....43.2	444

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.....New Mexico

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-NM	F	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	20,045	16,019	79.9	10	38,832	39,813	102.5	21
YES	LOYAL-MS-AA-G-NM	G	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	3,361	169	5.0	2	14,856	3,750	25.2	9
YES	L-6200-NM	H	NO	34000	.10/07/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,007		0.0	1			0.0	
YES	L-6201-NM	I	NO	34000	.10/07/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,920	7,719	40.8	11			0.0	
YES	L-6202-NM	J	NO	34000	.10/07/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	435,729	297,298	68.2	193			0.0	
YES	LOYAL-MS-AA-N-NM	N	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	1,847	2,184	118.2	1	1,370	2,158	157.5	1
0199999.	Total Policy Experience on Individual Policies									481,909	323,389	67.1	218	55,058	45,721	83.0	31

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....New York

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Ohio

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-OH	A	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,226	3,087	73.0	2			0.0	
YES	L-5231-OH	B	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,504	6,070	63.9	3			0.0	
YES	L-5232-OH	C	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	92,045	40,823	44.4	30			0.0	
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	56,280	41,554	73.8	19	189,498	132,898	70.1	80
YES	L-5233-OH	D	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	61,222	49,858	81.4	22			0.0	
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010				Modernized Medicare Supplement Insurance Plan	1,603	313	19.5	1	47,421	37,137	78.3	22
YES	L-5234-OH	F	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	308,352	236,284	76.6	110			0.0	
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	242,113	189,269	78.2	94	735,068	460,522	62.7	288
YES	L-5235-OH	G	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,259	46,404	87.1	19			0.0	
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	33,317	17,757	53.3	15	224,689	117,366	52.2	104
YES	L-6200-OH	H	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	33,081	15,416	46.6	11			0.0	
YES	L-6201-OH	I	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,271	8,096	19.2	14			0.0	
YES	L-6202-OH	J	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,187,108	703,081	59.2	400			0.0	
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	14,183	6,578	46.4	8	162,001	72,199	44.6	91
0199999.	Total Policy Experience on Individual Policies									2,138,564	1,364,590	63.8	748	1,358,677	820,122	60.4	585

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".

Supplement for the year 2013 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	969	1,144	118.1		4,687	1,836	39.2	2
YES	L-5232-OK	C	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,343	248	18.5				0.0	
YES	L-5233-OK	D	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,114	2,286	37.4	3			0.0	
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010				Modernized Medicare Supplement Insurance Plan			0.0		10,020	2,469	24.6	5
YES	L-5234-OK	F	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	355,443	225,322	63.4	125			0.0	
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	208,933	151,130	72.3	86	429,787	279,017	64.9	173
YES	L-5235-OK	G	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	56,085	28,645	51.1	22			0.0	
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	25,139	7,800	31.0	11	64,466	23,875	37.0	31
YES	L-6200-OK	H	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,871	26,585	86.1	11			0.0	
YES	L-6201-OK	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,543	16,088	37.8	17			0.0	
YES	L-6202-OK	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,281,584	704,665	55.0	455			0.0	
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	25,885	22,672	87.6	17	63,218	42,905	67.9	33
0199999.	Total Policy Experience on Individual Policies									2,034,909	1,186,585	58.3	747	572,178	350,102	61.2	244

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.

GENERAL INTERROGATORIES

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-OR	A	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,578	427	27.1	1			0.0	
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	1,781	1,946	109.3	1	73,256	60,350	82.4	37
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	6		0.0		4,616	2,959	64.1	4
YES	L-5234-OR	F	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	95,708	47,310	49.4	37			0.0	
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	499,447	323,283	64.7	251	1,288,739	937,791	72.8	814
YES	L-5235-OR	G	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,660	12,575	64.0	8			0.0	
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,554	4,821	86.8	3	116,526	62,331	53.5	85
YES	L-6200-OR	H	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,088	2,418	78.3	1			0.0	
YES	L-6201-OR	I	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,764	10,264	87.2	5			0.0	
YES	L-6202-OR	J	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	916,628	601,671	65.6	356			0.0	
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	17,494	29,744	170.0	11	126,471	116,206	91.9	111
0199999.	Total Policy Experience on Individual Policies									1,572,708	1,034,459	65.8	674	1,609,608	1,179,637	73.3	1,051

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

GENERAL INTERROGATORIES

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-PA	A	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,979	2,918	73.3	2			0.0	
YES	L-5232-PA	C	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,798	26,935	118.1	8			0.0	
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		10,099	6,533	64.7	4
YES	L-5233-PA	D	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	59,733	36,233	60.7	22			0.0	
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	5,067	1,740	34.3	2	2,670	667	25.0	1
YES	L-5234-PA	F	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	233,475	137,393	58.8	87			0.0	
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	74,290	67,591	91.0	36	198,096	128,439	64.8	93
YES	L-5235-PA	G	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	105,192	55,404	52.7	39			0.0	
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	21,266	13,490	63.4	11	41,483	18,204	43.9	20
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,902	3,611	73.7	3	26,685	23,984	89.9	19
0199999.	Total Policy Experience on Individual Policies									530,702	345,315	65.1	210	279,033	177,827	63.7	137

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.

GENERAL INTERROGATORIES

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.....Puerto Rico

NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....65722

Title.....Telephone Number.....

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
									NONE								

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....South Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5231-SC	B	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	119		0.0				0.0	
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010				Modernized Medicare Supplement Insurance Plan	1,904	1,348	70.8	1	4,943	2,539	51.4	2
YES	L-5233-SC	D	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,770	285	10.3	1			0.0	
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010				Modernized Medicare Supplement Insurance Plan	6,961	5,539	79.6	3	15,601	9,111	58.4	7
YES	L-5234-SC	F	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	283,899	240,505	84.7	121			0.0	
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	537,028	315,625	58.8	244	1,466,837	995,921	67.9	655
YES	L-5235-SC	G	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	55,886	53,466	95.7	26			0.0	
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	265,204	218,402	82.4	137	221,538	168,178	75.9	113
YES	L-6200-SC	H	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	68,427	37,770	55.2	25			0.0	
YES	L-6201-SC	I	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	90,984	52,026	57.2	37			0.0	
YES	L-6202-SC	J	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,820,765	1,915,259	67.9	1,028			0.0	
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	8,515	1,573	18.5	5	132,582	105,872	79.9	87
0199999.	Total Policy Experience on Individual Policies									4,142,462	2,841,798	68.6	1,628	1,841,501	1,281,621	69.6	864

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.

GENERAL INTERROGATORIES

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-A-SD	A	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,405	316	22.5	1
YES	LOYAL-MS-AA-F-SD	F	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	54,842	36,005	65.7	27	352,784	244,600	69.3	183
YES	LOYAL-MS-AA-G-SD	G	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		9,666	12,766	132.1	5
YES	L-6202-SD	J	NO	34060	.08/01/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,037,233	717,930	69.2	427			0.0	
YES	LOYAL-MS-AA-N-SD	N	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,289		0.0	1
0199999.	Total Policy Experience on Individual Policies									1,092,075	753,935	69.0	454	365,144	257,682	70.6	190

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan			0.0		4,861	10,760	221.4	1
YES	L-5232-TN	C	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,531	3,299	72.8	1			0.0	
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,655	1,838	69.2	1
YES	L-5233-TN	D	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,583	9,073	72.1	4			0.0	
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010				Modernized Medicare Supplement Insurance Plan	4,975	1,235	24.8	1	36,148	51,759	143.2	7
YES	L-5234-TN	F	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	164,191	104,204	63.5	63			0.0	
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	191,813	113,961	59.4	92	714,593	551,026	77.1	353
YES	L-5235-TN	G	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,026	31,012	83.8	13			0.0	
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	17,354	19,704	113.5	9	150,844	150,245	99.6	86
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,560	2,281	64.1	2	46,561	64,904	139.4	26
0199999.	Total Policy Experience on Individual Policies									436,033	284,769	65.3	185	955,662	830,532	86.9	474

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.

GENERAL INTERROGATORIES

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5230-TX	A	NO	34060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	31,674	25,035	79.0	8			0.0	
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	46,115	95,019	206.0	14	128,211	211,745	165.2	36
YES	L-5231-TX	B	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,093	1,497	36.6	1			0.0	
YES	L-5330-TX	B	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,562	77	4.9	1			0.0	
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,423	448	13.1	2
YES	L-5232-TX	C	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,193	24,740	143.9	5			0.0	
YES	L-5331-TX	C	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,029	2,051	25.5	2			0.0	
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	2,135	224	10.5	1	24,046	27,275	113.4	11
YES	L-5233-TX	D	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	25,143	13,719	54.6	8			0.0	
YES	L-5332-TX	D	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,105	1,885	36.9	2			0.0	
YES	LOYAL-MS-AA-D-TX	D	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	24,500	20,345	83.0	10	50,128	47,040	93.8	23
YES	L-5234-TX	F	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,643,655	1,799,356	68.1	874			0.0	
YES	L-5333-TX	F	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,879	7,583	36.3	7			0.0	
YES	LOYAL-MS-AA-F-TX	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,999,209	1,528,855	76.5	816	3,532,101	2,685,903	76.0	1,537
YES	L-5235-TX	G	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	368,193	232,668	63.2	126			0.0	
YES	L-5334-TX	G	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	88,302	32,841	37.2	32			0.0	

Supplement for the year 2013 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
YES	LOYAL-MS-AA-G-TX	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	320,652	203,122	63.3	157	1,194,330	809,663	67.8	592
YES	L-6200-TX	H	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,265,785	979,077	77.3	495			0.0	
YES	L-6201-TX	I	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,908,960	1,299,598	68.1	766			0.0	
YES	L-6202-TX	J	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,107,838	6,701,376	66.3	3,269			0.0	
YES	LOYAL-MS-AA-N-TX	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	126,650	82,188	64.9	72	347,364	226,401	65.2	212
0199999.	Total Policy Experience on Individual Policies									19,015,672	13,051,256	68.6	6,666	5,279,603	4,008,475	75.9	2,413

360.1

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.....Utah

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-UT	F	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	88,131	64,341	73.0	39	119,408	87,391	73.2	58
YES	LOYAL-MS-AA-G-UT	G	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	9,398	7,446	79.2	5	11,895	7,046	59.2	8
YES	L-6200-UT	H	NO	34000	.10/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,024	343	16.9	1			0.0	
YES	L-6201-UT	I	NO	34000	.10/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,904	2,601	66.6	2			0.0	
YES	L-6202-UT	J	NO	34000	.10/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	322,168	213,494	66.3	124			0.0	
YES	LOYAL-MS-AA-N-UT	N	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	8,837	8,832	99.9	6	3,688	2,323	63.0	3
0199999.	Total Policy Experience on Individual Policies									434,462	297,057	68.4	177	134,991	96,760	71.7	69

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	116,637	116,850	.....100.2	59	97,333	45,850	.....47.1	46
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	80,649	82,710	.....102.6	35	31,830	11,066	.....34.8	17
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	690	4,860	.....704.3	.....	4,571	3,610	.....79.0	2
0199999.	Total Policy Experience on Individual Policies.....									197,976	204,420	.....103.3	94	133,734	60,526	.....45.3	65

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.....U.S. Virgin Islands

NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....65722

Title.....Telephone Number.....

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
									NONE								

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.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Washington

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
									NONE								

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.....Wisconsin

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	L-5220-WI.....	O.....	.....NO.....	....34060.....	.04/23/2004	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	186,588	109,983	.....58.9	48	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....34060.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	104,985	54,485	.....51.9	47	245,442	171,585	.....69.9	97
0199999.	Total Policy Experience on Individual Policies.....									291,573	164,468	.....56.4	95	245,442	171,585	.....69.9	97

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5232-WV	C	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,544	654	25.7	1			0.0	
YES	LOYAL-MS-AA-C-WV	C	NO	34000	06/23/2010				Modernized Medicare Supplement Insurance Plan			0.0		2,341	3,701	158.1	1
YES	L-5233-WV	D	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,581	23,283	353.8	2			0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010				Modernized Medicare Supplement Insurance Plan	1,726	292	16.9	1			0.0	
YES	L-5234-WV	F	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,529	44,684	162.3	10			0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	34,249	51,622	150.7	16	13,776	22,772	165.3	7
YES	L-5235-WV	G	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,386	1,074	45.0	1			0.0	
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		1,604	1,096	68.3	1
YES	L-6201-WV	I	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(827)		0.0				0.0	
YES	L-6202-WV	J	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	207,920	131,084	63.0	73			0.0	
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,858	2,741	56.4	3	1,720	1,183	68.8	1
0199999.	Total Policy Experience on Individual Policies									286,966	255,434	89.0	107	19,441	28,752	147.9	10

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

GENERAL INTERROGATORIES

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-WY	F	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	46,009	27,026	58.7	22	10,759	9,816	91.2	5
YES	L-6201-WY	I	NO	34060	.08/27/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	(81)		0.0				0.0	
YES	L-6202-WY	J	NO	34060	.08/27/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	136,714	67,870	49.6	55			0.0	
YES	LOYAL-MS-AA-N-WY	N	NO	34000	.06/01/2010				Modernized Medicare Supplement Insurance Plan	3		0.0		12,525	4,112	32.8	9
0199999.	Total Policy Experience on Individual Policies									182,645	94,896	52.0	77	23,284	13,928	59.8	14

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.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

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	236	237	378	378	378
2. 2009	52	57	57	57	57
3. 2010	XXX	52	52	52	52
4. 2011	XXX	XXX	38	39	39
5. 2012	XXX	XXX	XXX	34	1,280
6. 2013	XXX	XXX	XXX	XXX	2,406

Section B - Other Accident and Health

1. Prior	33,920	34,382	34,502	34,502	34,502
2. 2009	22,734	28,084	28,374	28,383	29,024
3. 2010	XXX	50,133	57,067	57,196	57,420
4. 2011	XXX	XXX	62,997	69,532	73,900
5. 2012	XXX	XXX	XXX	35,644	81,100
6. 2013	XXX	XXX	XXX	XXX	145,910

Section C - Credit Accident and Health

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

NONE

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

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	

NONE

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	

NONE

Section C - Credit Accident and Health

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

NONE

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	97	59	57	XXX	XXX
2. 2010	XXX	93	54	52	XXX
3. 2011	XXX	XXX	77	407	39
4. 2012	XXX	XXX	XXX	1,929	1,379
5. 2013	XXX	XXX	XXX	XXX	3,229

Section B - Other Accident and Health

1. 2009	30,014	28,525	28,476	XXX	XXX
2. 2010	XXX	58,977	57,449	83,920	XXX
3. 2011	XXX	XXX	73,179	74,795	73,900
4. 2012	XXX	XXX	XXX	118,168	108,653
5. 2013	XXX	XXX	XXX	XXX	165,982

Section C - Credit Accident and Health

1. 2009				XXX	XXX
2. 2010	XXX	NONE			XXX
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

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	2	3	4	5
	2009	2010	2011	2012	2013
1. 2009	97	59	57		
2. 2010	XXX	93	54	52	
3. 2011	XXX	XXX	77	144	39
4. 2012	XXX	XXX	XXX	1,929	1,379
5. 2013	XXX	XXX	XXX	XXX	3,229

Section B - Other Accident and Health

1. 2009	30,014	28,525	28,476		
2. 2010	XXX	58,977	57,449	83,920	
3. 2011	XXX	XXX	73,179	74,795	73,900
4. 2012	XXX	XXX	XXX	118,168	108,653
5. 2013	XXX	XXX	XXX	XXX	165,982

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	922
9. Credit accident and health	None	
10. Other accident and health	Development	47,626
11. Total		48,548

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

2013 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK