



ANNUAL STATEMENT

For the Year Ended December 31, 2013
of the Condition and Affairs of the

Provident American Life and Health Insurance
Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 67903	Employer's ID Number..... 23-1335885
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... April 6, 1949	Commenced Business..... September 30, 1949	
Statutory Home Office	1300 East Ninth Street..... Cleveland OH US 44114 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Mail Address	11200 Lakeline Blvd Ste 100..... Austin TX US 78717 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	11200 Lakeline Blvd Ste 100..... Austin TX US 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Internet Web Site Address	www.palhic.com	
Statutory Statement Contact	Jesse Navarrete (Name) CSBFinRpt@cigna.com (E-Mail Address)	512-807-4801 (Area Code) (Telephone Number) (Extension) 512-467-1399 (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

Bradley Allen Wolfram	Paul Adolph Severt	Eric Paul Palmer	Frank Sataline, Jr.
-----------------------	--------------------	------------------	---------------------

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

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

(Signature) Bradley Allen Wolfram	(Signature) Byron Keith Buescher	(Signature) Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2014	b. If no	1. State the amendment number
		2. Date filed
		3. Number of pages attached

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,324	10,437	-	7,073	7,228
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).....	10,324	10,437	0	7,073	7,228
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,324	10,437	0	7,073	7,228

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,144		12,838		13,982
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,144	.0	12,838	.0	13,982
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.1	.5,000	(a).....		.2	.380,000			.3	.385,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	-	-			-	-			.0	.0
23. In force December 31 of current year	.1	.5,000	(a).....	.0	.2	.380,000	.0	.0	.3	.385,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,394	4,442	-	781	798
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).....	4,394	4,442	.0	781	798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,394	4,442	.0	781	798

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	-		-		0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,851				1,851
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.....	1,851	0	0	0	1,851

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,148	17,337	-	9,470	9,678
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).....	17,148	17,337	0	9,470	9,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,148	17,337	0	9,470	9,678

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,871		-		1,871
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,871	.0	.0	.0	1,871
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	34,776	35,159	-	2,793	2,854
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).....	34,776	35,159	.0	2,793	2,854
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,776	35,159	.0	2,793	2,854

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	475		-		475
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	475	0	0	0	475
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	42,079	42,541	-	20,906	21,365
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).....	42,079	42,541	0	20,906	21,365
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	42,079	42,541	0	20,906	21,365

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	719		-		719
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	719	0	0	0	719
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	104,503	105,652	-	108,033	110,402
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	104,503	105,652	0	108,033	110,402
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	104,503	105,652	0	108,033	110,402

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



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

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,098		-		2,098
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,098	.0	.0	.0	2,098
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	39,060	39,489	-	30,175	30,837
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).....	39,060	39,489	.0	30,175	30,837
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	39,060	39,489	.0	30,175	30,837

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,424		346		1,770
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,424	0	346	0	1,770
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	524				524
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.....	524	0	0	0	524

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	28,556	(a).....						4	28,556
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(12,556)			-	-			(2)	(12,556)
23. In force December 31 of current year.....	2	16,000	0 (a).....	0	0	0	0	0	2	16,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	73,114	73,808	-	30,794	31,469
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).....	73,114	73,808	0	30,794	31,469
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	73,114	73,808	0	30,794	31,469

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	950,860		79,631		1,030,491
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	950,860	0	79,631	0	1,030,491
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	439,081		12,200		451,281
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	81,262				81,262
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.....	520,342	0	12,200	0	532,542

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	10	49,500							10	49,500
17. Incurred during current year.....	72	441,560				12,200			72	453,760
Settled during current year:										
18.1 By payment in full.....	71	439,081				12,200			71	451,281
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	71	439,081	0	0	0	12,200	0	0	71	451,281
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	71	439,081	0	0	0	12,200	0	0	71	451,281
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	51,979	0	0	0	0	0	0	11	51,979
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,751	12,249,844	(a)		62	2,585,000			1,813	14,834,844
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(141)	(973,562)				31,000			(141)	(942,562)
23. In force December 31 of current year	1,610	11,276,282	0	(a)	62	2,616,000	0	0	1,672	13,892,282

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,711,606	16,895,126		10,770,437	11,006,600
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).....	16,711,606	16,895,126	0	10,770,437	11,006,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,711,606	16,895,126	0	10,770,437	11,006,600

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,135		-		19,135
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		.XXX		.XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	19,135	.0	.0	.0	19,135
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	5,317				5,317
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	5,317	.0	.0	.0	5,317

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	23	187,500	(a)						23	187,500
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(2)	(15,000)			-	-			(2)	(15,000)
23. In force December 31 of current year	21	172,500	.0 (a)	.0	.0	.0	.0	.0	.21	172,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	739,912	748,044	-	479,451	489,964
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).....	739,912	748,044	.0	479,451	489,964
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	739,912	748,044	.0	479,451	489,964

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	44,250	44,737	-	13,714	14,015
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).....	44,250	44,737	0	13,714	14,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	44,250	44,737	0	13,714	14,015

(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.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	23,450		-		23,450
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	23,450	0	0	0	23,450
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,727				1,727
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.....	1,727	0	0	0	1,727

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	41	349,500	(a).....						41	349,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(34,687)			-	-			(3)	(34,687)
23. In force December 31 of current year.....	38	314,813	0 (a).....	0	0	0	0	0	38	314,813

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	391,251	395,551	-	226,223	231,184
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).....	391,251	395,551	0	226,223	231,184
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	391,251	395,551	0	226,223	231,184

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,570		-		2,570
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,570	.0	.0	.0	2,570
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	.495				.495
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.....	.495	.0	.0	.0	.495

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	236,258	238,855	-	170,877	174,624
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).....	236,258	238,855	.0	170,877	174,624
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	236,258	238,855	.0	170,877	174,624

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	31,613	31,961	-	22,952	23,455
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).....	31,613	31,961	0	22,952	23,455
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	31,613	31,961	0	22,952	23,455

(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.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,154		-		19,154
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,154	0	0	0	19,154
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	30,142		-		30,142
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	427				427
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.....	30,569	0	0	0	30,569

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	34,142							3	34,142
Settled during current year:										
18.1 By payment in full.....	2	30,142							2	30,142
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	30,142	0	0	0	0	0	0	2	30,142
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	30,142	0	0	0	0	0	0	2	30,142
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	34	291,607	(a)						34	291,607
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(30,500)			-	-			(2)	(30,500)
23. In force December 31 of current year	32	261,107	0	(a)	0	0	0	0	32	261,107

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	148,232	149,861	-	117,921	120,506
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).....	148,232	149,861	0	117,921	120,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	148,232	149,861	0	117,921	120,506

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,764		-		4,764
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,764	0	0	0	4,764
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,091		-		20,091
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,159				1,159
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.....	21,250	0	0	0	21,250

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	20,091							1	20,091
Settled during current year:										
18.1 By payment in full.....	1	20,091							1	20,091
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	20,091	0	0	0	0	0	0	1	20,091
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	20,091	0	0	0	0	0	0	1	20,091
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.....	10	87,312	(a)						10	87,312
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(40,000)			-	-			(3)	(40,000)
23. In force December 31 of current year.....	7	47,312	0	(a)	0	0	0	0	7	47,312

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	187,297	189,356	-	133,865	136,800
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).....	187,297	189,356	0	133,865	136,800
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	187,297	189,356	0	133,865	136,800

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,000	4,000	-	-	-
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).....	4,000	4,000	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,000	4,000	0	0	0

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,040		983		2,023
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,040	0	983	0	2,023
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	10,000	(a).....		2	50,000			3	60,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	-	-			-	-			0	0
23. In force December 31 of current year	1	10,000	0 (a).....	0	2	50,000	0	0	3	60,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,099	3,133	-	18,167	18,565
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).....	3,099	3,133	0	18,167	18,565
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,099	3,133	0	18,167	18,565

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



* 6 7 9 0 3 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.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,691	12,830	-	15,781	16,127
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,691	12,830	0	15,781	16,127
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,691	12,830	0	15,781	16,127

(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.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,552	14,712	-	24,320	24,853
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).....	14,552	14,712	0	24,320	24,853
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,552	14,712	0	24,320	24,853

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,560		-		13,560
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	13,560	.0	.0	.0	13,560
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	20	170,564	(a)						20	170,564
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(15,000)			-	-			(1)	(15,000)
23. In force December 31 of current year	19	155,564	.0 (a)	.0	.0	.0	.0	.0	19	155,564

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	86,111	87,058	-	48,329	49,389
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).....	86,111	87,058	.0	48,329	49,389
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	86,111	87,058	.0	48,329	49,389

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,563		-		19,563
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,563	0	0	0	19,563
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,076		-		15,076
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.....	15,076	0	0	0	15,076

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	20,076							4	20,076
Settled during current year:										
18.1 By payment in full.....	3	15,076							3	15,076
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	15,076	0	0	0	0	0	0	3	15,076
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	15,076	0	0	0	0	0	0	3	15,076
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.....	34	220,107	(a)						34	220,107
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(5,000)			-	-			(2)	(5,000)
23. In force December 31 of current year	32	215,107	0	(a)	0	0	0	0	32	215,107

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	394,086	398,417	-	243,792	249,137
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).....	394,086	398,417	0	243,792	249,137
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	394,086	398,417	0	243,792	249,137

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,396		-		2,396
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,396	.0	.0	.0	2,396
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	283,726	286,844	-	135,607	138,580
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).....	283,726	286,844	.0	135,607	138,580
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	283,726	286,844	.0	135,607	138,580

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,175		-		2,175
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,175	.0	.0	.0	2,175
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	33,423	33,791	-	27,054	27,647
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).....	33,423	33,791	.0	27,054	27,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	33,423	33,791	.0	27,054	27,647

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	751		-		751
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	751	0	0	0	751
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,025	14,179	-	18,667	19,077
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).....	14,025	14,179	0	18,667	19,077
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,025	14,179	0	18,667	19,077

(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.

Provident American Life and Health Insurance Company



* 6 7 9 0 3 2 0 1 3 4 3 0 2 8 1 0 0 *

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,497		-		5,497
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	5,497	.0	.0	.0	5,497
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	322,243	325,785	-	218,298	223,085
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).....	322,243	325,785	.0	218,298	223,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	322,243	325,785	.0	218,298	223,085

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,581	16,763	-	6,821	6,971
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,581	16,763	0	6,821	6,971
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,581	16,763	0	6,821	6,971

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,156		-		1,156
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,156	.0	.0	.0	1,156
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		6,500		6,500
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	6,500	.0	6,500

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....						6,500			.0	6,500
Settled during current year:										
18.1 By payment in full.....						6,500			.0	6,500
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	6,500	.0	.0	.0	6,500
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	6,500	.0	.0	.0	6,500
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.....	.3	27,500	(a)						.3	27,500
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	-	-			(1)	(6,000)			(1)	(6,000)
23. In force December 31 of current year	.3	27,500	.0 (a)	.0	(1)	(6,000)	.0	.0	.2	21,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,578	16,760	-	8,313	8,495
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,578	16,760	.0	8,313	8,495
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,578	16,760	.0	8,313	8,495

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	33,458	33,826	-	21,298	21,765
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).....	33,458	33,826	0	21,298	21,765
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	33,458	33,826	0	21,298	21,765

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	580		-		580
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	580	0	0	0	580
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,126		4,007		22,133
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	18,126	0	4,007	0	22,133
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	7,521		-		7,521
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	507				507
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,028	0	0	0	8,028

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	7,521							2	7,521
Settled during current year:										
18.1 By payment in full.....	2	7,521							2	7,521
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	7,521	0	0	0	0	0	0	2	7,521
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	7,521	0	0	0	0	0	0	2	7,521
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.....	40	233,000	(a)		14	366,000			54	599,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(17,000)			-	-			(4)	(17,000)
23. In force December 31 of current year	36	216,000	0	(a)0	14	366,000	0	0	50	582,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	393,958	398,288	-	234,094	239,227
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).....	393,958	398,288	0	234,094	239,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	393,958	398,288	0	234,094	239,227

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	50,377		-		50,377
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,377	0	0	0	50,377
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,595		-		25,595
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	506				506
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.....	26,100	0	0	0	26,100

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	5,500							2	5,500
17. Incurred during current year.....	2	20,095							2	20,095
Settled during current year:										
18.1 By payment in full.....	4	25,595							4	25,595
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	25,595	0	0	0	0	0	0	4	25,595
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	25,595	0	0	0	0	0	0	4	25,595
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.....	73	659,401	(a)						73	659,401
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(19,719)			-	-			(1)	(19,719)
23. In force December 31 of current year.....	72	639,682	0 (a)	0	0	0	0	0	72	639,682

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	658,466	665,703	-	359,945	367,838
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).....	658,466	665,703	0	359,945	367,838
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	658,466	665,703	0	359,945	367,838

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,616		-		33,616
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	33,616	0	0	0	33,616
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	28,307		-		28,307
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	4,548				4,548
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	32,855	0	0	0	32,855

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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	4	23,307							4	23,307
Settled during current year:										
18.1 By payment in full.....	5	28,307							5	28,307
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	28,307	0	0	0	0	0	0	5	28,307
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	28,307	0	0	0	0	0	0	5	28,307
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.....	66	403,000	(a)						66	403,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(29,363)			-	-			(5)	(29,363)
23. In force December 31 of current year.....	61	373,637	0	(a)0	0	0	0	0	61	373,637

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	1,075,843	1,087,667	-	770,620	787,517
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).....	1,075,843	1,087,667	0	770,620	787,517
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,075,843	1,087,667	0	770,620	787,517

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,768		55,436		63,204
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,768	0	55,436	0	63,204
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,014		5,700		10,714
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,014	0	5,700	0	10,714

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	(1)								(1)	0
17. Incurred during current year.....	2	5,014				5,700			2	10,714
Settled during current year:										
18.1 By payment in full.....	2	5,014				5,700			2	10,714
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,014	0	0	0	5,700	0	0	2	10,714
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,014	0	0	0	5,700	0	0	2	10,714
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	(1)	0	0	0	0	0	0	0	(1)	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	93,000	(a)		48	1,847,000			65	1,940,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(5,000)			1	17,000			(1)	12,000
23. In force December 31 of current year	15	88,000	0	(a) 0	49	1,864,000	0	0	64	1,952,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	47,975	48,500	-	74,004	75,627
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).....	47,975	48,500	0	74,004	75,627
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	47,975	48,500	0	74,004	75,627

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	120,961		-		120,961
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	120,961	.0	.0	.0	120,961
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	31,654		-		31,654
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	11,670				11,670
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.....	43,323	.0	.0	.0	43,323

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	.5	31,654							.5	31,654
Settled during current year:										
18.1 By payment in full.....	.5	31,654							.5	31,654
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.5	31,654	.0	.0	.0	.0	.0	.0	.5	31,654
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.5	31,654	.0	.0	.0	.0	.0	.0	.5	31,654
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.....	.171	1,641,252	(a)						.171	1,641,252
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(11)	(126,500)			-	-			(11)	(126,500)
23. In force December 31 of current year	.160	1,514,752	.0 (a)	.0	.0	.0	.0	.0	.160	1,514,752

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,350,023	1,364,861	-	777,436	794,483
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).....	1,350,023	1,364,861	.0	777,436	794,483
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,350,023	1,364,861	.0	777,436	794,483

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,513	9,618	-	5,077	5,188
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).....	9,513	9,618	0	5,077	5,188
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,513	9,618	0	5,077	5,188

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	12,083	12,215	-	10,239	10,463
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,083	12,215	.0	10,239	10,463
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,083	12,215	.0	10,239	10,463

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	561,104		-		561,104
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	561,104	0	0	0	561,104
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	267,666		-		267,666
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	52,531				52,531
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.....	320,198	0	0	0	320,198

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	8	39,000							8	39,000
17. Incurred during current year.....	47	268,666							47	268,666
Settled during current year:										
18.1 By payment in full.....	46	267,666							46	267,666
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	46	267,666	0	0	0	0	0	0	46	267,666
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	46	267,666	0	0	0	0	0	0	46	267,666
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	40,000	0	0	0	0	0	0	9	40,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,133	7,095,265	(a)						1,133	7,095,265
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(101)	(610,438)			-	-			(101)	(610,438)
23. In force December 31 of current year.....	1,032	6,484,827	0	(a)	0	0	0	0	1,032	6,484,827

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,497,531	9,601,916	-	6,185,262	6,320,886
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).....	9,497,531	9,601,916	0	6,185,262	6,320,886
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,497,531	9,601,916	0	6,185,262	6,320,886

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,249		-		18,249
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	18,249	0	0	0	18,249
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,015		-		8,015
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.....	8,015	0	0	0	8,015

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	8,015							1	8,015
Settled during current year:										
18.1 By payment in full.....	1	8,015							1	8,015
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	8,015	0	0	0	0	0	0	1	8,015
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	8,015	0	0	0	0	0	0	1	8,015
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.....	22	239,000	(a)						22	239,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(33,000)			-	-			(3)	(33,000)
23. In force December 31 of current year	19	206,000	0	(a)	0	0	0	0	19	206,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	88,525	89,498	-	63,364	64,754
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).....	88,525	89,498	0	63,364	64,754
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	88,525	89,498	0	63,364	64,754

(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.

Provident American Life and Health Insurance Company



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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,009		4,215		5,224
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,009	0	4,215	0	5,224
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	5,000	(a).....		(5)	(90,000)			(3)	(85,000)
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	10,000			-	20,000			1	30,000
23. In force December 31 of current year.....	3	15,000	0	(a).....0	(5)	(70,000)	0	0	(2)	(55,000)

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,835	10,954	-	6,093	6,227
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).....	10,835	10,954	0	6,093	6,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,835	10,954	0	6,093	6,227

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	312		-		312
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	312	0	0	0	312
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	55,657	56,269	-	41,433	42,341
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).....	55,657	56,269	0	41,433	42,341
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	55,657	56,269	0	41,433	42,341

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,652		-		4,652
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,652	.0	.0	.0	4,652
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	-				.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
Settled during current year:										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.7	60,800	(a).....						.7	60,800
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	-	.201			-	-			.0	.201
23. In force December 31 of current year	.7	61,001	.0 (a).....	.0	.0	.0	.0	.0	.7	61,001

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,836	4,890	-	2,762	2,822
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).....	4,836	4,890	.0	2,762	2,822
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,836	4,890	.0	2,762	2,822

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,998		1,806		10,804
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,998	0	1,806	0	10,804
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-		-		0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	-				0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid..	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	2,979							1	2,979
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,979	0	0	0	0	0	0	1	2,979
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	16	128,979	(a)		1	32,000			17	160,979
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(10,000)			-	-			(1)	(10,000)
23. In force December 31 of current year	15	118,979	0	(a)0	1	32,000	0	0	16	150,979

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	145,755	147,357	-	70,879	72,433
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).....	145,755	147,357	0	70,879	72,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	145,755	147,357	0	70,879	72,433

(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.

Provident American Life and Health Insurance Company



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....67903

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	21,822	22,062	-	7,754	7,924
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).....	21,822	22,062	0	7,754	7,924
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	21,822	22,062	0	7,754	7,924

(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.....	(197,929)
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	.....
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	.....
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(197,929)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(4,808)
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	(193,121)

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.....	(4,808)	.....	.....	.....(4,808)
2. 2014.....	(5,209)	.....	.....	.....(5,209)
3. 2015.....	(5,609)	.....	.....	.....(5,609)
4. 2016.....	(5,609)	.....	.....	.....(5,609)
5. 2017.....	(6,010)	.....	.....	.....(6,010)
6. 2018.....	(6,411)	.....	.....	.....(6,411)
7. 2019.....	(6,611)	.....	.....	.....(6,611)
8. 2020.....	(7,012)	.....	.....	.....(7,012)
9. 2021.....	(7,212)	.....	.....	.....(7,212)
10. 2022.....	(7,813)	.....	.....	.....(7,813)
11. 2023.....	(8,013)	.....	.....	.....(8,013)
12. 2024.....	(8,414)	.....	.....	.....(8,414)
13. 2025.....	(9,015)	.....	.....	.....(9,015)
14. 2026.....	(9,416)	.....	.....	.....(9,416)
15. 2027.....	(9,816)	.....	.....	.....(9,816)
16. 2028.....	(10,417)	.....	.....	.....(10,417)
17. 2029.....	(10,818)	.....	.....	.....(10,818)
18. 2030.....	(11,419)	.....	.....	.....(11,419)
19. 2031.....	(12,020)	.....	.....	.....(12,020)
20. 2032.....	(12,621)	.....	.....	.....(12,621)
21. 2033.....	(11,820)	.....	.....	.....(11,820)
22. 2034.....	(9,416)	.....	.....	.....(9,416)
23. 2035.....	(6,811)	.....	.....	.....(6,811)
24. 2036.....	(4,207)	.....	.....	.....(4,207)
25. 2037.....	(1,402)	.....	.....	.....(1,402)
26. 2038.....	.....	.....	.....	.....0
27. 2039.....	.....	.....	.....	.....0
28. 2040.....	.....	.....	.....	.....0
29. 2041.....	.....	.....	.....	.....0
30. 2042.....	.....	.....	.....	.....0
31. 2043 and Later.....	.....	.....	.....	.....0
32. Total (Lines 1 to 31).....	(197,929)	0	0	(197,929)

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	15,043		15,043			.0	15,043
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.....	3,651		3,651			.0	3,651
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	18,694	.0	18,694	.0	.0	.0	18,694
9. Maximum reserve.....	27,379		27,379			.0	27,379
10. Reserve objective.....	20,990		20,990			.0	20,990
11. 20% of (Line 10 minus Line 8).....	459	.0	459	.0	.0	.0	459
12. Balance before transfers (Lines 8 + 11).....	19,153	.0	19,153	.0	.0	.0	19,153
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).....	19,153	.0	19,153	.0	.0	.0	19,153

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	1,468,401	XXX	XXX	1,468,401	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	7,484,440	XXX	XXX	7,484,440	0.0004	2,994	0.0023	17,214	0.0030	22,453
3	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	8,952,841	XXX	XXX	8,952,841	XXX	2,994	XXX	17,214	XXX	22,453
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.....	1,641,858	XXX	XXX	1,641,858	0.0004	657	0.0023	3,776	0.0030	4,926
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).....	1,641,858	XXX	XXX	1,641,858	XXX	657	XXX	3,776	XXX	4,926

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	10,594,699	XXX	XXX	10,594,699	XXX	3,651	XXX	20,990	XXX	27,379
MORTGAGE LOANS												
In good standing:												
35		Farm mortgages.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		In good standing with restructured terms.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
Overdue, not in process:												
41		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages.....			XXX	0	0.0030	0	0.0100	0	0.0130	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		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.....	3,059,716	XXX	XXX	3,059,716	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).....	3,059,716	0	0	3,059,716	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.....	14,982,811	XXX		XXX		XXX		XXX		XXX		14,982,811	XXX		XXX		XXX		XXX
2.	Premiums earned.....	15,170,182	XXX		XXX		XXX		XXX		XXX		15,170,182	XXX		XXX		XXX		XXX
3.	Incurred claims.....	9,459,989	62.4		0.0		0.0		0.0		0.0		9,459,989	62.4		0.0		0.0		0.0
4.	Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	9,459,989	62.4	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	62.4	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	3,810	0.0		0.0		0.0		0.0		0.0		3,810	0.0		0.0		0.0		0.0
7.	Commissions (a).....	1,285,560	8.5		0.0		0.0		0.0		0.0		1,285,560	8.5		0.0		0.0		0.0
8.	Other general insurance expenses.....	1,073,533	7.1		0.0		0.0		0.0		0.0		1,073,533	7.1		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	394,613	2.6		0.0		0.0		0.0		0.0		394,613	2.6		0.0		0.0		0.0
10.	Total other expenses incurred.....	2,753,706	18.2	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	18.2	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	(930)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(930)	(0.0)	0	0.0	0	0.0	0.0
12.	Gain from underwriting before dividends or refunds.....	2,953,607	19.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	19.5	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	2,953,607	19.5	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	19.5	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																				
1101.	Change in loading.....	(930)	(0.0)		0.0		0.0		0.0		0.0		(930)	(0.0)		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		0.0
1103.	.....	0	0.0		0.0		0.0		0.0		0.0		0	0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	(930)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	(930)	(0.0)	0	0.0	0	0.0	0.0

(a) Includes \$.....0 reported as 'Contract, membership and other fees retained by agents.'

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	757,129					757,129			
2. Advance premiums.....	176,017					176,017			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	933,146	0	0	0	0	933,146	0	0	0
5. Total premium reserves, prior year.....	1,107,581					1,107,581			
6. Increase in total premium reserves.....	(174,435)	0	0	0	0	(174,435)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	41,192					41,192			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	41,192	0	0	0	0	41,192	0	0	0
4. Total contract reserves, prior year.....	37,382					37,382			
5. Increase in contract reserves.....	3,810	0	0	0	0	3,810	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	971,405					971,405			
2. Total prior year.....	1,194,079					1,194,079			
3. Increase.....	(222,674)	0	0	0	0	(222,674)	0	0	0

38

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.....	1,068,727					1,068,727			
1.2 On claims incurred during current year.....	8,613,936					8,613,936			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	4,203					4,203			
2.2 On claims incurred during current year.....	967,202					967,202			
3. Test:									
3.1 Lines 1.1 and 2.1.....	1,072,930	0	0	0	0	1,072,930	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,194,079					1,194,079			
3.3 Line 3.1 minus Line 3.2.....	(121,149)	0	0	0	0	(121,149)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	1,696,762					1,696,762			
2. Premiums earned.....	1,721,459					1,721,459			
3. Incurred claims.....	1,074,285					1,074,285			
4. Commissions.....	201,377					201,377			

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

Annual Statement for the year 2013 of the

Provident American Life and Health Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims.....			10,534,274	10,534,274
2. Beginning claim reserves and liabilities.....			1,338,637	1,338,637
3. Ending claim reserves and liabilities.....			1,102,474	1,102,474
4. Claims paid.....	0	0	10,770,437	10,770,437
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....			1,074,285	1,074,285
10. Beginning claim reserves and liabilities.....			446,111	446,111
11. Ending claim reserves and liabilities.....			389,078	389,078
12. Claims paid.....	0	0	1,131,318	1,131,318
D. Net:				
13. Incurred claims.....	0	0	9,459,989	9,459,989
14. Beginning claim reserves and liabilities.....	0	0	892,526	892,526
15. Ending claim reserves and liabilities.....	0	0	713,396	713,396
16. Claims paid.....	0	0	9,639,119	9,639,119
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			9,459,989	9,459,989
18. Beginning reserves and liabilities.....			892,526	892,526
19. Ending reserves and liabilities.....			713,395	713,395
20. Paid claims and cost containment expenses.....	0	0	9,639,120	9,639,120

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

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses

Life and Annuity - Non-Affiliates - U.S. Non-Affiliates

88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....		500
63312.....	13-1935920....	01/01/2007	Great American Life Insurance.....	OH.....	3,200	64,479
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				3,200	64,979
1099999.	Total - Life and Annuity Non-Affiliates.....				3,200	64,979
1199999.	Total - Life and Annuity.....				3,200	64,979

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

88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	258,009	131,069
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				258,009	131,069
2199999.	Total - Accident and Health Non-Affiliates.....				258,009	131,069
2299999.	Total - Accident and Health.....				258,009	131,069
2399999.	Total U.S.....				261,209	196,048
9999999.	Total.....				261,209	196,048

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8	9		11	12		
							Current Year	Prior Year		Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	118,750	31,625	29,103	8,713	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	OTH/I.....	13,773,532	2,250,413	2,062,986	850,990	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0
1199999.	Total - General Account - Authorized.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0
6999999.	Total U.S.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0
9999999.	Total.....					13,892,282	2,282,038	2,092,089	859,703	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10	11		
									Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	1,686,312	106,417	21,588	.....	.....	.....	.....
60836.....	42-0113630....	08/01/2006	American Republic Insurance Co.....	IA.....	OTH/I.....	10,450	39	.....	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					1,696,762	106,456	21,588	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....					1,696,762	106,456	21,588	0	0	0	0
1199999.	Total - General Account - Authorized.....					1,696,762	106,456	21,588	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....					1,696,762	106,456	21,588	0	0	0	0
6999999.	Total - U.S.....					1,696,762	106,456	21,588	0	0	0	0
9999999.	Total.....					1,696,762	106,456	21,588	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.....	2,556	4,860	2,514	3,438	4,632
2. Commissions and reinsurance expense allowances.....	296	352	498	746	1,167
3. Contract claims.....	1,519	1,601	1,668	2,330	3,611
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.....	705	1,313	615	762	956
9. Aggregate reserves for life and accident and health contracts.....	2,410	2,244	204	233	251
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	196	208	170	200	343
12. Amounts recoverable on reinsurance.....	261	444	362	527	720
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....			.XXX	XXX	.XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....			.XXX	XXX	.XXX
23. Funds deposited by and withheld from (F).....			.XXX	XXX	.XXX
24. Letters of credit (L).....			.XXX	XXX	.XXX
25. Trust agreements (T).....			.XXX	XXX	.XXX
26. Other (O).....			.XXX	XXX	.XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	13,794,175		13,794,175
2. Reinsurance (Line 16).....	321,858	(321,858)	0
3. Premiums and considerations (Line 15).....	(383,627)	704,953	321,326
4. Net credit for ceded reinsurance.....	XXX	2,238,690	2,238,690
5. All other admitted assets (balance).....	1,481,926		1,481,926
6. Total assets excluding Separate Accounts (Line 26).....	15,214,332	2,621,785	17,836,117
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	15,214,332	2,621,785	17,836,117
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	798,321	2,410,082	3,208,403
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	971,405	196,048	1,167,453
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	176,017	15,655	191,672
14. Other contract liabilities (Line 9).....			0
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).....	469,767		469,767
20. Total liabilities excluding Separate Accounts (Line 26).....	2,415,510	2,621,785	5,037,295
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	2,415,510	2,621,785	5,037,295
23. Capital & surplus (Line 38).....	12,798,822	XXX	12,798,822
24. Total liabilities, capital & surplus (Line 39).....	15,214,332	2,621,785	17,836,117
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	2,410,082		
26. Claim reserves.....	196,048		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	15,655		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	321,858		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	2,943,643		
34. Premiums and considerations.....	704,953		
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.....	704,953		
41. Total net credit for ceded reinsurance.....	2,238,690		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
Allocated by States and Territories

			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
States, Etc.			6 Totals				
1.	Alabama.....	AL	13,982				13,982
2.	Alaska.....	AK	-				.0
3.	Arizona.....	AZ	1,871				1,871
4.	Arkansas.....	AR	-				.0
5.	California.....	CA	475				475
6.	Colorado.....	CO	719				719
7.	Connecticut.....	CT	-				.0
8.	Delaware.....	DE	-				.0
9.	District of Columbia.....	DC	-				.0
10.	Florida.....	FL	2,098				2,098
11.	Georgia.....	GA	1,770				1,770
12.	Hawaii.....	HI	-				.0
13.	Idaho.....	ID	795				795
14.	Illinois.....	IL	23,450				23,450
15.	Indiana.....	IN	2,570				2,570
16.	Iowa.....	IA	19,135				19,135
17.	Kansas.....	KS	-				.0
18.	Kentucky.....	KY	19,154				19,154
19.	Louisiana.....	LA	4,764				4,764
20.	Maine.....	ME	-				.0
21.	Maryland.....	MD	2,023				2,023
22.	Massachusetts.....	MA	-				.0
23.	Michigan.....	MI	-				.0
24.	Minnesota.....	MN	-				.0
25.	Mississippi.....	MS	19,563				19,563
26.	Missouri.....	MO	13,560				13,560
27.	Montana.....	MT	2,396				2,396
28.	Nebraska.....	NE	5,497				5,497
29.	Nevada.....	NV	-				.0
30.	New Hampshire.....	NH	-				.0
31.	New Jersey.....	NJ	-				.0
32.	New Mexico.....	NM	1,156				1,156
33.	New York.....	NY	580				580
34.	North Carolina.....	NC	2,175				2,175
35.	North Dakota.....	ND	751				751
36.	Ohio.....	OH	22,133				22,133
37.	Oklahoma.....	OK	50,377				50,377
38.	Oregon.....	OR	33,616				33,616
39.	Pennsylvania.....	PA	63,204				63,204
40.	Rhode Island.....	RI	-				.0
41.	South Carolina.....	SC	120,961				120,961
42.	South Dakota.....	SD	-				.0
43.	Tennessee.....	TN	1,369				1,369
44.	Texas.....	TX	561,106				561,106
45.	Utah.....	UT	18,249				18,249
46.	Vermont.....	VT	-				.0
47.	Virginia.....	VA	5,224				5,224
48.	Washington.....	WA	312				312
49.	West Virginia.....	WV	10,804				10,804
50.	Wisconsin.....	WI	4,652				4,652
51.	Wyoming.....	WY					.0
52.	American Samoa.....	AS					.0
53.	Guam.....	GU					.0
54.	Puerto Rico.....	PR					.0
55.	US Virgin Islands.....	VI					.0
56.	Northern Mariana Islands.....	MP					.0
57.	Canada.....	CAN					.0
58.	Aggregate Other Alien.....	OT					.0
59.	Totals.....		1,030,491	0	0	0	1,030,491

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
52	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

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		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.....	
							MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1346406	1591167....	0000701221		Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		59-2308055	1591167....	0000701221		Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11175..	59-2675861	1591167....	0000701221		Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95380..	59-2676987	1591167....	0000701221		Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52021..	59-1611217	1591167....	0000701221		Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1351097	1591167....	0000701221		Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52024..	59-2625350	1591167....	0000701221		Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52108..	59-2619589	1591167....	0000701221		Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11160..	06-1582068	1591167....	0000701221		Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11167..	59-2308062	1591167....	0000701221		Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95179..	56-1803464	1591167....	0000701221		Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47805..	59-2579774	1591167....	0000701221		Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47041..	52-1220578	1591167....	0000701221		Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95037..	59-2676977	1591167....	0000701221		Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52617..	52-2188914	1591167....	0000701221		Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47013..	86-0807222	1591167....	0000701221		Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	48119..	59-2740468	1591167....	0000701221		Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		62-1312478	1591167....	0000701221		Cigna Health Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		02-0387748	1591167....	0000701221		Healthsource, Inc.....	NH.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95125..	86-0334392	1591167....	0000701221		Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		95-3310115	1591167....	0000701221		Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95604..	84-1004500	1591167....	0000701221		Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	95660.....	06-1141174	1591167.....	0000701221		Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95136.....	59-2089259	1591167.....	0000701221		Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95602.....	36-3385638	1591167.....	0000701221		Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95477.....	01-0418220	1591167.....	0000701221		Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95220.....	02-0402111	1591167.....	0000701221		Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95599.....	52-1404350	1591167.....	0000701221		Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95493.....	02-0387749	1591167.....	0000701221		Cigna HealthCare of New Hampshire, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95500.....	22-2720890	1591167.....	0000701221		Cigna HealthCare of New Jersey, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95121.....	23-2301807	1591167.....	0000701221		Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95635.....	36-3359925	1591167.....	0000701221		Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95518.....	62-1230908	1591167.....	0000701221		Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	96229.....	58-1641057	1591167.....	0000701221		Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95383.....	74-2767437	1591167.....	0000701221		Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95525.....	35-1679172	1591167.....	0000701221		Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95488.....	11-2758941	1591167.....	0000701221		Cigna HealthCare of New York, Inc.....	NY.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95606.....	62-1218053	1591167.....	0000701221		Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95132.....	56-1479515	1591167.....	0000701221		Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95708.....	06-1185590	1591167.....	0000701221		Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Temple Insurance Company Limited (Bermuda).....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		86-3581583	1591167.....	0000701221		Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0467679	1591167.....	0000701221		Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0515554	1591167.....	0000701221		Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		35-1641636	1591167.....	0000701221		Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		84-0985843	1591167.....	0000701221		Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95388.....	93-1174749	1591167.....	0000701221		Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0495422	1591167.....	0000701221		Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-1560515	1591167.....	0000701221		Cigna Life Insurance Co. of Canada.....	CAN.....	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

52.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		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 Acquisition LLC.....	DE.....	NIA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-1585711	1591167....	0000701221		CG-LINA Jacob Way LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		20-8323494	1591167....	0000701221		CG-LINA Lovejoy LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		UNICO-CG Lovejoy LLC.....	OR.....	NIA.....	CG-LINA Lovejoy, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		32-0222252	1591167....	0000701221		Cigan Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CR Longwood Investors L.P.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...24.600	Charles River Realty Longwood, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR Longwood LLC.....	DE.....	NIA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	NIA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	RE-MA Region No. 41, LLC (non-affiliate).....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-3700105	1591167....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...60.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		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.....	UIP.....	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.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	61727.....	34-0970995				Central Reserve Life Insurance Company.....	OH.....	UDP.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65722.....	63-0343428				Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	67903.....	23-1335885				Provident American Life and Health Insurance Company	OH.....		Central Reserve Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65269.....	75-2305400				United Benefit Life Insurance Company.....	OH.....	DS.....	Provident American Life and Health Insurance Company	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-1728483	1591167....	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-8064696	1591167....	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65498.....	23-1503749	1591167....	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna & CMC Life Insurance Company Limited (China) (50%)	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		58-1136865	1591167....	0000701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		46-0427127	1591167....	0000701221		Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...59.930	Cigna Corporation.....	
							Cigna Global Reinsurance Company, Ltd. (Bermuda)	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		98-0210110	1591167....	0000701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-3009279	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 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 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.....	CHN.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
							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)	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
							Cigna Worldwide General Insurance Company Limited	CHN.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Worldwide Life Insurance Company Limited.	CHN.....	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 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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.....	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna 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)	GBR.....	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).....	.....
.....	.....	.....	00-0000000	.....	.....	.....	Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	71.000	Cigna Corporation.....	.....
.....	.....	.....	00-0000000	.....	.....	.....	Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	50.000	Cigna Corporation and Newtown Square .....	.....
.....	.....	.....	06-1332401	.....	.....	.....	CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	00-0000000	.....	.....	.....	AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	85.000	Cigna Corporation.....	.....
.....	.....	.....	20-4266628	.....	.....	.....	Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	00-0000000	.....	.....	.....	LINA Financial Service.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	00-0000000	.....	.....	.....	Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	00-0000000	.....	.....	.....	Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	50.000	Cigna Corporation and SAICO (non affiliate).....	.....
.....	Cigna Group.....	.....	00-0000000	.....	.....	.....	Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
.....	Cigna Group.....	.....	00-0000000	.....	.....	.....	Cigna 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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.2	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.

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
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?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
44.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	NO
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?	NO
46.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

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.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
34.

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

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

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

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

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

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

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

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

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

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

* 6 7 9 0 3 2 0 1 3 4 4 8 0 0 0 0 0 *

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

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

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

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

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

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

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

* 6 7 9 0 3 2 0 1 3 4 3 8 0 0 0 0 0 *

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

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

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

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.



38.



39.



40.



41.

42.



43.

44.



45.



46.



47.



48.



Provident American Life and Health Insurance Company
Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

		1	2
		Current Year	Prior Year
08.304	Miscellaneous Income.....		63,719
08.397	Summary of remaining write-ins for Line 8.3.....	0	63,719

Additional Write-ins for Nonadmitted Assets:

		1	2	3
		Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504.	Suspense.....	3,620	4,556	936
2597.	Summary of remaining write-ins for Line 25.....	3,620	4,556	936

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LD(AZ).....	D.....	NO.....	...34000.....	.12/22/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,488	1,590	106.9	.....	.....	.....	.....0.0	.....
.....YES.....	3LF(AZ).....	F.....	NO.....	...34000.....	.12/22/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	4,752	.....	.....0.0	1	.....	.....	.....0.0	.....
.....YES.....	3LK(AZ).....	F.....	NO.....	...34000.....	.12/22/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	792	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									7,032	1,590	22.6	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(CO).....	F.....	NO.....	34060.....	.07/22/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT	4,411	1,199	27.2	1	.....	.....	.....0.0	.....
.....YES.....	3PH(CO).....	H.....	NO.....	34060.....	.12/11/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	2,572	574	22.3	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(CO).....	J.....	NO.....	34060.....	.12/11/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	90,961	89,614	98.5	24	.....	.....	.....0.0	.....
.....YES.....	3PK(CO).....	F.....	NO.....	34060.....	.07/22/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	594	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									98,538	91,387	92.7	27	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LD(GA).....	D.....	NO.....	...34000.....	.05/18/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,680	1,640	21.4	3	.....	.....	.....0.0	.....
.....YES.....	3LF(GA).....	F.....	NO.....	...34000.....	.05/18/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	24,011	15,251	63.5	8	.....	.....	.....0.0	.....
.....YES.....	3LK(GA).....	F.....	NO.....	...34000.....	.05/18/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,221	5	0.2	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									34,912	16,896	48.4	16	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(IA).....	F.....	NO.....	34000.....	.05/09/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	206,690	115,789	56.0	53	.....	.....	.....0.0	.....
.....YES.....	3PG(IA).....	G.....	NO.....	34000.....	.11/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,548	675	26.5	1	.....	.....	.....0.0	.....
.....YES.....	3PH(IA).....	H.....	NO.....	34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,896	6,012	76.1	3	.....	.....	.....0.0	.....
.....YES.....	3PI(IA).....	I.....	NO.....	34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,788	218	7.8	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(IA).....	J.....	NO.....	34000.....	.11/09/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	555,866	361,189	65.0	178	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									775,788	483,883	62.4	236	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LF.....	F.....	NO.....	34000.....	.05/03/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	26,384	9,235	35.0	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									26,384	9,235	35.0	8	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(IL).....	F.....	NO.....	...34060.....	.06/09/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	41,334	15,813	38.3	8	.....	.....	.....0.0	.....
.....YES.....	3PH(IL).....	H.....	NO.....	...34060.....	.04/26/2007	.10/15/2009	.....	.....	MEDICARE SUPPLEMENT.....	18,546	13,278	71.6	6	.....	.....	.....0.0	.....
.....YES.....	3PJ(IL).....	J.....	NO.....	...34060.....	.04/26/2007	.10/15/2009	.....	.....	MEDICARE SUPPLEMENT.....	344,613	214,702	62.3	78	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									404,493	243,793	60.3	92	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD.....	D.....	NO.....	...34000.....	.11/01/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	28,029	12,112	43.2	6	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	NO.....	...34000.....	.11/01/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	130,589	74,261	56.9	25	.....	.....	.....0.0	.....
.....YES.....	3PH(IN).....	H.....	NO.....	...34000.....	.04/10/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,305	8,813	94.7	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(IN).....	J.....	NO.....	...34000.....	.04/10/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	73,126	59,490	81.4	16	.....	.....	.....0.0	.....
.....YES.....	3PK.....	F.....	NO.....	...34000.....	.11/01/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	657	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									241,706	154,676	64.0	51	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(KY).....	D.....	NO.....	...34060.....	.05/25/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,134	24,281	160.4	4	.....	.....	.....0.0	.....
.....YES.....	3PF(KY).....	F.....	NO.....	...34060.....	.05/25/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	27,528	16,999	61.8	4	.....	.....	.....0.0	.....
.....YES.....	3PG(KY).....	G.....	NO.....	...34060.....	.12/17/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,932	2,757	39.8	2	.....	.....	.....0.0	.....
.....YES.....	3PH(KY).....	H.....	NO.....	...34060.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	21,934	17,920	81.7	6	.....	.....	.....0.0	.....
.....YES.....	3PI(KY).....	I.....	NO.....	...34060.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,512	9,103	79.1	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(KY).....	J.....	NO.....	...34060.....	.01/09/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	65,161	40,080	61.5	14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									148,201	111,140	75.0	33	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(LA) R7/05.....	F.....	NO.....	...34060.....	.08/10/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	58,743	23,537	40.1	11	.....	.....	.....0.0	.....
.....YES.....	3PG(LA).....	G.....	NO.....	...34060.....	.10/02/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,408	458	19.0	.....	.....	.....	.....0.0	.....
.....YES.....	3PH(LA).....	H.....	NO.....	...34060.....	.12/22/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	26,129	10,680	40.9	8	.....	.....	.....0.0	.....
.....YES.....	3PJ(LA).....	J.....	NO.....	...34060.....	.12/22/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	77,239	75,073	97.2	17	.....	.....	.....0.0	.....
.....YES.....	3PK(LA) R7/05.....	F.....	NO.....	...34060.....	.08/10/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,022	7,526	736.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									165,541	117,274	70.8	37	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3LF(MO).....	F.....	NO.....	...34060.....	.06/14/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	65,150	35,195	54.0	13	.....	.....	.....0.0	.....
.....YES.....	3LK(MO).....	F.....	NO.....	...34060.....	.06/14/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,248	2,681	82.5	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									68,398	37,876	55.4	18	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(MS).....	F.....	NO.....	...34060.....	.04/07/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	80,117	63,707	79.5	16	.....	.....	.....0.0	.....
.....YES.....	3PH(MS).....	H.....	NO.....	...34060.....	.03/22/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	14,774	4,540	30.7	5	.....	.....	.....0.0	.....
.....YES.....	3PJ(MS).....	J.....	NO.....	...34060.....	.03/22/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	297,249	186,521	62.7	81	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									392,140	254,768	65.0	102	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(MT).....	F.....	NO.....	...34000.....	.05/10/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	91,005	27,890	30.6	27	.....	.....	.....0.0	.....
.....YES.....	3PH(MT).....	H.....	NO.....	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,352	8,756	70.9	5	.....	.....	.....0.0	.....
.....YES.....	3PI(MT).....	I.....	NO.....	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,692	53	0.9	2	.....	.....	.....0.0	.....
.....YES.....	3PJ(MT).....	J.....	NO.....	...34000.....	.11/15/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	177,207	93,748	52.9	60	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									286,256	130,447	45.6	94	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(ND).....	D.....	NO.....	...34000.....	.05/13/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,471	15,813	455.6	1	.....	.....	.....0.0	.....
.....YES.....	3PF(ND).....	F.....	NO.....	...34000.....	.05/13/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	14,420	3,059	21.2	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									17,891	18,872	105.5	5	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(NE).....	D.....	NO.....	...34000.....	.05/09/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,667	57	1.2	1	.....	.....	.....0.0	.....
.....YES.....	3PF(NE).....	F.....	NO.....	...34000.....	.05/09/2005	.06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	179,096	74,054	41.3	36	.....	.....	.....0.0	.....
.....YES.....	3PG(NE).....	G.....	NO.....	...34000.....	.10/01/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,068	13,226	145.9	3	.....	.....	.....0.0	.....
.....YES.....	3PH(NE).....	H.....	NO.....	...34000.....	.10/24/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,976	13,740	197.0	2	.....	.....	.....0.0	.....
.....YES.....	3PJ(NE).....	J.....	NO.....	...34000.....	.10/24/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	121,789	86,094	70.7	33	.....	.....	.....0.0	.....
.....YES.....	3PK(NE).....	F.....	NO.....	...34000.....	.05/09/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,288	.....	.....0.0	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									324,884	187,171	57.6	80	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PH(NV).....	H.....	NO.....	34000.....	.11/06/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,592	2,914	81.1	1	.....	.....	.....0.0	.....
.....YES.....	3PI(NV).....	I.....	NO.....	34000.....	.11/06/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,629	1,018	10.6	2	.....	.....	.....0.0	.....
.....YES.....	3PJ(NV).....	J.....	NO.....	34000.....	.11/06/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,388	8,558	102.0	2	.....	.....	.....0.0	.....
.....YES.....	3PK(NV).....	F.....	NO.....	34000.....	.11/09/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	520	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									22,129	12,490	56.4	5	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(OH).....	D.....	NO.....	...34000.....	.04/18/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	47,591	40,172	84.4	10	.....	.....	.....0.0	.....
.....YES.....	3PF(OH).....	F.....	NO.....	...34000.....	.04/18/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	100,691	35,607	35.4	18	.....	.....	.....0.0	.....
.....YES.....	3PH(OH).....	H.....	NO.....	...34000.....	.10/19/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	49,035	36,606	74.7	13	.....	.....	.....0.0	.....
.....YES.....	3PJ(OH).....	J.....	NO.....	...34000.....	.10/19/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	213,538	116,862	54.7	46	.....	.....	.....0.0	.....
.....YES.....	3PK(OH).....	F.....	NO.....	...34000.....	.04/18/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,822	2,945	61.1	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									415,677	232,192	55.9	92	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PA(OK).....	A.....	NO.....	...34060.....	.04/15/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT	6,644	5,824	87.7	2	.....	.....	.....0.0	.....
.....YES.....	3PD(OK).....	D.....	NO.....	...34000.....	.04/15/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	46,405	46,081	99.3	13	.....	.....	.....0.0	.....
.....YES.....	3PF(OK).....	F.....	NO.....	...34000.....	.04/15/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT	185,654	76,319	41.1	46	.....	.....	.....0.0	.....
.....YES.....	3PG(OK).....	G.....	NO.....	...34000.....	.09/25/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	3,294	892	27.1	1	.....	.....	.....0.0	.....
.....YES.....	3PH(OK).....	H.....	NO.....	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	81,798	61,954	75.7	27	.....	.....	.....0.0	.....
.....YES.....	3PI(OK).....	I.....	NO.....	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	2,764	83	3.0	1	.....	.....	.....0.0	.....
.....YES.....	3PJ(OK).....	J.....	NO.....	...34000.....	.10/25/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	352,063	176,688	50.2	100	.....	.....	.....0.0	.....
.....YES.....	3PK(OK).....	F.....	NO.....	...34000.....	.04/15/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	870	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									679,492	367,841	54.1	191	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD(OR).....	D.....	NO.....	...34060.....	.04/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,345	5,518	48.6	3	.....	.....	.....0.0	.....
.....YES.....	3PF(OR).....	F.....	NO.....	...34060.....	.04/21/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	365,673	237,151	64.9	81	.....	.....	.....0.0	.....
.....YES.....	3PH(OR).....	H.....	NO.....	...34060.....	.01/19/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	16,071	33,042	205.6	6	.....	.....	.....0.0	.....
.....YES.....	3PI(OR).....	I.....	NO.....	...34060.....	.01/19/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,015	5,064	63.2	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(OR).....	J.....	NO.....	...34060.....	.01/19/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	775,322	534,586	69.0	211	.....	.....	.....0.0	.....
.....YES.....	3PK(OR).....	F.....	NO.....	...34060.....	.04/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,755	384	8.1	7	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,181,181	815,745	69.1	311	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PB(PA).....	B.....	NO.....	...34060.....	.03/16/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	3,385	1,348	39.8	1	.....	.....	.....0.0	.....
.....YES.....	3PD(PA).....	D.....	NO.....	...34060.....	.03/16/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	24,103	40,915	169.8	5	.....	.....	.....0.0	.....
.....YES.....	3PF(PA).....	F.....	NO.....	...34060.....	.03/16/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	11,680	7,137	61.1	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									39,168	49,400	126.1	8	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code.....0901

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

Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD.....	D.....	NO.....	...34000.....	.06/03/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	33,222	24,208	72.9	8	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	NO.....	...34000.....	.06/03/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	468,130	281,306	60.1	99	.....	.....	.....0.0	.....
.....YES.....	3PG.....	G.....	NO.....	...34000.....	.10/24/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,740	11,155	87.6	4	.....	.....	.....0.0	.....
.....YES.....	3PH.....	H.....	NO.....	...34000.....	.11/13/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	121,467	74,494	61.3	39	.....	.....	.....0.0	.....
.....YES.....	3PJ.....	J.....	NO.....	...34000.....	.11/13/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	783,944	440,215	56.2	202	.....	.....	.....0.0	.....
.....YES.....	3PK.....	F.....	NO.....	...34000.....	.06/03/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	7,447	5,968	80.1	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,426,950	837,346	58.7	362	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PA(TX).....	A.....	NO.....	...34060.....	.06/21/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT	31,937	21,244	66.5	11	.....	.....	.....0.0	.....
.....YES.....	3PD(TX).....	D.....	NO.....	...34000.....	.06/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	190,639	104,068	54.6	40	.....	.....	.....0.0	.....
.....YES.....	3PF(TX).....	F.....	NO.....	...34000.....	.06/21/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT	948,460	547,279	57.7	194	.....	.....	.....0.0	.....
.....YES.....	3PG(TX).....	G.....	NO.....	...34000.....	.11/08/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	89,449	86,014	96.2	28	.....	.....	.....0.0	.....
.....YES.....	3PH(TX).....	H.....	NO.....	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	2,135,621	1,484,637	69.5	620	.....	.....	.....0.0	.....
.....YES.....	3PI(TX).....	I.....	NO.....	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	154,608	103,469	66.9	50	.....	.....	.....0.0	.....
.....YES.....	3PJ(TX).....	J.....	NO.....	...34000.....	.12/04/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT	6,274,573	3,861,015	61.5	1,520	.....	.....	.....0.0	.....
.....YES.....	3PK(TX).....	F.....	NO.....	...34000.....	.06/21/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	45,866	24,628	53.7	47	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									9,871,153	6,232,354	63.1	2,510	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

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).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(UT).....	F.....	NO.....	...34000.....	.09/09/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	24,826	16,121	64.9	5	.....	.....	.....0.0	.....
.....YES.....	3PH(UT).....	H.....	NO.....	...34000.....	.12/08/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,703	2,969	34.1	3	.....	.....	.....0.0	.....
.....YES.....	3PJ(UT).....	J.....	NO.....	...34000.....	.12/08/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	58,474	31,997	54.7	14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									92,003	51,087	55.5	22	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2013
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PD.....	D.....	NO.....	34000.....	.05/20/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,968	3,781	63.4	1	.....	.....	.....0.0	.....
.....YES.....	3PF.....	F.....	NO.....	34000.....	.05/20/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	74,687	29,406	39.4	14	.....	.....	.....0.0	.....
.....YES.....	3PG.....	G.....	NO.....	34000.....	.10/15/2007	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	18,210	5,611	30.8	5	.....	.....	.....0.0	.....
.....YES.....	3PH.....	H.....	NO.....	34000.....	.12/12/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	13,904	9,513	68.4	4	.....	.....	.....0.0	.....
.....YES.....	3PJ.....	J.....	NO.....	34000.....	.12/12/2006	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT.....	38,749	23,681	61.1	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									151,518	71,992	47.5	34	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3PF(WY).....	F.....	NO.....	...34000.....	.04/13/2005	.....	.....	.06/01/2010	MEDICARE SUPPLEMENT.....	8,527	2,123	24.9	2	.....	.....	.....0.0	.....
.....YES.....	3PK(WY).....	F.....	NO.....	...34000.....	.04/13/2005	.10/11/2009	.....	.....	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,007	2,695	267.6	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									9,534	4,818	50.5	4	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address.....

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".



SCHEDULE O SUPPLEMENT

For the year ended December 31, 2013
(To Be Filed March 1)

Of The.....Provident American Life and Health Insurance Company

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

NAIC Group Code.....0901

NAIC Company Code.....67903

Employer's ID Number.....23-1335885

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.....		NONE			
2. 2009.....					
3. 2010.....	XXX.				
4. 2011.....	XXX.				
5. 2012.....	XXX.				
6. 2013.....	XXX.				

Section B - Other Accident and Health

1. Prior.....	4,049	4,084	4,083	30,845	30,845
2. 2009.....	27,571	29,810	29,809	29,768	29,768
3. 2010.....	XXX.	19,695	21,305	21,287	21,270
4. 2011.....	XXX.	XXX.	13,547	14,764	14,771
5. 2012.....	XXX.	XXX.	XXX.	10,444	11,522
6. 2013.....	XXX.	XXX.	XXX.	XXX.	8,614

Section C - Credit Accident and Health

1. Prior.....		NONE			
2. 2009.....					
3. 2010.....	XXX.				
4. 2011.....	XXX.				
5. 2012.....	XXX.				
6. 2013.....	XXX.				

(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	

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009.....				..XXX..	..XXX..
2. 2010.....	..XXX..				..XXX..
3. 2011.....	..XXX..	..XXX..			
4. 2012.....	..XXX..	..XXX..	..XXX..		
5. 2013.....	..XXX..	..XXX..	..XXX..	..XXX..	

Section B - Other Accident and Health

1. 2009.....	31,016	29,995	28,809	..XXX..	..XXX..
2. 2010.....	..XXX..	21,471	21,451	21,285	..XXX..
3. 2011.....	..XXX..	..XXX..	14,898	14,890	14,772
4. 2012.....	..XXX..	..XXX..	..XXX..	11,638	11,525
5. 2013.....	..XXX..	..XXX..	..XXX..	..XXX..	9,581

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability, and Reserve Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. 2009.....					
2. 2010.....	XXX				
3. 2011.....	XXX	XXX			
4. 2012.....	XXX	XXX	XXX		
5. 2013.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2009.....	31,016	29,995	29,809		
2. 2010.....	XXX	21,471	21,451	21,285	
3. 2011.....	XXX	XXX	14,898	14,890	14,772
4. 2012.....	XXX	XXX	XXX	11,638	11,525
5. 2013.....	XXX	XXX	XXX	XXX	9,581

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	None	
2. Ordinary life.....	Satandard 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.....	None	
9. Credit accident and health.....	None	
10. Other accident and health.....	None	971
11. Total.....		971

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

Analysis of Increase in Reserves During The Year	7	Schedule D – Part 2 – Section 1	E11
Analysis of Operations By Lines of Business	6	Schedule D – Part 2 – Section 2	E12
Asset Valuation Reserve Default Component	30	Schedule D – Part 3	E13
Asset Valuation Reserve Equity	32	Schedule D – Part 4	E14
Asset Valuation Reserve Replications (Synthetic) Assets	35	Schedule D – Part 5	E15
Asset Valuation Reserve	29	Schedule D – Part 6 – Section 1	E16
Assets	2	Schedule D – Part 6 – Section 2	E16
Cash Flow	5	Schedule D – Summary By Country	SI04
Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts	9	Schedule D – Verification Between Years	SI03
Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense	10	Schedule DA – Part 1	E17
Exhibit 2 – General Expenses	11	Schedule DA – Verification Between Years	SI10
Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11	Schedule DB – Part A – Section 1	E18
Exhibit 4 – Dividends or Refunds	11	Schedule DB – Part A – Section 2	E19
Exhibit 5 – Aggregate Reserve for Life Contracts	12	Schedule DB – Part A – Verification Between Years	SI11
Exhibit 5 – Interrogatories	13	Schedule DB – Part B – Section 1	E20
Exhibit 5A – Changes in Bases of Valuation During The Year	13	Schedule DB – Part B – Section 2	E21
Exhibit 6 – Aggregate Reserves for Accident and Health Contracts	14	Schedule DB – Part B – Verification Between Years	SI11
Exhibit 7 – Deposit-Type Contracts	15	Schedule DB – Part C – Section 1	SI12
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1	16	Schedule DB – Part C – Section 2	SI13
Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2	17	Schedule DB – Part D – Section 1	E22
Exhibit of Capital Gains (Losses)	8	Schedule DB – Part D – Section 2	E23
Exhibit of Life Insurance	25	Schedule DB – Verification	SI14
Exhibit of Net Investment Income	8	Schedule DL – Part 1	E24
Exhibit of Nonadmitted Assets	18	Schedule DL – Part 2	E25
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27	Schedule E – Part 1 – Cash	E26
Five-Year Historical Data	22	Schedule E – Part 2 – Cash Equivalents	E27
Form for Calculating the Interest Maintenance Reserve (IMR)	28	Schedule E – Part 3 – Special Deposits	E28
General Interrogatories	20	Schedule E – Verification Between Years	SI15
Jurat Page	1	Schedule F	36
Liabilities, Surplus and Other Funds	3	Schedule H – Accident and Health Exhibit – Part 1	37
Life Insurance (State Page)	24	Schedule H – Part 2, Part 3 and Part 4	38
Notes To Financial Statements	19	Schedule H – Part 5 – Health Claims	39
Overflow Page For Write-ins	55	Schedule S – Part 1 – Section 1	40
Schedule A – Part 1	E01	Schedule S – Part 1 – Section 2	41
Schedule A – Part 2	E02	Schedule S – Part 2	42
Schedule A – Part 3	E03	Schedule S – Part 3 – Section 1	43
Schedule A – Verification Between Years	SI02	Schedule S – Part 3 – Section 2	44
Schedule B – Part 1	E04	Schedule S – Part 4	45
Schedule B – Part 2	E05	Schedule S – Part 5	46
Schedule B – Part 3	E06	Schedule S – Part 6	47
Schedule B – Verification Between Years	SI02	Schedule S – Part 7	48
Schedule BA – Part 1	E07	Schedule T – Part 2 Interstate Compact	50
Schedule BA – Part 2	E08	Schedule T – Premiums and Annuity Considerations	49
Schedule BA – Part 3	E09	Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group	51
Schedule BA – Verification Between Years	SI03	Schedule Y – Part 1A – Detail of Insurance Holding Company System	52
Schedule D – Part 1	E10	Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates	53
Schedule D – Part 1A – Section 1	SI05	Summary Investment Schedule	SI01
Schedule D – Part 1A – Section 2	SI08	Summary of Operations	4
		Supplemental Exhibits and Schedules Interrogatories	54