AMENDED FILING EXPLANATION

This amendment, filed on July 10, 2014 revises the 2013 March Supplement Medicare Supplement Experience Exhibit - 360 and Annual Statement Page 21 General Interrogatories Part 2 for Continental General Insurance Company (NAIC # 71404). Seven Policy Form Numbers were errantly included that did not belong in this Supplement filing, impacting four different states. This amendment correctly presents this Supplement and the impacted numbers on Page 21.

LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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

ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period) NAIC Company Code..... 71404 Employer's ID Number..... 47-0463747

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

Incorporated/Organized..... May 24, 1961 Commenced Business..... July 11, 1961

Statutory Home Office 11001 Lakeline Boulevard Suite 120….. Austin ..... TX ..... US 78717
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 11001 Lakeline Boulevard Suite 120….. Austin ..... TX ..... US..... 78717 513-357-3300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 301 East Fourth Street….. Cincinnati ..... OH ..... US 45202
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 301 East Fourth Street….. Cincinnati ..... OH ..... US 45202 513-357-3300
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.gaig.com

Statutory Statement Contact Brian Patrick Sponaugle 513-412-2931
(Name) (Area Code) (Telephone Number) (Extension)
bsponaugle@gaig.com 513-412-1673
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael William Mazur	Sr. Vice President	2. Brian Patrick Sponaugle #	Assistant Treasurer
3. Mark Francis Muething	Secretary	4. Mark Edward Alberts	Appointed Actuary

OTHER

Stephen Craig Lindner	President	Richard Lee Magoteaux #	Chief Financial Officer
Christopher Patrick Miliano	Vice President	John Paul Gruber	Vice President
Michael Harrison Haney #	Vice President	Roger Eugene Desjardins	Vice President
William Carey Ellis	Assistant Vice President	Patrick John Maloney	Assistant Vice President
Howard Kim Baird	Assistant Vice President		

DIRECTORS OR TRUSTEES

Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething	Michael James Prager
Jeffrey Gene Hester			

State of..... Ohio
County of..... Hamilton

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

(Signature)	(Signature)	(Signature)
Michael William Mazur	Brian Patrick Sponaugle	Mark Francis Muething
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
Sr. Vice President	Assistant Treasurer	Secretary
(Title)	(Title)	(Title)

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

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

OFFICERS AND DIRECTORS WHO DID NOT OCCUPY THE INDICATED POSITION IN THE PREVIOUS ANNUAL STATEMENT

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	332.....	P.....	.....NO.....	....34000.....	.05/16/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	3,227	248	.....7.7	1	.....	.....	.....0.0	.....
.....YES.....	3AD.....	D.....	.....NO.....	....34000.....	.08/16/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,173	1,859	.....35.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,399	2,106	.....25.1	2	0	0	.....0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	342	C	NO	34000	03/17/1992			12/31/1999	MEDICARE SUPPLEMENT	17,463	7,702	44.1	5			0.0	
YES	345	F	NO	34000	03/17/1992			12/31/1999	MEDICARE SUPPLEMENT	17,066	5,484	32.1	3			0.0	
YES	346	G	NO	34000	03/17/1992			12/31/1999	MEDICARE SUPPLEMENT	4,724	2	0.0	1			0.0	
YES	348	I	NO	34000	03/17/1992			12/31/1999	MEDICARE SUPPLEMENT	2,274	957	42.1	1			0.0	
YES	3AB	B	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT	18,671	6,277	33.6	4			0.0	
YES	3AC	C	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT	33,345	13,790	41.4	7			0.0	
YES	3AD	D	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT	27,464	8,403	30.6	6			0.0	
YES	3AE	E	NO	34000	10/15/2003			05/31/2010	MEDICARE SUPPLEMENT	38,943	8,599	22.1	10			0.0	
YES	3AF	F	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT	124,394	57,298	46.1	27			0.0	
YES	3AG	G	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT	16,608	3,574	21.5	4			0.0	
YES	3AH	H	NO	34000	05/26/2006			05/31/2010	MEDICARE SUPPLEMENT	107,916	101,068	93.7	44			0.0	
YES	3AJ	J	NO	34000	10/11/2006			05/31/2010	MEDICARE SUPPLEMENT	26,614	16,719	62.8	8			0.0	
YES	3AK	F	NO	34000	05/17/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,501		0.0	3			0.0	
YES	CGI-MS-DM-AA-F-AL	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	11,320	13,200	116.6	5	54,095	39,214	72.5	25
YES	CGI-MS-DM-AA-G-AL	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	3,431	713	20.8	2	19,338	8,029	41.5	10
YES	CGI-MS-DM-AA-N-AL	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		1,677	11,585	690.9	1
0199999.	Total Policy Experience on Individual Policies									452,735	243,788	53.8	130	75,111	58,829	78.3	36

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	332	P	NO	34000	07/23/1990			12/31/1992	MEDICARE SUPPLEMENT	5,969	3,220	53.9	1			0.0	
YES	345	F	NO	34000	05/01/1992			05/31/2010	MEDICARE SUPPLEMENT	39,972	24,110	60.3	13			0.0	
YES	346	G	NO	34000	05/01/1992			05/31/2010	MEDICARE SUPPLEMENT	4,910	1,464	29.8	2			0.0	
YES	347	H	NO	34000	05/01/1992			05/31/2010	MEDICARE SUPPLEMENT	2,077	3,040	146.4				0.0	
YES	CGI-MS-DM-CR-F-AR	F	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	16,610	8,470	51.0	9	60,293	47,743	79.2	38
YES	CGI-MS-DM-CR-G-AR	G	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	1,563	323	20.6	1	5,322	826	15.5	4
YES	CGI-MS-DM-IA-N-AR	N	NO	204060	06/01/2010				MEDICARE SUPPLEMENT			0.0		1,775	335	18.8	1
0199999.	Total Policy Experience on Individual Policies									71,101	40,626	57.1	26	67,389	48,903	72.6	43

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	.06/05/1981			.12/31/1988	MEDICARE SUPPLEMENT	9,734	1,582	16.3	3			0.0	
YES	310	P	NO	34000	.06/02/1982			.12/31/1987	MEDICARE SUPPLEMENT	2,258	1,253	55.5	1			0.0	
YES	323	P	NO	34000	.02/21/1989			.12/31/1990	MEDICARE SUPPLEMENT	56,372	19,607	34.8	10			0.0	
YES	332	P	NO	34000	.05/25/1990			.12/31/1992	MEDICARE SUPPLEMENT	71,270	32,722	45.9	14			0.0	
YES	342	C	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	1,194	744	62.3				0.0	
YES	345	F	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	(22,991)	39,137	(170.2)	20			0.0	
YES	346	G	NO	34000	.02/12/1992			.12/31/1999	MEDICARE SUPPLEMENT	33,216	4,839	14.6	7			0.0	
YES	3AE	E	NO	34000	.01/20/2004			.05/31/2010	MEDICARE SUPPLEMENT	4,505	10,575	234.7	1			0.0	
YES	3AF	F	NO	34000	.09/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	(11,637)	12,902	(110.9)	6			0.0	
YES	3AK	F	NO	34000	.09/24/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	(39,648)	5	(0.0)	7			0.0	
YES	CGI-MS-DM-CR-G-AZ	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,063	321	15.6	1
YES	CGI-MS-DM-IA-F-AZ	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	(8,041)	3,228	(40.1)	2	(14,180)	6,122	(43.2)	7
0199999.	Total Policy Experience on Individual Policies									96,233	126,592	131.5	71	(12,118)	6,444	(53.2)	8

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	12/31/1988			12/31/1991	MEDICARE SUPPLEMENT	54,025	34,817	64.4	15			0.0	
YES	332	P	NO	34000	07/19/1991			12/31/1992	MEDICARE SUPPLEMENT	85,630	81,849	95.6	23			0.0	
YES	342	C	NO	34060	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	25,818	7,889	30.6	4			0.0	
YES	345	F	NO	34060	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	26,262	1,993	7.6	4			0.0	
YES	346	G	NO	34000	03/31/1992			12/31/1999	MEDICARE SUPPLEMENT	2,930	123	4.2				0.0	
YES	3AE	E	NO	34000	04/12/2004			05/31/2010	MEDICARE SUPPLEMENT	6,743	8,869	131.5	1			0.0	
YES	3AK	F	NO	34060	10/29/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	905		0.0	1			0.0	
0199999.	Total Policy Experience on Individual Policies									202,313	135,540	67.0	48	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/14/1988			.12/31/1991	MEDICARE SUPPLEMENT	62,462	50,010	80.1	16			0.0	
YES	332	P	NO	34000	.06/10/1991			.12/31/1992	MEDICARE SUPPLEMENT	9,853	6,719	68.2	3			0.0	
YES	340	A	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,454	1,561	45.2	1			0.0	
YES	342	C	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,203	3,848	46.9	2			0.0	
YES	345	F	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	51,175	17,097	33.4	11			0.0	
YES	346	G	NO	34000	.02/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	20,465	13,916	68.0	6			0.0	
YES	3AE	E	NO	34060	.03/08/2004			.05/31/2010	MEDICARE SUPPLEMENT	4,393	61	1.4	1			0.0	
YES	3AF	F	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	582,564	335,612	57.6	145			0.0	
YES	3AG	G	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	31,071	9,313	30.0	8			0.0	
YES	3AJ	J	NO	34060	.10/11/2006			.05/31/2010	MEDICARE SUPPLEMENT	24,116	7,463	30.9	5			0.0	
YES	3AK	F	NO	34060	.05/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	26,393	3,222	12.2	34			0.0	
YES	CGI-MS-DM-AA-A-CO	A	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	1,784	1,550	86.9	1			0.0	
YES	CGI-MS-DM-AA-F-CO	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	28,085	25,903	92.2	16	277,393	213,531	77.0	172
YES	CGI-MS-DM-AA-G-CO	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	1,284		0.0		19,838	8,191	41.3	14
YES	CGI-MS-DM-AA-N-CO	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		3,115	5,804	186.3	2
YES	CSA-D	D	NO	34067	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	2,251	177	7.9	1			0.0	
YES	CSA-F	F	NO	34067	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	361,268	252,600	69.9	158			0.0	
YES	CSA-G	G	NO	34067	.04/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	8,303	14,963	180.2	4			0.0	
0199999.	Total Policy Experience on Individual Policies									1,227,125	744,016	60.6	412	300,346	227,526	75.8	188

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	340.....	A.....	.....NO.....	....34060.....	.10/18/1993	.....	.....	.06/25/2000	MEDICARE SUPPLEMENT.....	15,392	11,985	.....77.9	4	.....	.....	.....0.0	.....
.....YES.....	348.....	I.....	.....NO.....	....34000.....	.10/18/1993	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	20,639	8,377	.....40.6	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									36,031	20,362	.....56.5	8	0	0	.....0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.01/17/1989			.12/31/1990	MEDICARE SUPPLEMENT	4,597	1,700	37.0	1			0.0	
YES	3AD	D	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,009	3,024	75.4	1			0.0	
YES	3AG	G	NO	34000	.09/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	6,046	2,194	36.3	1			0.0	
YES	3AH	H	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	4,367	1,201	27.5	1			0.0	
YES	3AJ	J	NO	34000	.10/03/2006			.05/31/2010	MEDICARE SUPPLEMENT	4,630	998	21.6	1			0.0	
0199999.	Total Policy Experience on Individual Policies									23,649	9,116	38.5	5	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	324	P	NO	34000	05/18/1989			12/31/1990	MEDICARE SUPPLEMENT	40,249	34,189	84.9	15			0.0	
YES	333	P	NO	34000	06/21/1990			12/31/1992	MEDICARE SUPPLEMENT	253,728	321,680	126.8	92			0.0	
YES	340	A	NO	34000	01/14/1992			10/21/2000	MEDICARE SUPPLEMENT	101,760	121,012	118.9	48			0.0	
YES	342	C	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	6,366,890	6,189,900	97.2	2,027			0.0	
YES	345	F	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	1,366,737	1,174,218	85.9	423			0.0	
YES	346	G	NO	34000	01/14/1992			07/26/2008	MEDICARE SUPPLEMENT	77,839	34,676	44.5	26			0.0	
YES	348	I	NO	34000	01/14/1992			01/01/1999	MEDICARE SUPPLEMENT	326,353	307,845	94.3	92			0.0	
YES	8701-470 (390)	P	NO	34000	01/09/1987			12/31/1991	MEDICARE SUPPLEMENT	5,103	12,939	253.6	2			0.0	
YES	8701-471 (391)	P	NO	34000	01/09/1987			12/31/1991	MEDICARE SUPPLEMENT	5,371	24,446	455.1	2			0.0	
YES	8907-473 (393)	P	NO	34000	08/18/1989			12/31/1991	MEDICARE SUPPLEMENT	3,768	222	5.9	1			0.0	
0199999.	Total Policy Experience on Individual Policies									8,547,797	8,221,127	96.2	2,728	0	0	0.0	0
Group Policies																	
YES	361	B	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	2,345	495	21.1	1			0.0	
YES	362	C	NO	34000	01/27/1994			05/31/2010	MEDICARE SUPPLEMENT	123,232	166,502	135.1	59			0.0	
0299999.	Total Policy Experience on Group Policies									125,577	166,997	133.0	60	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/16/1988			.12/31/1990	MEDICARE SUPPLEMENT	8,216	7,785	94.8	2			0.0	
YES	332	P	NO	34000	.08/03/1990			.12/31/1992	MEDICARE SUPPLEMENT	41,580	51,134	123.0	11			0.0	
YES	340	A	NO	34000	.05/28/1992			.05/31/2010	MEDICARE SUPPLEMENT	11,117	561	5.1	4			0.0	
YES	342	C	NO	34000	.05/28/1992			.05/31/2010	MEDICARE SUPPLEMENT	198,140	121,758	61.5	48			0.0	
YES	344	E	NO	34000	.01/12/2004			.05/31/2010	MEDICARE SUPPLEMENT	69,645	40,815	58.6	32			0.0	
YES	345	F	NO	34000	.05/28/1992			.05/31/2010	MEDICARE SUPPLEMENT	1,133,231	788,399	69.6	368			0.0	
YES	346	G	NO	34000	.05/28/1992			.05/31/2010	MEDICARE SUPPLEMENT	864,027	615,345	71.2	344			0.0	
YES	348	I	NO	34000	.05/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	88,711	39,754	44.8	20			0.0	
YES	3AC	C	NO	34000	.05/28/1992			.05/31/2010	MEDICARE SUPPLEMENT	4,744	171	3.6	1			0.0	
YES	CGI-MS-DM-IA-F-GA	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	2,449	557	22.8	1	55,866	57,711	103.3	31
YES	CGI-MS-DM-IA-G-GA	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		23,599	8,653	36.7	15
YES	CGI-MS-DM-IA-N-GA	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	1,452	2,078	143.1	1	529	5	0.9	1
0199999.	Total Policy Experience on Individual Policies									2,423,311	1,668,359	68.8	832	79,994	66,369	83.0	47

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	308	P	NO	34000	03/06/1979			12/31/1981	MEDICARE SUPPLEMENT	2,455	530	21.6	1			0.0	
YES	310	P	NO	34000	06/02/1982			12/31/1987	MEDICARE SUPPLEMENT	16,342	9,043	55.3	6			0.0	
YES	314	P	NO	34000	06/24/1985			12/31/1988	MEDICARE SUPPLEMENT	5,908	2,811	47.6	2			0.0	
YES	323	P	NO	34000	01/25/1989			12/31/1990	MEDICARE SUPPLEMENT	36,498	25,789	70.7	8			0.0	
YES	332	P	NO	34000	04/20/1990			12/31/1992	MEDICARE SUPPLEMENT	45,075	49,623	110.1	13			0.0	
YES	342	C	NO	34000	12/04/1991			12/31/1999	MEDICARE SUPPLEMENT	3,944	633	16.0	1			0.0	
YES	345	F	NO	34000	12/04/1991			12/31/1999	MEDICARE SUPPLEMENT	111,455	68,158	61.2	30			0.0	
YES	346	G	NO	34000	12/04/1991			12/31/1999	MEDICARE SUPPLEMENT	18,442	43,568	236.2	8			0.0	
YES	348	I	NO	34000	12/04/1991			12/31/1999	MEDICARE SUPPLEMENT	6,534	1,732	26.5	1			0.0	
YES	3AD	D	NO	34000	07/05/1999			05/31/2010	MEDICARE SUPPLEMENT	4,712	3,817	81.0	2			0.0	
YES	3AE	E	NO	34000	11/20/2003			05/31/2010	MEDICARE SUPPLEMENT	15,820	20,160	127.4	8			0.0	
YES	3AF	F	NO	34000	07/05/1999			05/31/2010	MEDICARE SUPPLEMENT	96,312	80,166	83.2	33			0.0	
YES	3AG	G	NO	34000	07/05/1999			05/31/2010	MEDICARE SUPPLEMENT	4,163	1,130	27.1	1			0.0	
YES	3AH	H	NO	34000	05/22/2006			05/31/2010	MEDICARE SUPPLEMENT	20,223	24,844	122.9	8			0.0	
YES	3AJ	J	NO	34000	09/29/2006			05/31/2010	MEDICARE SUPPLEMENT	1,562,667	1,066,083	68.2	441			0.0	
YES	3AK	F	NO	34000	07/05/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,119		0.0	9			0.0	
YES	CGI-MS-DM-AA-F-IA	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	37,830	34,504	91.2	20	299,393	245,804	82.1	170
YES	CGI-MS-DM-AA-G-IA	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		18,083	5,924	32.8	12
YES	CSA-F	F	NO	34007	04/21/2008			05/31/2010	MEDICARE SUPPLEMENT	2,598	915	35.2	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,995,097	1,433,508	71.9	593	317,476	251,728	79.3	182

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/02/1988			.12/31/1990	MEDICARE SUPPLEMENT	11,586	7,135	61.6	3			0.0	
YES	344	E	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	5,731	4,437	77.4	2			0.0	
YES	345	F	NO	34000	.04/29/1992			.05/31/2010	MEDICARE SUPPLEMENT	2,638	1,759	66.7				0.0	
YES	346	G	NO	34000	.04/29/1992			.05/31/2010	MEDICARE SUPPLEMENT	2,072	243	11.7				0.0	
YES	CGI-MS-DM-IA-F-ID.	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	4,109	757	18.4	2	39,946	28,257	70.7	21
YES	CGI-MS-DM-IA-G-ID.	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		4,267	29,624	694.3	3
0199999.	Total Policy Experience on Individual Policies									26,137	14,330	54.8	7	44,213	57,881	130.9	24

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	314	P	NO	34000	.05/13/1985			.12/31/1988	MEDICARE SUPPLEMENT	6,131	374	6.1	1			0.0	
YES	323	P	NO	34000	.01/19/1989			.12/31/1990	MEDICARE SUPPLEMENT	75,464	32,480	43.0	14			0.0	
YES	324	P	NO	34000	.01/19/1988			.12/31/1990	MEDICARE SUPPLEMENT	3,356	8,757	260.9	1			0.0	
YES	332	P	NO	34000	.03/28/1990			.12/31/1992	MEDICARE SUPPLEMENT	107,876	41,302	38.3	22			0.0	
YES	340	A	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	6,163	684	11.1	1			0.0	
YES	342	C	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	22,982	6,611	28.8	4			0.0	
YES	345	F	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	118,338	64,030	54.1	19			0.0	
YES	346	G	NO	34000	.02/28/1992			.12/31/1999	MEDICARE SUPPLEMENT	28,325	9,785	34.5	8			0.0	
YES	3AB	B	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	5,398	2,782	51.5	1			0.0	
YES	3AD	D	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	46,285	32,766	70.8	8			0.0	
YES	3AE	E	NO	34060	.11/24/2003			.05/31/2010	MEDICARE SUPPLEMENT	106,770	45,110	42.2	23			0.0	
YES	3AF	F	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	650,980	415,968	63.9	113			0.0	
YES	3AG	G	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT	66,799	29,702	44.5	14			0.0	
YES	3AH	H	NO	34060	.08/11/2006			.05/31/2010	MEDICARE SUPPLEMENT	66,463	48,803	73.4	16			0.0	
YES	3AJ	J	NO	34060	.11/08/2006			.05/31/2010	MEDICARE SUPPLEMENT	142,180	96,126	67.6	30			0.0	
YES	3AK	F	NO	34060	.08/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	18,895	663	3.5	25			0.0	
YES	8701-470 (390)	P	NO	34000	.10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT	14,549	1,163	8.0	3			0.0	
YES	8907-473 (393)	P	NO	34000	.06/26/1989			.12/31/1991	MEDICARE SUPPLEMENT	5,512		0.0	1			0.0	
YES	CGI-MS-DM-AA-F-IL	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	33,802	30,719	90.9	18	531,067	424,687	80.0	296
YES	CGI-MS-DM-AA-G-IL	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	6,826	1,670	24.5	3	79,179	53,200	67.2	47
YES	CGI-MS-DM-AA-N-IL	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		7,751	6,207	80.1	5
YES	CSA-F	F	NO	34067	.05/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	29,001	36,873	127.1	11			0.0	
0199999.	Total Policy Experience on Individual Policies									1,562,096	906,368	58.0	336	617,998	484,095	78.3	348

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX

GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	02/07/1989			12/31/1990	MEDICARE SUPPLEMENT	2,765	866	31.3	1			0.0	
YES	332	P	NO	34000	05/16/1990			12/31/1992	MEDICARE SUPPLEMENT	20,284	35,061	172.9	3			0.0	
YES	333	P	NO	34000	04/30/1990			12/31/1992	MEDICARE SUPPLEMENT	3,151	1,081	34.3	1			0.0	
YES	340	A	NO	34000	02/07/1992			12/31/2000	MEDICARE SUPPLEMENT	9,602	2,282	23.8	2			0.0	
YES	342	C	NO	34000	02/07/1992			12/31/2000	MEDICARE SUPPLEMENT	31,398	11,275	35.9	5			0.0	
YES	345	F	NO	34000	02/07/1992			12/31/2000	MEDICARE SUPPLEMENT	107,649	44,354	41.2	17			0.0	
YES	346	G	NO	34000	02/07/1992			12/31/2000	MEDICARE SUPPLEMENT	55,218	20,482	37.1	14			0.0	
YES	348	I	NO	34000	02/07/1992			12/31/1999	MEDICARE SUPPLEMENT	11,962	28,007	234.1	1			0.0	
YES	3AB	B	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT	4,348	32	0.7				0.0	
YES	3AC	C	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT	11,115	15,881	142.9	2			0.0	
YES	3AD	D	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT	285,115	187,462	65.7	57			0.0	
YES	3AE	E	NO	34000	01/26/2004			05/31/2010	MEDICARE SUPPLEMENT	573,657	364,402	63.5	127			0.0	
YES	3AF	F	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT	207,563	158,214	76.2	40			0.0	
YES	3AG	G	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT	49,325	35,447	71.9	10			0.0	
YES	3AH	H	NO	34000	06/14/2006			05/31/2010	MEDICARE SUPPLEMENT	664,377	486,387	73.2	193			0.0	
YES	3AJ	J	NO	34000	12/05/2006			05/31/2010	MEDICARE SUPPLEMENT	248,250	128,411	51.7	62			0.0	
YES	3AK	F	NO	34000	06/09/2000			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	12,106	16,798	138.8	23			0.0	
YES	8701-470 (390)	P	NO	34000	10/03/1986			12/31/1991	MEDICARE SUPPLEMENT	11,121	2,101	18.9	4			0.0	
YES	8701-471 (391)	P	NO	34000	10/03/1986			12/31/1991	MEDICARE SUPPLEMENT	3,829	1,530	39.9	1			0.0	
YES	8907-472 (392)	P	NO	34000	06/26/1989			12/31/1991	MEDICARE SUPPLEMENT	2,548	32	1.3	1			0.0	
YES	CGI-MS-DM-AA-F-IN	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	109,506	100,724	92.0	55	473,838	351,925	74.3	258
YES	CGI-MS-DM-AA-G-IN	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	25,268	17,730	70.2	13	94,947	89,797	94.6	55
YES	CGI-MS-DM-AA-N-IN	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	1,283	765	59.6		9,234	3,477	37.7	7
YES	CSA-F	F	NO	34007	04/23/2008			05/31/2010	MEDICARE SUPPLEMENT	35,851	25,446	71.0	15			0.0	
YES	CSA-G	G	NO	34007	04/23/2008			05/31/2010	MEDICARE SUPPLEMENT	20,133	35,406	175.9	9			0.0	
0199999.	Total Policy Experience on Individual Policies									2,507,423	1,720,177	68.6	656	578,019	445,199	77.0	320

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	.04/23/1982			.12/31/1988	MEDICARE SUPPLEMENT	35,326	35,329	100.0	10			0.0	
YES	314	P	NO	34000	.09/17/1985			.12/31/1988	MEDICARE SUPPLEMENT	9,118	15,535	170.4	3			0.0	
YES	323	P	NO	34000	.12/27/1988			.12/31/1990	MEDICARE SUPPLEMENT	43,595	28,717	65.9	10			0.0	
YES	332	P	NO	34000	.06/13/1990			.12/31/1992	MEDICARE SUPPLEMENT	18,564	22,431	120.8	5			0.0	
YES	340	A	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	2,915	296	10.2		596	11	1.9	
YES	342	C	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	111,245	41,263	37.1	21			0.0	
YES	344	E	NO	34060	.04/12/2004			.05/31/2010	MEDICARE SUPPLEMENT	274,554	136,628	49.8	76			0.0	
YES	345	F	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	346,816	159,366	46.0	64	11,872	12,438	104.8	
YES	346	G	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	997,228	775,291	77.7	285	70,678	58,482	82.7	
YES	348	I	NO	34060	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	48,742	34,129	70.0	7			0.0	
YES	3AC	C	NO	34060	.04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT	4,246	582	13.7	1			0.0	
YES	CGI-MS-DM-AA-F-KS	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	56,731	41,538	73.2	30	347,552	263,063	75.7	199
YES	CGI-MS-DM-AA-G-KS	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	9,188	13,117	142.8	7	58,621	24,607	42.0	45
YES	CGI-MS-DM-AA-N-KS	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		9,161	3,710	40.5	6
YES	CSA-F	F	NO	34067	.04/16/2008			.05/31/2010	MEDICARE SUPPLEMENT	4,419	5,161	116.8	1	275		0.0	
0199999.	Total Policy Experience on Individual Policies									1,962,686	1,309,383	66.7	520	498,754	362,310	72.6	250
Group Policies																	
YES	364	I	NO	34000	.03/03/1994			.05/31/2010	MEDICARE SUPPLEMENT	2,739	3,907	142.6	1			0.0	
0299999.	Total Policy Experience on Group Policies									2,739	3,907	142.6	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	12/22/1988			12/31/1990	MEDICARE SUPPLEMENT	(555)		0.0				0.0	
YES	332	P	NO	34000	06/14/1990			12/31/1992	MEDICARE SUPPLEMENT	4,191	1,587	37.9	1			0.0	
YES	342	C	NO	34060	02/18/1992			12/31/1999	MEDICARE SUPPLEMENT	29,847	19,228	64.4	5			0.0	
YES	345	F	NO	34060	02/18/1992			12/31/1999	MEDICARE SUPPLEMENT	10,198	2,660	26.1	2			0.0	
YES	346	G	NO	34060	02/18/1992			12/31/1999	MEDICARE SUPPLEMENT	8,873	957	10.8	2			0.0	
YES	348	I	NO	34060	02/18/1992			12/31/1999	MEDICARE SUPPLEMENT	14,579	1,594	10.9	3			0.0	
YES	3AB	B	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT	19,373	17,319	89.4	5			0.0	
YES	3AC	C	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT	25,299	15,077	59.6	5			0.0	
YES	3AD	D	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT	79,808	57,614	72.2	16			0.0	
YES	3AE	E	NO	34060	01/13/2004			05/31/2010	MEDICARE SUPPLEMENT	109,019	87,724	80.5	26			0.0	
YES	3AF	F	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT	352,323	176,737	50.2	72			0.0	
YES	3AG	G	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT	13,854	4,839	34.9	3			0.0	
YES	3AH	H	NO	34060	05/31/2006			05/31/2010	MEDICARE SUPPLEMENT	29,055	24,488	84.3	8			0.0	
YES	3AK	F	NO	34060	08/05/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	6,124		0.0	8			0.0	
YES	CGI-MS-DM-AA-F-KY	F	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	77,416	76,250	98.5	42	581,588	442,902	76.2	327
YES	CGI-MS-DM-AA-G-GN	G	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	21,010	11,796	56.1	11	119,501	122,504	102.5	74
YES	CGI-MS-DM-AA-N-GN	N	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	3,004	4,212	140.2	2	11,357	3,805	33.5	7
0199999.	Total Policy Experience on Individual Policies									803,419	502,081	62.5	211	712,446	569,211	79.9	408

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	11/30/1988			12/31/1990	MEDICARE SUPPLEMENT	17,827	19,695	110.5	3			0.0	
YES	332	P	NO	34000	05/08/1990			12/31/1992	MEDICARE SUPPLEMENT	68,965	86,558	125.5	17			0.0	
YES	342	C	NO	34060	07/20/1992			12/31/1999	MEDICARE SUPPLEMENT	21,310	7,140	33.5	2			0.0	
YES	345	F	NO	34060	07/20/1992			12/31/1999	MEDICARE SUPPLEMENT	132,300	33,265	25.1	22			0.0	
YES	346	G	NO	34060	07/20/1992			12/31/1999	MEDICARE SUPPLEMENT	12,517	5,587	44.6	3			0.0	
YES	348	I	NO	34060	07/20/1992			12/31/1999	MEDICARE SUPPLEMENT	30,221	490	1.6	2			0.0	
YES	3AB	B	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT	6,633	2,971	44.8	1			0.0	
YES	3AC	C	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT	4,030	6,244	154.9	1			0.0	
YES	3AD	D	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT	4,648	901	19.4	1			0.0	
YES	3AF	F	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT	158,608	51,096	32.2	30			0.0	
YES	3AG	G	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT	13,828	9,380	67.8	3			0.0	
YES	3AK	F	NO	34060	06/24/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	17,477	11,062	63.3	18			0.0	
YES	CGI-MS-DM-AA-F-LA	F	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	22,838	9,699	42.5	8	178,013	207,497	116.6	76
YES	CGI-MS-DM-AA-G-LA	G	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	4,111	319	7.8	2	47,861	40,251	84.1	22
YES	CGI-MS-DM-AA-N-LA	N	NO	204060	06/01/2010				MEDICARE SUPPLEMENT			0.0		1,764	212	12.0	1
0199999.	Total Policy Experience on Individual Policies									515,313	244,405	47.4	113	227,638	247,960	108.9	99

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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	314	P	NO	34000	.03/02/1987			.12/31/1988	MEDICARE SUPPLEMENT	3,634	5,484	150.9	2			0.0	
YES	323	P	NO	34000	.06/29/1989			.12/31/1991	MEDICARE SUPPLEMENT	9,200	5,035	54.7	2			0.0	
YES	342	C	NO	34060	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	149,381	132,454	88.7	25			0.0	
YES	345	F	NO	34000	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	36,500	7,175	19.7	6			0.0	
YES	346	G	NO	34000	.05/11/1992	.06/01/2010			MEDICARE SUPPLEMENT	15,368	3,106	20.2	3			0.0	
YES	348	I	NO	34060	.05/11/1992			.12/31/1999	MEDICARE SUPPLEMENT	35,393	6,455	18.2	4			0.0	
0199999.	Total Policy Experience on Individual Policies									249,477	159,710	64.0	42	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	343(ME).....	D.....	.....NO.....	....34000.....	.10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,249	21,821	.....134.3	5	.....	.....	.....0.0	.....
.....YES.....	345(ME).....	F.....	.....NO.....	....34000.....	.10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	27,677	8,403	.....30.4	11	.....	.....	.....0.0	.....
.....YES.....	358(ME).....	F.....	.....NO.....	....34000.....	.10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,207	1,941	.....160.9	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									45,133	32,166	.....71.3	18	0	0	.....0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	321	P	NO	34000	09/08/1987			01/01/1989	MEDICARE SUPPLEMENT	2,239	10,266	458.6	1			0.0	
YES	324	P	NO	34000	12/08/1988			12/31/1990	MEDICARE SUPPLEMENT	13,078	4,838	37.0	3			0.0	
YES	333	P	NO	34000	04/30/1990			12/31/1992	MEDICARE SUPPLEMENT	30,404	15,993	52.6	7			0.0	
YES	345	F	NO	34000	03/22/1992			12/31/1999	MEDICARE SUPPLEMENT	6,139	12,648	206.0	1			0.0	
YES	3AC	C	NO	34060	06/10/1999			05/31/2010	MEDICARE SUPPLEMENT	8,892	73	0.8	1			0.0	
YES	3AD	D	NO	34000	06/10/1999			05/31/2010	MEDICARE SUPPLEMENT	26,431	13,836	52.3	4			0.0	
YES	3AE	E	NO	34000	11/13/2003			05/31/2010	MEDICARE SUPPLEMENT	322,932	110,295	34.2	61			0.0	
YES	3AF	F	NO	34000	06/10/1999			05/31/2010	MEDICARE SUPPLEMENT	290,275	171,416	59.1	54			0.0	
YES	3AG	G	NO	34000	06/10/1999			05/31/2010	MEDICARE SUPPLEMENT	110,822	25,254	22.8	17			0.0	
YES	3AH	H	NO	34000	06/14/2006			05/31/2010	MEDICARE SUPPLEMENT	119,286	78,160	65.5	24			0.0	
YES	3AJ	J	NO	34000	06/14/2006			05/31/2010	MEDICARE SUPPLEMENT	90,129	44,781	49.7	19			0.0	
YES	3AK	F	NO	34000	06/10/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	33,560	11,826	35.2	38			0.0	
YES	CGI-MS-DM-AA-F-MI	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	25,587	7,592	29.7	13	172,251	122,389	71.1	97
YES	CGI-MS-DM-AA-G-MI	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	1,382	919	66.5	1	66,634	31,241	46.9	47
YES	CGI-MS-DM-AA-N-MI	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		2,368	533	22.5	1
YES	CSA-D	D	NO	34007	11/12/2007			05/31/2010	MEDICARE SUPPLEMENT	65,763	52,984	80.6	28			0.0	
YES	CSA-F	F	NO	34007	11/12/2007			05/31/2010	MEDICARE SUPPLEMENT	574,297	404,795	70.5	219			0.0	
YES	CSA-G	G	NO	34007	11/12/2007			05/31/2010	MEDICARE SUPPLEMENT	119,279	65,658	55.0	52			0.0	
0199999.	Total Policy Experience on Individual Policies									1,840,496	1,031,334	56.0	543	241,253	154,162	63.9	145

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	312	P	NO	34000	.05/04/1983			.12/31/1987	MEDICARE SUPPLEMENT	24,121	12,033	49.9	5			0.0	
YES	316	P	NO	34000	.12/05/1985			.12/31/1988	MEDICARE SUPPLEMENT	17,387	5,012	28.8	7			0.0	
YES	326	P	NO	34000	.01/25/1989			.12/31/1989	MEDICARE SUPPLEMENT	27,637	12,576	45.5	7			0.0	
YES	329	P	NO	34000	.01/02/1990			.12/31/1992	MEDICARE SUPPLEMENT	5,807	423	7.3	1			0.0	
YES	331	P	NO	34000	.03/05/1990			.12/31/1993	MEDICARE SUPPLEMENT	174,609	89,246	51.1	48			0.0	
YES	351	O	NO	34060	.02/19/1993			.05/31/2010	MEDICARE SUPPLEMENT	14,955	7,756	51.9	4			0.0	
YES	352	O	NO	34060	.02/19/1993			.05/31/2010	MEDICARE SUPPLEMENT	731,560	463,358	63.3	206			0.0	
0199999.	Total Policy Experience on Individual Policies									996,075	590,404	59.3	278	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	05/07/1981			12/31/1987	MEDICARE SUPPLEMENT	2,320	1,418	61.1	1			0.0	
YES	323	P	NO	34000	12/28/1988			12/31/1991	MEDICARE SUPPLEMENT	11,872	5,258	44.3	4			0.0	
YES	332	P	NO	34000	04/20/1990			12/31/1991	MEDICARE SUPPLEMENT	49,174	46,267	94.1	21			0.0	
YES	340	A	NO	34060	03/24/1992			05/31/2010	MEDICARE SUPPLEMENT	5,087	1,085	21.3	2			0.0	
YES	342	C	NO	34060	03/24/1992			05/31/2010	MEDICARE SUPPLEMENT	144,364	101,294	70.2	43			0.0	
YES	344	E	NO	34060	05/25/2004			05/31/2010	MEDICARE SUPPLEMENT	29,765	6,656	22.4	8			0.0	
YES	345	F	NO	34060	03/24/1992			05/31/2010	MEDICARE SUPPLEMENT	168,260	119,067	70.8	46			0.0	
YES	346	G	NO	34060	03/24/1992			05/31/2010	MEDICARE SUPPLEMENT	311,117	267,066	85.8	98			0.0	
YES	348	I	NO	34060	03/24/1992			12/31/1999	MEDICARE SUPPLEMENT	5,196	3,053	58.8	1			0.0	
YES	8701-470 (390)	P	NO	34000	12/29/1986			12/31/1991	MEDICARE SUPPLEMENT	2,262	23	1.0	1			0.0	
YES	8701-471 (391)	P	NO	34000	12/29/1986			12/31/1991	MEDICARE SUPPLEMENT	1,206	3,050	253.0				0.0	
YES	CGI-MS-DM-IA-F-GN	F	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	23,772	17,526	73.7	12	292,585	265,709	90.8	155
YES	CGI-MS-DM-IA-G-GN	G	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	3,595	4,155	115.6	2	51,055	13,904	27.2	30
YES	CGI-MS-DM-IA-N-MO	N	NO	204060	06/01/2010				MEDICARE SUPPLEMENT			0.0		6,991	6,060	86.7	4
YES	CSA-F	F	NO	34067	05/05/2008			05/31/2010	MEDICARE SUPPLEMENT	121,789	106,942	87.8	53			0.0	
YES	CSA-G	G	NO	34067	05/05/2008			05/31/2010	MEDICARE SUPPLEMENT	68,571	58,082	84.7	33			0.0	
0199999.	Total Policy Experience on Individual Policies									948,350	740,943	78.1	325	350,631	285,673	81.5	189

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/20/1988			.12/31/1990	MEDICARE SUPPLEMENT	12,719	5,559	43.7	2			0.0	
YES	341	B	NO	34060	.12/02/1991			.12/31/1999	MEDICARE SUPPLEMENT	4,544	4,360	95.9	1			0.0	
YES	342	C	NO	34060	.12/02/1991			.12/31/1999	MEDICARE SUPPLEMENT	21,182	7,188	33.9	4			0.0	
YES	343	D	NO	34060	.12/02/1991			.12/31/1999	MEDICARE SUPPLEMENT	975	170	17.4				0.0	
YES	345	F	NO	34060	.12/02/1991			.12/31/1999	MEDICARE SUPPLEMENT	20,636	4,157	20.1	3			0.0	
YES	348	I	NO	34060	.12/02/1991			.12/31/1999	MEDICARE SUPPLEMENT	7,694	4,619	60.0	1			0.0	
YES	3AC	C	NO	34060	.05/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	19,616	8,367	42.7	3			0.0	
YES	3AD	D	NO	34060	.05/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	9,825	18,386	187.1	1			0.0	
YES	3AE	E	NO	34060	.12/19/2003			.05/31/2010	MEDICARE SUPPLEMENT	3,634	680	18.7	1			0.0	
YES	3AF	F	NO	34060	.05/24/1999			.05/31/2010	MEDICARE SUPPLEMENT	110,569	49,573	44.8	21			0.0	
YES	3AH	H	NO	34060	.08/25/2006			.05/31/2010	MEDICARE SUPPLEMENT	7,752	10,323	133.2	2			0.0	
YES	CGI-MS-DM-AA-F-MS	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	27,261	50,132	183.9	15	317,997	176,212	55.4	175
YES	CGI-MS-DM-AA-G-MS	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		49,211	24,033	48.8	27
YES	CGI-MS-DM-AA-N-MS	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	2,945	3,475	118.0	2	3,012	2,135	70.9	1
0199999.	Total Policy Experience on Individual Policies									249,354	166,989	67.0	56	370,220	202,380	54.7	203

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	02/23/1981			12/31/1987	MEDICARE SUPPLEMENT	14,719	12,739	86.5	4			0.0	
YES	323	P	NO	34000	11/28/1988			12/31/1990	MEDICARE SUPPLEMENT	25,326	9,216	36.4	5			0.0	
YES	332	P	NO	34000	07/11/1990			12/31/1992	MEDICARE SUPPLEMENT	91,540	25,986	28.4	26			0.0	
YES	340	A	NO	34060	08/13/1992			05/31/2010	MEDICARE SUPPLEMENT	2,119	207	9.8	1			0.0	
YES	342	C	NO	34060	08/13/1992			05/31/2010	MEDICARE SUPPLEMENT	3,830	452	11.8	1			0.0	
YES	345	F	NO	34060	08/13/1992			05/31/2010	MEDICARE SUPPLEMENT	72,722	38,422	52.8	22			0.0	
YES	346	G	NO	34060	08/13/1992			05/31/2010	MEDICARE SUPPLEMENT	20,794	12,048	57.9	8			0.0	
YES	3AC	C	NO	34000	03/17/2000			05/31/2010	MEDICARE SUPPLEMENT	5,355	1,246	23.3	1			0.0	
YES	3AD	D	NO	34000	03/17/2000			05/31/2010	MEDICARE SUPPLEMENT	4,861	4,324	88.9	1			0.0	
YES	3AF	F	NO	34000	03/17/2000			05/31/2010	MEDICARE SUPPLEMENT	383,162	201,958	52.7	102			0.0	
YES	3AK	F	NO	34000	03/17/2000			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	8,593	7,542	87.8	15			0.0	
YES	CGI-MS-DM-AA-F-MT	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		60,031	37,980	63.3	35
YES	CGI-MS-DM-AA-G-MT	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		14,244	8,572	60.2	9
0199999.	Total Policy Experience on Individual Policies									633,020	314,140	49.6	186	74,274	46,553	62.7	44

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.01/20/1989			.12/31/1990	MEDICARE SUPPLEMENT	33,583	14,533	43.3	9			0.0	
YES	324	P	NO	34000	.01/20/1989			.12/31/1990	MEDICARE SUPPLEMENT	9,861	2,537	25.7	3			0.0	
YES	333	P	NO	34000	.07/09/1990			.12/31/1992	MEDICARE SUPPLEMENT	16,917	10,524	62.2	5			0.0	
YES	340	A	NO	34060	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	10,093	2,349	23.3	2			0.0	
YES	345	F	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	75,056	38,057	50.7	16			0.0	
YES	346	G	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	8,303	4,415	53.2	2			0.0	
YES	348	I	NO	34000	.01/09/1992			.12/31/1999	MEDICARE SUPPLEMENT	(1,122)	200	(17.9)	1			0.0	
YES	3AB	B	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	4,284	522	12.2	1			0.0	
YES	3AD	D	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	10,734	720	6.7	1			0.0	
YES	3AE	E	NO	34000	.03/01/2004			.05/31/2010	MEDICARE SUPPLEMENT	29,806	19,378	65.0	6			0.0	
YES	3AF	F	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	15,138	2,114	14.0	3			0.0	
YES	3AG	G	NO	34000	.01/09/1992			.05/31/2010	MEDICARE SUPPLEMENT	15,145	6,067	40.1	3			0.0	
YES	3AH	H	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	17,202	8,724	50.7	5			0.0	
YES	3AJ	J	NO	34000	.04/27/2006			.05/31/2010	MEDICARE SUPPLEMENT	38,537	13,346	34.6	9			0.0	
YES	3AK	F	NO	34000	.10/18/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,996	619	20.7	4			0.0	
YES	8701-470 (390)	P	NO	34000	.11/12/1986			.12/31/1991	MEDICARE SUPPLEMENT	5,291	1,757	33.2	2			0.0	
YES	8907-472 (392)	P	NO	34000	.07/11/1989			.12/31/1991	MEDICARE SUPPLEMENT	2,560	872	34.1	1			0.0	
YES	8907-473 (393)	P	NO	34000	.07/11/1989			.12/31/1991	MEDICARE SUPPLEMENT	2,819	4,182	148.4	1			0.0	
YES	CGI-MS-DM-AA-F-NC	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	126,533	95,436	75.4	62	611,239	332,802	54.4	338
YES	CGI-MS-DM-AA-G-NC	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	19,515	26,396	135.3	11	126,777	99,320	78.3	73
YES	CGI-MS-DM-AA-N-NC	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		5,479	3,541	64.6	4
0199999.	Total Policy Experience on Individual Policies									443,250	252,747	57.0	147	743,495	435,663	58.6	415

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

GENERAL INTERROGATORIES

2.2 Contact person and phone number..... David Brosig 1-800-880-8824

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

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

3.2 Contact person and phone number..... David Brosig 1-800-880-8824

4. Explain any policies identified as policy type "O".

XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	.01/28/1981			.12/31/1987	MEDICARE SUPPLEMENT	3,463	5,465	157.8	1			0.0	
YES	323	P	NO	34000	.02/14/1988			.12/31/1991	MEDICARE SUPPLEMENT	9,643	2,731	28.3	2			0.0	
YES	333	P	NO	34000	.12/20/1990			.12/31/1992	MEDICARE SUPPLEMENT	4,179	601	14.4	1			0.0	
YES	342	C	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,927	108	2.8	1			0.0	
YES	345	F	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	34,187	76,052	222.5	7			0.0	
YES	346	G	NO	34000	.02/13/1992			.12/31/1999	MEDICARE SUPPLEMENT	355	2,042	574.6				0.0	
YES	3AB	B	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	10,129	6,433	63.5	3			0.0	
YES	3AE	E	NO	34000	.12/01/2003			.05/31/2010	MEDICARE SUPPLEMENT	46,040	38,922	84.5	16			0.0	
YES	3AF	F	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	129,512	67,176	51.9	37			0.0	
YES	3AG	G	NO	34000	.09/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	13,656	5,184	38.0	5			0.0	
YES	3AJ	J	NO	34000	.09/05/2006			.05/31/2010	MEDICARE SUPPLEMENT	3,100	1,970	63.5	1			0.0	
YES	CGI-MS-DM-AA-F-ND	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		26,945	14,523	53.9	18
YES	CGI-MS-DM-AA-G-ND	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,483	55	3.7	
0199999.	Total Policy Experience on Individual Policies									258,193	206,682	80.0	74	28,428	14,578	51.3	18

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	308	P	NO	34000	.03/01/1979			.12/31/1981	MEDICARE SUPPLEMENT	11,751	2,075	17.7	3			0.0	
YES	309	P	NO	34000	.12/31/1980			.12/31/1987	MEDICARE SUPPLEMENT	24,996	22,469	89.9	7			0.0	
YES	314	P	NO	34000	.04/16/1985			.12/31/1988	MEDICARE SUPPLEMENT	14,744	9,139	62.0	5			0.0	
YES	323	P	NO	34000	.10/26/1988			.12/31/1990	MEDICARE SUPPLEMENT	149,197	89,146	59.8	38			0.0	
YES	332	P	NO	34000	.03/13/1990			.12/31/1991	MEDICARE SUPPLEMENT	111,507	55,391	49.7	30			0.0	
YES	340	A	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	8,902	2,107	23.7	2			0.0	
YES	342	C	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	99,714	39,401	39.5	21			0.0	
YES	343	D	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	3,327	264	7.9	1			0.0	
YES	345	F	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	825,392	397,324	48.1	170			0.0	
YES	346	G	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	51,379	24,817	48.3	15			0.0	
YES	348	I	NO	34000	.12/18/1991			.12/31/1999	MEDICARE SUPPLEMENT	12,940	516	4.0	1			0.0	
YES	3AC	C	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	6,329	361	5.7	2			0.0	
YES	3AD	D	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	15,538	4,528	29.1	4			0.0	
YES	3AE	E	NO	34000	.10/01/2003			.05/31/2010	MEDICARE SUPPLEMENT	58,745	30,496	51.9	17			0.0	
YES	3AF	F	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	1,358,907	801,569	59.0	369			0.0	
YES	3AG	G	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT	29,116	4,066	14.0	9			0.0	
YES	3AH	H	NO	34000	.05/16/2006			.05/31/2010	MEDICARE SUPPLEMENT	93,504	67,547	72.2	31			0.0	
YES	3AJ	J	NO	34000	.09/25/2006			.05/31/2010	MEDICARE SUPPLEMENT	657,717	345,972	52.6	184			0.0	
YES	3AK	F	NO	34000	.03/25/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	41,659	50,935	122.3	66			0.0	
YES	CGI-MS-DM-AA-F-NE	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	22,932	26,346	114.9	14	234,615	170,318	72.6	141
YES	CGI-MS-DM-AA-G-NE	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	8,601	1,805	21.0	4	15,998	8,378	52.4	9
YES	CGI-MS-DM-AA-N-NE	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	1,518	337	22.2	1	3,166	324	10.2	2
YES	CSA-F	F	NO	34007	.04/21/2008			.05/31/2010	MEDICARE SUPPLEMENT	7,837	20,064	256.0	4			0.0	
0199999.	Total Policy Experience on Individual Policies									3,616,251	1,996,675	55.2	998	253,778	179,020	70.5	152
Group Policies																	
YES	362	C	NO	34000	.02/10/1994			.05/31/2010	MEDICARE SUPPLEMENT	5,473	2,711	49.5	1			0.0	
0299999.	Total Policy Experience on Group Policies									5,473	2,711	49.5	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	CGI-MS-DM-IA-F-NH	F.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	15,787	13,933	.....88.3	8	82,493	64,376	.....78.0	44
.....YES.....	CGI-MS-DM-IA-G-NH	G.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	914	2,130	.....233.1	.....	12,454	3,523	.....28.3	8
.....YES.....	CGI-MS-DM-IA-N-NH	N.....	.....NO.....	....204060.....	.06/01/2010	.....	.....	.....	MEDICARE SUPPLEMENT.....	2,165	208	.....9.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									18,866	16,271	.....86.2	9	94,947	67,899	.....71.5	52

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	324	P	NO	34000	.01/19/1988			.12/31/1990	MEDICARE SUPPLEMENT	14,066	9,770	69.5	3			0.0	
YES	333	P	NO	34000	.06/29/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,760	8,277	220.1				0.0	
YES	342	C	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	5,524	1,423	25.8	1			0.0	
YES	345	F	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	9,849	517	5.3	2			0.0	
YES	346	G	NO	34000	.04/08/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,197	9,587	117.0	2			0.0	
YES	3AF	F	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	19,974	10,430	52.2	5			0.0	
YES	3AG	G	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,304	9,907	230.2	1			0.0	
YES	3AH	H	NO	34000	.05/03/2006			.05/31/2010	MEDICARE SUPPLEMENT	3,914	7,358	188.0	1			0.0	
YES	3AJ	J	NO	34000	.09/21/2006			.05/31/2010	MEDICARE SUPPLEMENT	12,470	1,081	8.7	3			0.0	
YES	3AK	F	NO	34000	.06/21/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,175		0.0	2			0.0	
YES	CGI-MS-DM-AA-F-NM	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	4,726	862	18.2	3	39,362	25,124	63.8	23
YES	CGI-MS-DM-AA-G-NM	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		5,062	4,979	98.4	3
YES	CGI-MS-DM-AA-N-NM	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		308	101	32.7	
0199999.	Total Policy Experience on Individual Policies									87,960	59,212	67.3	23	44,731	30,203	67.5	26

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404
Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/09/1988			.12/31/1990	MEDICARE SUPPLEMENT	32,596	11,978	36.7	8			0.0	
YES	332	P	NO	34000	.08/10/1990			.12/31/1991	MEDICARE SUPPLEMENT	13,696	4,557	33.3	3			0.0	
YES	345	F	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	3,901	2,085	53.4	1			0.0	
YES	348	I	NO	34000	.01/02/1992			.12/31/1999	MEDICARE SUPPLEMENT	18,837	1,696	9.0	2			0.0	
YES	3AF	F	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	11,778	7,123	60.5	3			0.0	
YES	3AG	G	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT	8,874	10,169	114.6	2			0.0	
YES	3AJ	J	NO	34000	.10/06/2006			.05/31/2010	MEDICARE SUPPLEMENT	3,852	246	6.4	1			0.0	
YES	3AK	F	NO	34000	.06/15/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,027	2,079	102.6	3			0.0	
0199999.	Total Policy Experience on Individual Policies									95,560	39,932	41.8	23	0	0	0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	12/09/1988			12/31/1990	MEDICARE SUPPLEMENT	25,536	16,486	64.6	6			0.0	
YES	332	P	NO	34000	03/27/1990			12/31/1991	MEDICARE SUPPLEMENT	17,318	5,757	33.2	4			0.0	
YES	333	P	NO	34000	10/24/1990			12/31/1992	MEDICARE SUPPLEMENT	52,822	28,119	53.2	15			0.0	
YES	342	C	NO	34000	01/10/1992			12/31/1999	MEDICARE SUPPLEMENT	52,983	30,942	58.4	19			0.0	
YES	345	F	NO	34000	01/10/1992			12/31/1999	MEDICARE SUPPLEMENT	86,381	21,133	24.5	17			0.0	
YES	346	G	NO	34000	01/10/1992			12/31/1999	MEDICARE SUPPLEMENT	38,169	25,850	67.7	9			0.0	
YES	348	I	NO	34000	01/10/1992			12/31/1999	MEDICARE SUPPLEMENT	5,662	572	10.1	1			0.0	
YES	3AB	B	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT	3,452	4,555	131.9	1			0.0	
YES	3AC	C	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT	105,020	135,948	129.4	52			0.0	
YES	3AD	D	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT	222,169	132,702	59.7	55			0.0	
YES	3AE	E	NO	34000	01/24/2004			05/31/2010	MEDICARE SUPPLEMENT	944,827	629,723	66.6	197			0.0	
YES	3AF	F	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT	260,035	132,258	50.9	59			0.0	
YES	3AG	G	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT	136,725	86,222	63.1	30			0.0	
YES	3AH	H	NO	34000	05/01/2006			05/31/2010	MEDICARE SUPPLEMENT	870,757	667,934	76.7	241			0.0	
YES	3AJ	J	NO	34000	09/20/2006			05/31/2010	MEDICARE SUPPLEMENT	158,684	82,093	51.7	41			0.0	
YES	3AK	F	NO	34000	08/16/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	60,918	13,098	21.5	85			0.0	
YES	3SC	C	YES	34000	09/19/2001			05/31/2010	MEDICARE SELECT	2,568	200	7.8	1			0.0	
YES	3SD	D	YES	34000	09/19/2001			05/31/2010	MEDICARE SELECT	5,598	3,258	58.2	1			0.0	
YES	8701-470 (390)	P	NO	34000	07/16/1986			12/31/1991	MEDICARE SUPPLEMENT	22,445	17,797	79.3	6			0.0	
YES	8907-472 (392)	P	NO	34000	02/22/1989			12/31/1991	MEDICARE SUPPLEMENT	10		0.0				0.0	
YES	8907-473 (393)	P	NO	34000	02/22/1989			12/31/1991	MEDICARE SUPPLEMENT	4,325	595	13.8	1			0.0	
YES	CGI-MS-DM-AA-C-OH	C	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		1,090	444	40.8	1
YES	CGI-MS-DM-AA-F-OH	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	82,273	86,599	105.3	39	251,469	183,508	73.0	130
YES	CGI-MS-DM-AA-G-OH	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	55,164	88,806	161.0	30	50,294	24,413	48.5	29
YES	CGI-MS-DM-AA-N-OH	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		5,293	1,391	26.3	3
YES	CSA-C	C	NO	34007	04/18/2008			05/31/2010	MEDICARE SUPPLEMENT	3,549	7,383	208.0	2			0.0	
YES	CSA-G	G	NO	34007	04/18/2008			05/31/2010	MEDICARE SUPPLEMENT	71,127	84,778	119.2	32			0.0	
0199999.	Total Policy Experience on Individual Policies									3,288,515	2,302,810	70.0	944	308,147	209,756	68.1	163

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

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.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	02/04/1981			12/31/1987	MEDICARE SUPPLEMENT	4,443	339	7.6	1			0.0	
YES	323	P	NO	34000	01/06/1989			12/31/1990	MEDICARE SUPPLEMENT	10,800	2,208	20.4	2			0.0	
YES	332	P	NO	34000	04/05/1990			12/31/1991	MEDICARE SUPPLEMENT	10,205	3,405	33.4	2			0.0	
YES	342	C	NO	34000	04/08/1992			12/31/1999	MEDICARE SUPPLEMENT	27,342	2,785	10.2	5			0.0	
YES	345	F	NO	34000	04/08/1992			12/31/1999	MEDICARE SUPPLEMENT	75,189	26,425	35.1	13			0.0	
YES	346	G	NO	34000	04/08/1992			12/31/1999	MEDICARE SUPPLEMENT	8,414	14,999	178.3	2			0.0	
YES	348	I	NO	34000	04/08/1992			12/31/1999	MEDICARE SUPPLEMENT	19,609	1,906	9.7	2			0.0	
YES	3AA	A	NO	34060	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT	3,073	7,932	258.1	1			0.0	
YES	3AD	D	NO	34000	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT	12,616	9,255	73.4	3			0.0	
YES	3AE	E	NO	34000	01/16/2004			05/31/2010	MEDICARE SUPPLEMENT	40,958	23,988	58.6	11			0.0	
YES	3AF	F	NO	34000	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT	100,137	58,664	58.6	25			0.0	
YES	3AG	G	NO	34000	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT	20,022	13,589	67.9	5			0.0	
YES	3AH	H	NO	34000	04/19/2006			05/31/2010	MEDICARE SUPPLEMENT	36,517	27,221	74.5	10			0.0	
YES	3AJ	J	NO	34000	09/07/2006			05/31/2010	MEDICARE SUPPLEMENT	41,979	16,516	39.3	10			0.0	
YES	3AK	F	NO	34000	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,526		0.0	4			0.0	
YES	CGI-MS-DM-AA-A-OK	A	NO	34060	06/01/2010				MEDICARE SUPPLEMENT			0.0		5		0.0	
YES	CGI-MS-DM-AA-F-OK	F	NO	34060	06/01/2010				MEDICARE SUPPLEMENT	24,944	16,089	64.5	13	256,331	164,012	64.0	137
YES	CGI-MS-DM-AA-G-OK	G	NO	34060	06/01/2010				MEDICARE SUPPLEMENT			0.0		58,051	34,683	59.7	31
YES	CGI-MS-DM-AA-N-OK	N	NO	34060	06/01/2010				MEDICARE SUPPLEMENT			0.0		421	1,546	367.3	
0199999.	Total Policy Experience on Individual Policies									438,773	225,321	51.4	109	314,808	200,241	63.6	168

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.01/03/1989			.12/31/1990	MEDICARE SUPPLEMENT	10,094	7,121	70.5	3			0.0	
YES	332	P	NO	34000	.06/29/1990			.12/31/1992	MEDICARE SUPPLEMENT	3,854	3,643	94.5	1			0.0	
YES	345	F	NO	34060	.06/19/1992			.05/31/2010	MEDICARE SUPPLEMENT	8,584	3,199	37.3	2			0.0	
YES	CGI-MS-DM-AA-F-OR	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	14,732	16,219	110.1	9	178,752	162,937	91.2	122
YES	CGI-MS-DM-AA-G-OR	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		24,093	17,325	71.9	18
YES	CGI-MS-DM-AA-N-OR	N	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		193	43	22.2	1
0199999.	Total Policy Experience on Individual Policies									37,264	30,183	81.0	15	203,038	180,306	88.8	141

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	05/23/1989			12/31/1990	MEDICARE SUPPLEMENT	5,609	9,199	164.0	3			0.0	
YES	334	P	NO	34000	05/23/1991			12/31/1992	MEDICARE SUPPLEMENT	15,398	26,415	171.5	9			0.0	
YES	341	B	NO	34060	03/23/1993			12/31/2000	MEDICARE SUPPLEMENT	12,603	5,658	44.9	3			0.0	
YES	342	C	NO	34060	03/23/1993			12/31/2000	MEDICARE SUPPLEMENT	10,557	4,830	45.8	1			0.0	
YES	347	H	NO	34060	03/23/1993			05/31/2010	MEDICARE SUPPLEMENT	4,626	360	7.8	1			0.0	
YES	3AB	B	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT	187,289	99,718	53.2	50			0.0	
YES	3AC	C	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT	727,484	421,997	58.0	139			0.0	
YES	3AD	D	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT	1,317,699	743,121	56.4	290			0.0	
YES	3AE	E	NO	34060	05/18/2004			05/31/2010	MEDICARE SUPPLEMENT	71,511	24,395	34.1	17			0.0	
YES	3AF	F	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT	284,659	145,960	51.3	65			0.0	
YES	3AG	G	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT	74,916	78,964	105.4	17			0.0	
YES	3AK	F	NO	34060	06/07/2000			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	32,074	7,850	24.5	38			0.0	
YES	8701-470 (390)	P	NO	34000	03/10/1987			12/31/1991	MEDICARE SUPPLEMENT	5,670	11,044	194.8	3			0.0	
YES	CGI-MS-DM-AA-F-PA	F	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	11,721	3,366	28.7	5	92,382	56,804	61.5	49
YES	CGI-MS-DM-AA-G-PA	G	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	7,916	4,260	53.8	4	51,961	18,751	36.1	29
YES	CGI-MS-DM-AA-N-PA	N	NO	204060	06/01/2010				MEDICARE SUPPLEMENT	2,242	727	32.4	1			0.0	
YES	CSA-D	D	NO	34067	06/30/2008			05/31/2010	MEDICARE SUPPLEMENT	25,878	15,829	61.2	14			0.0	
YES	CSA-F	F	NO	34067	06/30/2008			05/31/2010	MEDICARE SUPPLEMENT	374,912	255,224	68.1	155			0.0	
YES	CSA-G	G	NO	34067	06/30/2008			05/31/2010	MEDICARE SUPPLEMENT	22,272	27,556	123.7	8			0.0	
0199999.	Total Policy Experience on Individual Policies									3,195,034	1,886,474	59.0	823	144,343	75,555	52.3	78

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	3AF.....	F.....	.....NO.....	....34000.....	.09/30/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,307	620	.....18.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,307	620	.....18.8	1	0	0	.....0.0	0

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

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.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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	345	F	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	11,123	808	7.3	2			0.0	
YES	346	G	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	5,961	324	5.4	2			0.0	
YES	348	I	NO	34000	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT	4,516	1,814	40.2	1			0.0	
YES	3AB	B	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	4,967	659	13.3	1			0.0	
YES	3AC	C	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	13,490	2,684	19.9	3			0.0	
YES	3AD	D	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	32,472	22,270	68.6	7			0.0	
YES	3AE	E	NO	34000	12/01/2003			05/31/2010	MEDICARE SUPPLEMENT	59,557	59,379	99.7	14			0.0	
YES	3AF	F	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	302,350	173,937	57.5	66			0.0	
YES	3AG	G	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT	37,453	22,924	61.2	9			0.0	
YES	3AJ	J	NO	34000	09/26/2006			05/31/2010	MEDICARE SUPPLEMENT	7,434	2,720	36.6	2			0.0	
YES	3AK	F	NO	34000	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	9,302	7,803	83.9	12			0.0	
YES	CGI-MS-DM-AA-F-SC	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	70,014	53,529	76.5	37	507,458	346,034	68.2	288
YES	CGI-MS-DM-AA-G-SC	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	20,846	11,078	53.1	12	115,670	75,977	65.7	66
YES	CGI-MS-DM-AA-N-SC	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		3,829	1,072	28.0	3
0199999.	Total Policy Experience on Individual Policies									579,486	359,929	62.1	168	626,957	423,083	67.5	357

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	309	P	NO	34000	.01/20/1981			.12/31/1987	MEDICARE SUPPLEMENT	16,515	5,073	30.7	4			0.0	
YES	323	P	NO	34000	.01/25/1989			.12/31/1990	MEDICARE SUPPLEMENT	25,351	10,618	41.9	4			0.0	
YES	332	P	NO	34000	.05/02/1990			.12/31/1992	MEDICARE SUPPLEMENT	32,771	27,506	83.9	8			0.0	
YES	342	C	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	12,722	590	4.6	2			0.0	
YES	345	F	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	54,261	23,935	44.1	9			0.0	
YES	346	G	NO	34060	.03/31/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,224	7,054	62.9	4			0.0	
YES	3AC	C	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	14,915	3,025	20.3	4			0.0	
YES	3AF	F	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	173,625	91,772	52.9	45			0.0	
YES	3AG	G	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	9,730	2,977	30.6	3			0.0	
YES	3AH	H	NO	34060	.04/06/2006			.05/31/2010	MEDICARE SUPPLEMENT	2,712	104	3.8	1			0.0	
YES	3AJ	J	NO	34060	.08/25/2006			.05/31/2010	MEDICARE SUPPLEMENT	17,393	11,297	64.9	6			0.0	
YES	3AK	F	NO	34060	.05/03/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	6,026	1,169	19.4	11			0.0	
YES	CGI-MS-DM-AA-F-SD	F	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT	13,414	19,525	145.6	8	75,805	56,574	74.6	49
YES	CGI-MS-DM-AA-G-SD	G	NO	204060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,092	1,548	74.0	1
0199999.	Total Policy Experience on Individual Policies									390,661	204,645	52.4	109	77,897	58,121	74.6	50

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	12/07/1988			12/31/1990	MEDICARE SUPPLEMENT	3,703	178	4.8	1			0.0	
YES	332	P	NO	34000	08/29/1990			12/31/1991	MEDICARE SUPPLEMENT	11,089	2,195	19.8	3			0.0	
YES	342	C	NO	34000	03/23/1992			12/31/1999	MEDICARE SUPPLEMENT	30,932	15,545	50.3	7			0.0	
YES	345	F	NO	34000	03/23/1992			12/31/1999	MEDICARE SUPPLEMENT	51,644	30,397	58.9	11			0.0	
YES	346	G	NO	34000	03/23/1992			12/31/1999	MEDICARE SUPPLEMENT	2,675	19,921	744.8	1			0.0	
YES	3AB	B	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT	4,327	5,012	115.8	1			0.0	
YES	3AC	C	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT	26,075	4,714	18.1	4			0.0	
YES	3AD	D	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT	67,703	15,638	23.1	14			0.0	
YES	3AE	E	NO	34000	01/23/2004			05/31/2010	MEDICARE SUPPLEMENT	22,568	12,523	55.5	5			0.0	
YES	3AF	F	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT	144,576	61,139	42.3	26			0.0	
YES	3AG	G	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT	23,550	1,083	4.6	3			0.0	
YES	3AJ	J	NO	34000	07/14/2006			05/31/2010	MEDICARE SUPPLEMENT	10,816	7,677	71.0	3			0.0	
YES	3AK	F	NO	34000	07/28/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	6,205	522	8.4	7			0.0	
YES	CGI-MS-DM-AA-F-TN	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	47,980	25,835	53.8	26	345,718	244,128	70.6	199
YES	CGI-MS-DM-AA-G-TN	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	7,380	15,133	205.1	4	52,015	41,466	79.7	34
YES	CGI-MS-DM-AA-N-TN	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT			0.0		922		0.0	
0199999.	Total Policy Experience on Individual Policies									461,221	217,513	47.2	116	398,654	285,593	71.6	233

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	323	P	NO	34000	.02/09/1989			.12/31/1990	MEDICARE SUPPLEMENT	29,078	27,961	96.2	5			0.0	
YES	328	P	NO	34000	.08/16/1990			.12/31/1992	MEDICARE SUPPLEMENT	1,203	7,139	593.6	1			0.0	
YES	332	P	NO	34000	.08/16/1990			.12/31/1991	MEDICARE SUPPLEMENT	89,098	35,403	39.7	20			0.0	
YES	340	A	NO	34060	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	17,573	2,052	11.7	3			0.0	
YES	342	C	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,707	1,008	8.6	2			0.0	
YES	345	F	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	172,122	81,433	47.3	30			0.0	
YES	346	G	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	114,189	58,125	50.9	29			0.0	
YES	348	I	NO	34000	.04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT	8,414	19,282	229.2	3			0.0	
YES	3AA	A	NO	34060	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	14,493	33,716	232.6	2			0.0	
YES	3AB	B	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	72,489	19,747	27.2	14			0.0	
YES	3AC	C	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	219,708	108,799	49.5	36			0.0	
YES	3AD	D	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	210,076	122,829	58.5	37			0.0	
YES	3AE	E	NO	34000	.12/12/2003			.05/31/2010	MEDICARE SUPPLEMENT	402,113	240,644	59.8	92			0.0	
YES	3AF	F	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	2,338,249	1,367,421	58.5	474			0.0	
YES	3AG	G	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT	343,433	190,987	55.6	64			0.0	
YES	3AH	H	NO	34000	.06/15/2006			.05/31/2010	MEDICARE SUPPLEMENT	499,751	308,176	61.7	154			0.0	
YES	3AJ	J	NO	34000	.10/10/2006			.05/31/2010	MEDICARE SUPPLEMENT	221,994	153,036	68.9	53			0.0	
YES	3AK	F	NO	34000	.11/03/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	201,878	110,743	54.9	236			0.0	
YES	3SB	B	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	3,424	1,899	55.5	1			0.0	
YES	3SD	D	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	8,193	580	7.1	2			0.0	
YES	3SF	F	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	10,487	3,683	35.1	3			0.0	
YES	3SG	G	YES	34000	.06/04/2001			.05/31/2010	MEDICARE SELECT	3,329	1,112	33.4	1			0.0	
YES	8701-470 (390)	P	NO	34000	.12/30/1986			.12/31/1991	MEDICARE SUPPLEMENT	3,540	2,977	84.1				0.0	
YES	CGI-MS-DM-AA-A-TX	A	NO	34060	.06/01/2010				MEDICARE SUPPLEMENT			0.0		1,693	160	9.4	1
YES	CGI-MS-DM-AA-F-TX	F	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT	193,044	96,880	50.2	92	1,141,780	725,408	63.5	571
YES	CGI-MS-DM-AA-G-TX	G	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT	41,084	60,546	147.4	21	294,663	215,456	73.1	157
YES	CGI-MS-DM-AA-N-TX	N	NO	34000	.06/01/2010				MEDICARE SUPPLEMENT	6,420	2,315	36.1	4	32,469	15,631	48.1	20

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	CSA-D	D	NO	34007	05/23/2008			05/31/2010	MEDICARE SUPPLEMENT	6,160	480	7.8	3			0.0	
YES	CSA-F	F	NO	34007	05/23/2008			05/31/2010	MEDICARE SUPPLEMENT	39,732	27,657	69.6	16			0.0	
YES	CSA-G	G	NO	34007	05/23/2008			05/31/2010	MEDICARE SUPPLEMENT	20,856	7,251	34.8	10			0.0	
YES	CSA-J	J	NO	34007	05/23/2008			09/01/2009	MEDICARE SUPPLEMENT	410,200	335,864	81.9	171			0.0	
0199999.	Total Policy Experience on Individual Policies									5,714,034	3,429,744	60.0	1,579	1,470,605	956,655	65.1	749

360.1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	348	I	NO	34000	.04/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	5,192	147	2.8	1			0.0	
YES	3AE	E	NO	34000	.12/05/2003			.05/31/2010	MEDICARE SUPPLEMENT	4,455	4,902	110.0				0.0	
YES	3AF	F	NO	34000	.05/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	4,310	526	12.2	1			0.0	
YES	3AG	G	NO	34000	.05/21/1999			.05/31/2010	MEDICARE SUPPLEMENT	3,201	1,928	60.2	1			0.0	
YES	3AH	H	NO	34000	.06/02/2006			.05/31/2010	MEDICARE SUPPLEMENT	3,650	2,280	62.4	1			0.0	
YES	CGI-MS-DM-AA-F-UT	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	1,445	329	22.8	1	47,027	29,663	63.1	27
YES	CGI-MS-DM-AA-G-UT	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		10,163	2,461	24.2	5
0199999.	Total Policy Experience on Individual Policies									22,252	10,111	45.4	5	57,190	32,124	56.2	32

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	02/27/1989			12/31/1990	MEDICARE SUPPLEMENT	6,030	9,400	155.9	2			0.0	
YES	333	P	NO	34000	07/25/1991			12/31/1992	MEDICARE SUPPLEMENT	2,829	2,512	88.8	1			0.0	
YES	342	C	NO	34000	07/17/1992			12/31/1999	MEDICARE SUPPLEMENT	5,447	1,658	30.4	1			0.0	
YES	345	F	NO	34000	07/17/1992			12/31/1999	MEDICARE SUPPLEMENT	16,651	3,119	18.7	4			0.0	
YES	346	G	NO	34000	07/17/1992			12/31/1999	MEDICARE SUPPLEMENT	2,502	1,498	59.9	1			0.0	
YES	348	I	NO	34000	07/17/1992			12/31/1999	MEDICARE SUPPLEMENT	5,239	694	13.3	1			0.0	
YES	3AB	B	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT	11,078	3,450	31.1	2			0.0	
YES	3AC	C	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT	6,058	435	7.2	1			0.0	
YES	3AD	D	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT	561,460	367,000	65.4	146			0.0	
YES	3AE	E	NO	34000	06/02/2004			05/31/2010	MEDICARE SUPPLEMENT	225,381	174,515	77.4	74			0.0	
YES	3AF	F	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT	1,413,067	1,049,622	74.3	309			0.0	
YES	3AG	G	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT	159,808	221,988	138.9	43			0.0	
YES	3AK	F	NO	34000	09/13/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,744		0.0	10			0.0	
YES	CGI-MS-DM-AA-F-UT	F	NO	204000	08/27/2010				MEDICARE SUPPLEMENT	43,446	25,806	59.4	23	204,462	143,164	70.0	132
YES	CGI-MS-DM-AA-G-UT	G	NO	204000	08/27/2010				MEDICARE SUPPLEMENT	11,717	4,657	39.7	6	28,465	14,637	51.4	24
YES	CGI-MS-DM-AA-N-UT	N	NO	204000	08/27/2010				MEDICARE SUPPLEMENT			0.0		2,646	576	21.8	2
YES	CSA-F	F	NO	34007	11/26/2008			05/31/2010	MEDICARE SUPPLEMENT	233,171	177,398	76.1	92			0.0	
YES	CSA-G	G	NO	34007	11/26/2008			05/31/2010	MEDICARE SUPPLEMENT	52,811	27,637	52.3	27			0.0	
0199999.	Total Policy Experience on Individual Policies									2,759,439	2,071,389	75.1	743	235,574	158,377	67.2	158

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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.....	323.....	P.....	.....NO.....	....34000.....	.11/30/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	5,772	1,953	.....33.8	2	.....	.....	.....0.0	.....
.....YES.....	3AF.....	F.....	.....NO.....	....34000.....	.06/11/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,302	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									9,073	1,953	.....21.5	3	0	0	.....0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

Supplement for the year 2013 of the **CONTINENTAL GENERAL INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	307	P	NO	34000	09/09/1977			12/31/1980	MEDICARE SUPPLEMENT	804	32	4.0	1			0.0	
YES	309	P	NO	34000	05/18/1981			12/31/1987	MEDICARE SUPPLEMENT	1,994	2,116	106.1	1			0.0	
YES	323	P	NO	34000	10/26/1988			12/31/1990	MEDICARE SUPPLEMENT	3,371	2,946	87.4	1			0.0	
YES	324	P	NO	34000	01/23/1989			12/31/1992	MEDICARE SUPPLEMENT	81,915	114,296	139.5	33			0.0	
YES	340	A	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	8		0.0				0.0	
YES	342	C	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	16,353	8,895	54.4	3			0.0	
YES	345	F	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	182,372	100,105	54.9	44			0.0	
YES	346	G	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	282,633	197,581	69.9	77			0.0	
YES	347	H	NO	34060	06/26/1992			05/31/2010	MEDICARE SUPPLEMENT	13,796	6,869	49.8	3			0.0	
YES	348	I	NO	34060	06/26/1992			06/24/2008	MEDICARE SUPPLEMENT	3,767	160	4.2	1			0.0	
YES	349	J	NO	34060	06/26/1992			06/24/2008	MEDICARE SUPPLEMENT	14,179	10,325	72.8	3			0.0	
0199999.	Total Policy Experience on Individual Policies									601,192	443,326	73.7	167	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0084
NAIC Company Code.....71404
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers
Title.....Accountant.....Telephone Number.....(513) 412-2214

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	327	P	NO	34000	02/10/1989			12/31/1991	MEDICARE SUPPLEMENT	58,025	21,203	36.5	9			0.0	
YES	350	O	NO	34060	02/13/1992			09/01/1994	MEDICARE SUPPLEMENT	59,887	32,867	54.9	10			0.0	
YES	370	O	NO	34060	02/13/1992			05/01/2000	MEDICARE SUPPLEMENT	231,234	106,243	45.9	39			0.0	
YES	3BA	O	NO	34060	03/22/2000			05/31/2010	MEDICARE SUPPLEMENT	168,222	97,614	58.0	47			0.0	
YES	CGI-DM-BASIC-WI...	O	NO	34060	08/03/2010				MEDICARE SUPPLEMENT	2,034	2,398	117.9	1	30,310	9,409	31.0	12
YES	CSA-WI-BA	O	YES	34067	03/05/2009			05/31/2010	MEDICARE SUPPLEMENT	5,878	9,888	168.2	3			0.0	
0199999.	Total Policy Experience on Individual Policies									525,280	270,214	51.4	109	30,310	9,409	31.0	12

360

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".
   XXX

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	.12/19/1988			.12/31/1991	MEDICARE SUPPLEMENT	15,226	1,814	11.9	4			0.0	
YES	342	C	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	34,313	9,477	27.6	8			0.0	
YES	345	F	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	20,525	10,687	52.1	5			0.0	
YES	346	G	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	11,981	2,629	21.9	3			0.0	
YES	348	I	NO	34000	.01/24/1992			.12/31/1999	MEDICARE SUPPLEMENT	15,794	11,646	73.7	3			0.0	
YES	3AB	B	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	25,363	15,164	59.8	6			0.0	
YES	3AC	C	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	34,053	12,931	38.0	7			0.0	
YES	3AD	D	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	91,512	78,094	85.3	22			0.0	
YES	3AE	E	NO	34000	.12/02/2003			.05/31/2010	MEDICARE SUPPLEMENT	124,151	96,561	77.8	29			0.0	
YES	3AF	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	256,190	132,761	51.8	62			0.0	
YES	3AG	G	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT	8,079	587	7.3	2			0.0	
YES	3AH	H	NO	34000	.05/24/2006			.05/31/2010	MEDICARE SUPPLEMENT	14,118	11,765	83.3	3			0.0	
YES	3AK	F	NO	34000	.05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,842		0.0	2			0.0	
YES	8701-470 (390)	P	NO	34000	.09/23/1986			.12/31/1991	MEDICARE SUPPLEMENT	6,058	2,297	37.9	2			0.0	
YES	8907-472 (392)	P	NO	34000	.05/30/1989			.12/31/1991	MEDICARE SUPPLEMENT	901	2,048	227.3				0.0	
YES	CGI-MS-DM-AA-F-WV	F	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	13,760	4,227	30.7	7	111,650	60,383	54.1	59
YES	CGI-MS-DM-AA-G-WV	G	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT	3,638	2,490	68.5	2	16,917	21,333	126.1	9
YES	CGI-MS-DM-AA-N-WV	N	NO	204000	.06/01/2010				MEDICARE SUPPLEMENT			0.0		2,851	166	5.8	1
0199999.	Total Policy Experience on Individual Policies									677,503	395,177	58.3	167	131,418	81,882	62.3	69

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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

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.....0084
Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202
Person Completing This Exhibit.....Mark Helmers

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....(513) 412-2214

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	323	P	NO	34000	11/29/1988			12/31/1991	MEDICARE SUPPLEMENT	27,269	16,064	58.9	5			0.0	
YES	332	P	NO	34000	03/13/1990			12/31/1992	MEDICARE SUPPLEMENT	3,036	1,129	37.2	1			0.0	
YES	333	P	NO	34000	11/21/1990			12/31/1992	MEDICARE SUPPLEMENT	20,900	18,358	87.8	5			0.0	
YES	340	A	NO	34000	04/14/1992			12/31/1999	MEDICARE SUPPLEMENT	14,712	7,070	48.1	4			0.0	
YES	342	C	NO	34000	04/14/1992			12/31/1999	MEDICARE SUPPLEMENT	4,657	300	6.4	1			0.0	
YES	345	F	NO	34000	04/14/1992			12/31/1999	MEDICARE SUPPLEMENT	237,457	130,598	55.0	63			0.0	
YES	346	G	NO	34000	04/14/1992			12/31/1999	MEDICARE SUPPLEMENT	21,497	25,365	118.0	6			0.0	
YES	348	I	NO	34000	04/14/1992			12/31/1999	MEDICARE SUPPLEMENT	13,464	4,610	34.2	1			0.0	
YES	3AB	B	NO	34000	05/06/1999			05/31/2010	MEDICARE SUPPLEMENT	1,075		0.0				0.0	
YES	3AF	F	NO	34000	05/06/1999			05/31/2010	MEDICARE SUPPLEMENT	372,720	256,744	68.9	136			0.0	
YES	3AG	G	NO	34000	05/06/1999			05/31/2010	MEDICARE SUPPLEMENT	10,198	2,382	23.4	3			0.0	
YES	3AH	H	NO	34000	04/10/2006			05/31/2010	MEDICARE SUPPLEMENT	4,750	327	6.9	1			0.0	
YES	3AJ	J	NO	34000	08/23/2006			05/31/2010	MEDICARE SUPPLEMENT	35,450	18,543	52.3	9			0.0	
YES	3AK	F	NO	34000	05/06/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,301	7,908	183.9	30			0.0	
YES	CGI-MS-DM-AA-F-WY	F	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	838	4,604	549.4	1	48,857	37,001	75.7	40
YES	CGI-MS-DM-AA-G-WY	G	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	1,289	46	3.6	1	1,231	287	23.3	1
YES	CGI-MS-DM-AA-N-WY	N	NO	204000	06/01/2010				MEDICARE SUPPLEMENT	1,260	56	4.4	1			0.0	
0199999.	Total Policy Experience on Individual Policies									774,872	494,104	63.8	268	50,088	37,288	74.4	41

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GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
   XXX
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

GENERAL INTERROGATORIES

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