LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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

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

DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,064				1,064
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,064	0	0	0	1,064
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,221				5,221
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,221	0	0	0	5,221
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	11	546,338		(a)					11	546,338
21. Issued during year									0	0
22. Other changes to in force (Net)	2	7,684							2	7,684
23. In force December 31 of current year	13	554,022	0	(a) 0	0	0	0	0	13	554,022

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,458	14,427		40,666	35,064
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,458	14,427	0	40,666	35,064
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,458	14,427	0	40,666	35,064

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

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	326,595				326,595
2. Annuity considerations	2,314				2,314
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	328,909	0	0	0	328,909
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	297,500				297,500
10. Matured endowments					0
11. Annuity benefits	8,122				8,122
12. Surrender values and withdrawals for life contracts	106,650				106,650
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	412,272	0	0	0	412,272
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	15,370							2	15,370
17. Incurred during current year	34	337,500							34	337,500
Settled during current year:										
18.1 By payment in full	29	297,870							29	297,870
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	297,870	0	0	0	0	0	0	29	297,870
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	297,870	0	0	0	0	0	0	29	297,870
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	55,000	0	0	0	0	0	0	7	55,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	649	11,980,233		(a)					649	11,980,233
21. Issued during year									0	0
22. Other changes to in force (Net)	(47)	(1,370,600)							(47)	(1,370,600)
23. In force December 31 of current year	602	10,609,633	0	(a) 0	0	0	0	0	602	10,609,633

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	174	174		104	105
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	14,664	14,709		10,399	10,483
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	814,125	842,289		522,119	818,854
25.3 Non-renewable for stated reasons only (b)	3,257	3,318			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	817,382	845,607	0	522,119	818,854
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	832,220	860,490	0	532,622	829,442

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

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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	88,899				88,899
2. Annuity considerations	600				600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	89,499	0	0	0	89,499
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	118,500				118,500
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	25,858				25,858
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	144,358	0	0	0	144,358
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	4	10,601							4	10,601
17. Incurred during current year	13	147,031							13	147,031
Settled during current year:										
18.1 By payment in full	11	118,500							11	118,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	118,500	0	0	0	0	0	0	11	118,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	118,500	0	0	0	0	0	0	11	118,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	39,132	0	0	0	0	0	0	6	39,132
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	316	7,004,350		(a)					316	7,004,350
21. Issued during year									0	0
22. Other changes to in force (Net)	(22)	(329,084)							(22)	(329,084)
23. In force December 31 of current year	294	6,675,266	0	(a) 0	0	0	0	0	294	6,675,266

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,472	4,485		946	954
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	15,086	15,132		5,160	5,202
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	306,503	317,293		210,319	137,349
25.3 Non-renewable for stated reasons only (b)	1,514	1,552		1,240	1,302
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	308,017	318,845	0	211,559	138,651
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	327,575	338,462	0	217,665	144,807

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

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

DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	88,721				88,721
2.	Annuity considerations	10,841				10,841
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	99,562	0	0	0	99,562
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	43,000				43,000
10.	Matured endowments					0
11.	Annuity benefits	2,778				2,778
12.	Surrender values and withdrawals for life contracts	60,347				60,347
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	106,125	0	0	0	106,125
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	6,039							2	6,039
17.	Incurred during current year	5	39,340							5	39,340
	Settled during current year:										
18.1	By payment in full	6	44,039							6	44,039
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	44,039	0	0	0	0	0	0	6	44,039
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	44,039	0	0	0	0	0	0	6	44,039
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,340	0	0	0	0	0	0	1	1,340
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	185	14,265,236		(a)					185	14,265,236
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(2,383,567)							(8)	(2,383,567)
23.	In force December 31 of current year	177	11,881,669	0	(a) 0	0	0	0	0	177	11,881,669

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,325	3,335		1,420	1,432
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	485,677	491,828		301,224	524,499
25.3	Non-renewable for stated reasons only (b)	7,097	7,276		1,180	1,239
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	492,774	499,104	0	302,404	525,738
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	496,099	502,439	0	303,824	527,170

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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	153,655				153,655
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	153,655	0	0	0	153,655
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14				14
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,094				1,094
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,108	0	0	0	1,108
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,108	0	0	0	1,108
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	125,000				125,000
10.	Matured endowments					0
11.	Annuity benefits	49,184				49,184
12.	Surrender values and withdrawals for life contracts	56,320				56,320
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	230,504	0	0	0	230,504
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	32,500							3	32,500
17.	Incurred during current year	16	110,000							16	110,000
	Settled during current year:										
18.1	By payment in full	16	125,000							16	125,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	125,000	0	0	0	0	0	0	16	125,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	125,000	0	0	0	0	0	0	16	125,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	17,500	0	0	0	0	0	0	3	17,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	296	5,597,034		(a)					296	5,597,034
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(24)	(387,614)							(24)	(387,614)
23.	In force December 31 of current year	272	5,209,420	0	(a) 0	0	0	0	0	272	5,209,420

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,307	2,343		195	195
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	7,884	7,908		7,504	7,565
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	408,594	414,739		283,460	173,264
25.3	Non-renewable for stated reasons only (b)	346	350			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	408,940	415,089	0	283,460	173,264
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	419,131	425,340	0	291,159	181,024

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

71404201343057100

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	143,478				143,478
2. Annuity considerations	2,327				2,327
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	145,805	0	0	0	145,805
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	59				59
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,640				1,640
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,699	0	0	0	1,699
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	1,699	0	0	0	1,699
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,000				25,000
10. Matured endowments					0
11. Annuity benefits	29,548				29,548
12. Surrender values and withdrawals for life contracts	138,569				138,569
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	193,117	0	0	0	193,117
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year						(0)			0	(0)
17. Incurred during current year	3	25,995							3	25,995
Settled during current year:										
18.1 By payment in full	2	25,000							2	25,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	25,000	0	0	0	0	0	0	2	25,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	25,000	0	0	0	0	0	0	2	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	995	0	0	0	(0)	0	0	1	995
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	314	17,494,249		(a)					314	17,494,249
21. Issued during year									0	0
22. Other changes to in force (Net)	(14)	(958,615)							(14)	(958,615)
23. In force December 31 of current year	300	16,535,634	0	(a) 0	0	0	0	0	300	16,535,634

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	(594)				
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	24,008	24,082		16,120	16,249
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,151,945	2,234,013		1,635,110	1,437,307
25.3 Non-renewable for stated reasons only (b)	43,432	34,642		26,562	19,650
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,195,377	2,268,655	0	1,661,672	1,456,957
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,218,791	2,292,737	0	1,677,792	1,473,206

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	25,686				25,686
2. Annuity considerations	1,200				1,200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	26,886	0	0	0	26,886
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	6,977				6,977
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,977	0	0	0	6,977
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	42	1,154,935		(a)					42	1,154,935
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(99,493)							(2)	(99,493)
23. In force December 31 of current year	40	1,055,442	0	(a) 0	0	0	0	0	40	1,055,442

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	17,650	17,705		8,960	9,032
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	271,946	285,046		258,734	(113,353)
25.3 Non-renewable for stated reasons only (b)	3,684	3,777			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	275,630	288,823	0	258,734	(113,353)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	293,280	306,528	0	267,694	(104,321)

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

71404201343009100

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

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,777				1,777
2. Annuity considerations	2,600				2,600
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,377	0	0	0	4,377
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	217,685		(a)					3	217,685
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(31,818)							(1)	(31,818)
23. In force December 31 of current year	2	185,867	0	(a) 0	0	0	0	0	2	185,867

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	5,644				5,644
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,644	0	0	0	5,644
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	709	711		868	874
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	35,643	35,101		18,495	19,104
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	35,643	35,101	0	18,495	19,104
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,352	35,812	0	19,363	19,978

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

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	267,157				267,157
2. Annuity considerations	1,562				1,562
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	268,719	0	0	0	268,719
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	72				72
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	72	0	0	0	72
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	72	0	0	0	72
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	224,658				224,658
10. Matured endowments					0
11. Annuity benefits	57,258				57,258
12. Surrender values and withdrawals for life contracts	359,074				359,074
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	640,990	0	0	0	640,990
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	7	64,709							7	64,709
17. Incurred during current year	15	164,500							15	164,500
Settled during current year:										
18.1 By payment in full	21	225,209							21	225,209
18.2 By payment on compromised claims									0	0
18.3 Totals paid	21	225,209	0	0	0	0	0	0	21	225,209
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	21	225,209	0	0	0	0	0	0	21	225,209
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	614	24,500,610		(a)					614	24,500,610
21. Issued during year									0	0
22. Other changes to in force (Net)	(38)	(1,922,905)							(38)	(1,922,905)
23. In force December 31 of current year	576	22,577,705	0	(a) 0	0	0	0	0	576	22,577,705

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	100,708	102,310		137,968	137,785
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	4,973	4,988		1,000	1,008
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,887,547	9,023,856		8,635,073	9,246,765
25.3 Non-renewable for stated reasons only (b)	94,810	9,142		65,214	38,135
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,982,357	9,032,998	0	8,700,287	9,284,900
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,088,038	9,140,296	0	8,839,255	9,423,693

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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	451,404				451,404
2. Annuity considerations	17,868				17,868
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	469,272	0	0	0	469,272
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	251,491				251,491
10. Matured endowments					0
11. Annuity benefits	160,629				160,629
12. Surrender values and withdrawals for life contracts	144,702				144,702
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	556,822	0	0	0	556,822
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	(2,863)							2	(2,863)
17. Incurred during current year	41	294,880							41	294,880
Settled during current year:										
18.1 By payment in full	34	236,414							34	236,414
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	34	236,414	0	0	0	0	0	0	34	236,414
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	34	236,414	0	0	0	0	0	0	34	236,414
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	55,603	0	0	0	0	0	0	9	55,603
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	990	34,339,949		(a)					990	34,339,949
21. Issued during year									0	0
22. Other changes to in force (Net)	(91)	(3,578,058)							(91)	(3,578,058)
23. In force December 31 of current year	899	30,761,891	0	(a) 0	0	0	0	0	899	30,761,891

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,967	3,979		4,156	4,189
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	52,330	52,491		35,739	36,026
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,081,896	3,103,923		2,362,442	2,183,806
25.3 Non-renewable for stated reasons only (b)	11,588	11,873		300	315
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,093,484	3,115,796	0	2,362,742	2,184,121
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,149,781	3,172,266	0	2,402,637	2,224,336

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,771,515				10,771,515
2.	Annuity considerations	438,425				438,425
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,209,940	0	0	0	11,209,940
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,383				4,383
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	26,916				26,916
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	31,299	0	0	0	31,299
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	31,299	0	0	0	31,299
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,202,842				9,202,842
10.	Matured endowments	265,472				265,472
11.	Annuity benefits	5,260,999				5,260,999
12.	Surrender values and withdrawals for life contracts	8,931,695				8,931,695
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	23,661,008	0	0	0	23,661,008
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	108	560,261				(0)			108	560,261
17. Incurred during current year	904	9,531,221							904	9,531,221
Settled during current year:										
18.1 By payment in full	828	8,821,003							828	8,821,003
18.2 By payment on compromised claims									0	0
18.3 Totals paid	828	8,821,003	0	0	0	0	0	0	828	8,821,003
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	828	8,821,003	0	0	0	0	0	0	828	8,821,003
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	184	1,270,479	0	0	0	(0)	0	0	184	1,270,479
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	24,914	958,772,690		(a)	21	121,500			24,935	958,894,190
21. Issued during year									0	0
22. Other changes to in force (Net)	(1,832)	(89,417,420)			(1)	(3,500)			(1,833)	(89,420,920)
23. In force December 31 of current year	23,082	869,355,270	0	(a) 0	20	118,000	0	0	23,102	869,473,270

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	309,111	292,177		277,027	266,709
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	710,577	712,769		469,851	473,632
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	88,871,919	91,883,173		69,929,805	85,010,033
25.3	Non-renewable for stated reasons only (b)	856,686	681,273		369,624	232,631
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	89,728,605	92,564,446	0	70,299,429	85,242,664
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,748,293	93,569,392	0	71,046,307	85,983,005

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance					0
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	0	0	0	0	0
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,297				2,297
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,297	0	0	0	2,297
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	160,980		(a)					2	160,980
21. Issued during year									0	0
22. Other changes to in force (Net)		10,879							0	10,879
23. In force December 31 of current year	2	171,859	0	(a) 0	0	0	0	0	2	171,859

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,521	4,535		2,460	2,479
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	5,747	5,765		2,571	2,592
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	295,272	295,575		28,486	37,216
25.3 Non-renewable for stated reasons only (b)	245	251			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	295,517	295,826	0	28,486	37,216
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	305,785	306,126	0	33,517	42,287

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

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	379,077				379,077
2.	Annuity considerations	33,219				33,219
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	412,296	0	0	0	412,296
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	192				192
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	215				215
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	407	0	0	0	407
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	407	0	0	0	407
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	439,584				439,584
10.	Matured endowments	225,918				225,918
11.	Annuity benefits	187,638				187,638
12.	Surrender values and withdrawals for life contracts	476,028				476,028
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,329,168	0	0	0	1,329,168
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	(18,000)							1	(18,000)
17.	Incurred during current year	21	518,796							21	518,796
	Settled during current year:										
18.1	By payment in full	16	414,584							16	414,584
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	414,584	0	0	0	0	0	0	16	414,584
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	414,584	0	0	0	0	0	0	16	414,584
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	86,212	0	0	0	0	0	0	6	86,212
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	891	55,132,310		(a)					891	55,132,310
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(49)	(6,252,678)							(49)	(6,252,678)
23.	In force December 31 of current year	842	48,879,632	0	(a) 0	0	0	0	0	842	48,879,632

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	48,505	48,654		38,191	38,498
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,783,598	4,877,719		2,979,681	4,552,758
25.3	Non-renewable for stated reasons only (b)	16,410	16,818		1,830	1,921
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,800,008	4,894,537	0	2,981,511	4,554,679
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,848,513	4,943,191	0	3,019,702	4,593,177

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

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	24,131				24,131
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,131	0	0	0	24,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,273				11,273
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	11,883				11,883
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	23,156	0	0	0	23,156
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	3	21,273							3	21,273
Settled during current year:										
18.1 By payment in full	2	11,273							2	11,273
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	11,273	0	0	0	0	0	0	2	11,273
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	11,273	0	0	0	0	0	0	2	11,273
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	44	2,402,762		(a)					44	2,402,762
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(218,367)							(8)	(218,367)
23. In force December 31 of current year	36	2,184,395	0	(a) 0	0	0	0	0	36	2,184,395

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	7,443	7,466		7,630	7,691
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	23,462	23,535		19,824	19,984
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	131,021	133,008		125,034	147,101
25.3 Non-renewable for stated reasons only (b)	25,406	26,049		3,240	3,401
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	156,427	159,057	0	128,274	150,502
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	187,332	190,058	0	155,728	178,177

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

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	400,530				400,530
2.	Annuity considerations	17,310				17,310
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	417,840	0	0	0	417,840
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	200				200
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	200	0	0	0	200
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	200	0	0	0	200
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	310,999				310,999
10.	Matured endowments					0
11.	Annuity benefits	618,043				618,043
12.	Surrender values and withdrawals for life contracts	155,196				155,196
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,084,238	0	0	0	1,084,238
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	56,170							6	56,170
17. Incurred during current year	25	268,294							25	268,294
Settled during current year:										
18.1 By payment in full	27	310,999							27	310,999
18.2 By payment on compromised claims									0	0
18.3 Totals paid	27	310,999	0	0	0	0	0	0	27	310,999
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	27	310,999	0	0	0	0	0	0	27	310,999
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	13,465	0	0	0	0	0	0	4	13,465
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	833	53,062,152		(a)	1	3,500			834	53,065,652
21. Issued during year									0	0
22. Other changes to in force (Net)	(43)	(2,272,485)							(43)	(2,272,485)
23. In force December 31 of current year	790	50,789,667	0	(a) 0	1	3,500	0	0	791	50,793,167

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,203	7,218		3,946	3,977
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	11,250	11,285		4,661	4,699
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,080,538	4,393,139		3,298,560	4,373,132
25.3	Non-renewable for stated reasons only (b)	17,825	18,237		99	104
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,098,363	4,411,376	0	3,298,659	4,373,236
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,116,816	4,429,879	0	3,307,266	4,381,912

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

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	271,888				271,888
2.	Annuity considerations	9,995				9,995
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	281,883	0	0	0	281,883
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	149,245				149,245
10.	Matured endowments					0
11.	Annuity benefits	7,801				7,801
12.	Surrender values and withdrawals for life contracts	162,403				162,403
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	319,449	0	0	0	319,449
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	16,000							2	16,000
17.	Incurred during current year	25	147,741							25	147,741
	Settled during current year:										
18.1	By payment in full	23	149,245							23	149,245
18.2	By payment on compromised claims									0	0
18.3	Totals paid	23	149,245	0	0	0	0	0	0	23	149,245
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	23	149,245	0	0	0	0	0	0	23	149,245
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	14,496	0	0	0	0	0	0	4	14,496
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	548	14,777,586		(a)					548	14,777,586
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(32)	(1,264,142)							(32)	(1,264,142)
23.	In force December 31 of current year	516	13,513,444	0	(a) 0	0	0	0	0	516	13,513,444

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,591	2,620		4,192	4,186
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	17,386	17,440		15,991	16,119
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,460,367	3,546,601		3,170,847	4,181,252
25.3	Non-renewable for stated reasons only (b)	20,613	21,129		3,780	4,951
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,480,980	3,567,730	0	3,174,627	4,186,203
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,500,957	3,587,790	0	3,194,810	4,206,508

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

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	279,755				279,755
2. Annuity considerations	9,275				9,275
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	289,030	0	0	0	289,030
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	52				52
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	604				604
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	656	0	0	0	656
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	656	0	0	0	656
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	389,912				389,912
10. Matured endowments					0
11. Annuity benefits	743,926				743,926
12. Surrender values and withdrawals for life contracts	853,978				853,978
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,987,816	0	0	0	1,987,816
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	16	394,752							16	394,752
Settled during current year:										
18.1 By payment in full	14	389,912							14	389,912
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	389,912	0	0	0	0	0	0	14	389,912
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	389,912	0	0	0	0	0	0	14	389,912
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	4,840	0	0	0	0	0	0	2	4,840
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	824	30,664,416		(a)					824	30,664,416
21. Issued during year									0	0
22. Other changes to in force (Net)	(48)	(2,347,658)							(48)	(2,347,658)
23. In force December 31 of current year	776	28,316,758	0	(a) 0	0	0	0	0	776	28,316,758

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,747	2,791		3,753	3,748
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	33,786	33,891		19,362	19,517
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,133,639	4,348,553		3,529,884	5,222,519
25.3 Non-renewable for stated reasons only (b)	38,531	23,502		3,127	3,086
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,172,170	4,372,055	0	3,533,011	5,225,605
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,208,703	4,408,737	0	3,556,126	5,248,870

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

71404201343018100

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	288,728				288,728
2. Annuity considerations	7,901				7,901
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	296,629	0	0	0	296,629
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	277,500				277,500
10. Matured endowments					0
11. Annuity benefits	2,116				2,116
12. Surrender values and withdrawals for life contracts	62,747				62,747
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	342,363	0	0	0	342,363
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	9	82,180							9	82,180
17. Incurred during current year	37	233,463							37	233,463
Settled during current year:										
18.1 By payment in full	38	277,180							38	277,180
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	38	277,180	0	0	0	0	0	0	38	277,180
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	38	277,180	0	0	0	0	0	0	38	277,180
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	38,463	0	0	0	0	0	0	8	38,463
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	779	15,666,525		(a)					779	15,666,525
21. Issued during year									0	0
22. Other changes to in force (Net)	(61)	(1,627,476)							(61)	(1,627,476)
23. In force December 31 of current year	718	14,039,049	0	(a) 0	0	0	0	0	718	14,039,049

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)				81	81
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,808	2,816			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,004,912	2,057,932		1,404,422	1,057,635
25.3 Non-renewable for stated reasons only (b)	10,293	10,554			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,015,205	2,068,486	0	1,404,422	1,057,635
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,018,013	2,071,302	0	1,404,503	1,057,716

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

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	275,765				275,765
2.	Annuity considerations	2,680				2,680
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	278,445	0	0	0	278,445
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	360,000				360,000
10.	Matured endowments					0
11.	Annuity benefits	1,623				1,623
12.	Surrender values and withdrawals for life contracts	96,928				96,928
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	458,551	0	0	0	458,551
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	42,500							3	42,500
17.	Incurred during current year	20	331,469							20	331,469
	Settled during current year:										
18.1	By payment in full	19	360,000							19	360,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	360,000	0	0	0	0	0	0	19	360,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	19	360,000	0	0	0	0	0	0	19	360,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	13,969	0	0	0	0	0	0	4	13,969
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	713	27,572,975		(a)					713	27,572,975
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(43)	(1,799,766)							(43)	(1,799,766)
23.	In force December 31 of current year	670	25,773,209	0	(a) 0	0	0	0	0	670	25,773,209

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	16,071	16,121		9,124	9,198
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	886,002	904,902		694,420	1,069,000
25.3	Non-renewable for stated reasons only (b)	2,597	2,656		1,134	1,190
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	888,599	907,558	0	695,554	1,070,190
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	904,670	923,679	0	704,678	1,079,388

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

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,449				7,449
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,449	0	0	0	7,449
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	45				45
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	45	0	0	0	45
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	45	0	0	0	45
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,040				5,040
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	4,017				4,017
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	9,057	0	0	0	9,057
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	5,040							1	5,040
	Settled during current year:										
18.1	By payment in full	1	5,040							1	5,040
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,040	0	0	0	0	0	0	1	5,040
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,040	0	0	0	0	0	0	1	5,040
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	26	1,410,789		(a)					26	1,410,789
21.	Issued during year									0	0
22.	Other changes to in force (Net)		101,724							0	101,724
23.	In force December 31 of current year	26	1,512,513	0	(a) 0	0	0	0	0	26	1,512,513

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	484	485			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	94,051	95,036		73,061	303,117
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	94,051	95,036	0	73,061	303,117
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	94,535	95,521	0	73,061	303,117

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

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	39,107				39,107
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	39,107	0	0	0	39,107
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	27,500				27,500
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	474				474
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	27,974	0	0	0	27,974
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	6,000							1	6,000
17. Incurred during current year	6	51,500							6	51,500
Settled during current year:										
18.1 By payment in full	5	27,500							5	27,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	27,500	0	0	0	0	0	0	5	27,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	27,500	0	0	0	0	0	0	5	27,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	30,000	0	0	0	0	0	0	2	30,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	88	5,318,702		(a)					88	5,318,702
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(904,716)							(9)	(904,716)
23. In force December 31 of current year	79	4,413,986	0	(a) 0	0	0	0	0	79	4,413,986

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,796	2,805			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	285,411	301,362		347,335	100,613
25.3 Non-renewable for stated reasons only (b)	382	391			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	285,793	301,753	0	347,335	100,613
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	288,589	304,558	0	347,335	100,613

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

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,685				4,685
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,685	0	0	0	4,685
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,000				10,000
10. Matured endowments					0
11. Annuity benefits	2,825				2,825
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	12,825	0	0	0	12,825
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9	217,245		(a)					9	217,245
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year	8	207,245	0	(a) 0	0	0	0	0	8	207,245

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	61,215	62,001		47,114	124,615
25.3 Non-renewable for stated reasons only (b)	367	376			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	61,582	62,377	0	47,114	124,615
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,582	62,377	0	47,114	124,615

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

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

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	256,269				256,269
2. Annuity considerations	930				930
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	257,199	0	0	0	257,199
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	188,779				188,779
10. Matured endowments					0
11. Annuity benefits	327,547				327,547
12. Surrender values and withdrawals for life contracts	226,040				226,040
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	742,366	0	0	0	742,366
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	36,902							6	36,902
17. Incurred during current year	34	167,212							34	167,212
Settled during current year:										
18.1 By payment in full	35	188,779							35	188,779
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	35	188,779	0	0	0	0	0	0	35	188,779
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	35	188,779	0	0	0	0	0	0	35	188,779
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	15,335	0	0	0	0	0	0	5	15,335
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	564	10,035,382		(a)					564	10,035,382
21. Issued during year									0	0
22. Other changes to in force (Net)	(102)	(3,280,242)							(102)	(3,280,242)
23. In force December 31 of current year	462	6,755,140	0	(a) 0	0	0	0	0	462	6,755,140

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	558	559		312	315
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,474,670	2,515,495		1,383,345	2,109,533
25.3 Non-renewable for stated reasons only (b)	20,742	21,267		1,246	1,308
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,495,412	2,536,762	0	1,384,591	2,110,841
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,495,970	2,537,321	0	1,384,903	2,111,156

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

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

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	350,052				350,052
2.	Annuity considerations	115,562				115,562
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	465,614	0	0	0	465,614
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	242				242
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	242	0	0	0	242
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	242	0	0	0	242
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	130,815				130,815
10.	Matured endowments					0
11.	Annuity benefits	398,006				398,006
12.	Surrender values and withdrawals for life contracts	1,689,297				1,689,297
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,218,118	0	0	0	2,218,118
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	2,936							2	2,936
17. Incurred during current year	17	99,269							17	99,269
Settled during current year:										
18.1 By payment in full	10	92,583							10	92,583
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	92,583	0	0	0	0	0	0	10	92,583
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	92,583	0	0	0	0	0	0	10	92,583
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	9,622	0	0	0	0	0	0	9	9,622
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	784	48,924,546		(a)					784	48,924,546
21. Issued during year									0	0
22. Other changes to in force (Net)	(57)	(6,658,857)							(57)	(6,658,857)
23. In force December 31 of current year	727	42,265,689	0	(a) 0	0	0	0	0	727	42,265,689

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	21,753	21,821		10,271	10,354
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,293	1,297			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,916,444	5,336,310		5,401,918	7,223,880
25.3	Non-renewable for stated reasons only (b)	106,282	88,290		33,798	26,553
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,022,726	5,424,600	0	5,435,716	7,250,433
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,045,772	5,447,718	0	5,445,987	7,260,787

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

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	334,031				334,031
2. Annuity considerations	5,100				5,100
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	339,131	0	0	0	339,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	562				562
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	562	0	0	0	562
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	562	0	0	0	562
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	535,553				535,553
10. Matured endowments					0
11. Annuity benefits	265,882				265,882
12. Surrender values and withdrawals for life contracts	194,290				194,290
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	995,725	0	0	0	995,725
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	(134,613)							2	(134,613)
17. Incurred during current year	45	578,423							45	578,423
Settled during current year:										
18.1 By payment in full	41	385,940							41	385,940
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	41	385,940	0	0	0	0	0	0	41	385,940
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	41	385,940	0	0	0	0	0	0	41	385,940
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	57,870	0	0	0	0	0	0	6	57,870
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,434	49,896,015		(a)					1,434	49,896,015
21. Issued during year									0	0
22. Other changes to in force (Net)	(82)	(2,225,506)							(82)	(2,225,506)
23. In force December 31 of current year	1,352	47,670,509	0	(a) 0	0	0	0	0	1,352	47,670,509

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	35,575	35,703		27,335	27,572
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	31,421	31,518		26,187	26,398
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,089,855	2,190,536		1,991,110	2,448,227
25.3 Non-renewable for stated reasons only (b)	10,345	10,600		186	195
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,100,200	2,201,136	0	1,991,296	2,448,422
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,167,196	2,268,357	0	2,044,818	2,502,392

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

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	140,617				140,617
2.	Annuity considerations	1,750				1,750
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	142,367	0	0	0	142,367
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	102,094				102,094
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	261,859				261,859
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	363,953	0	0	0	363,953
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	8,000							1	8,000
17.	Incurred during current year	19	124,291							19	124,291
	Settled during current year:										
18.1	By payment in full	13	99,094							13	99,094
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	99,094	0	0	0	0	0	0	13	99,094
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	99,094	0	0	0	0	0	0	13	99,094
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	33,197	0	0	0	0	0	0	7	33,197
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	352	7,696,818		(a)					352	7,696,818
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(19)	(197,064)							(19)	(197,064)
23.	In force December 31 of current year	333	7,499,754	0	(a) 0	0	0	0	0	333	7,499,754

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,151	6,170		2,052	2,068
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	12,497	12,535		7,623	7,684
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	903,549	1,005,720		828,136	721,463
25.3	Non-renewable for stated reasons only (b)	935	955			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	904,484	1,006,675	0	828,136	721,463
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	923,132	1,025,380	0	837,811	731,215

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

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	54,110				54,110
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	54,110	0	0	0	54,110
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,000				20,000
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	16,273				16,273
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	36,273	0	0	0	36,273
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		490							0	490
17. Incurred during current year	4	25,000							4	25,000
Settled during current year:										
18.1 By payment in full	3	20,490							3	20,490
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	20,490	0	0	0	0	0	0	3	20,490
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	20,490	0	0	0	0	0	0	3	20,490
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	105	3,914,583		(a)					105	3,914,583
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(479,961)							(5)	(479,961)
23. In force December 31 of current year	100	3,434,622	0	(a) 0	0	0	0	0	100	3,434,622

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	13,131	13,172		10,713	10,800
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	914,099	890,694		438,387	815,092
25.3 Non-renewable for stated reasons only (b)	78,196	71,137		17,396	18,261
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	992,295	961,831	0	455,783	833,353
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,005,426	975,003	0	466,496	844,153

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	535,503				535,503
2. Annuity considerations	4,470				4,470
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	539,973	0	0	0	539,973
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	465,745				465,745
10. Matured endowments					0
11. Annuity benefits	13,479				13,479
12. Surrender values and withdrawals for life contracts	80,440				80,440
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	559,664	0	0	0	559,664
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	12	113,244							12	113,244
17. Incurred during current year	41	480,949							41	480,949
Settled during current year:										
18.1 By payment in full	48	469,706							48	469,706
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	48	469,706	0	0	0	0	0	0	48	469,706
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	48	469,706	0	0	0	0	0	0	48	469,706
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	124,487	0	0	0	0	0	0	5	124,487
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,251	29,397,449		(a)					1,251	29,397,449
21. Issued during year									0	0
22. Other changes to in force (Net)	(84)	(1,412,632)							(84)	(1,412,632)
23. In force December 31 of current year	1,167	27,984,817	0	(a) 0	0	0	0	0	1,167	27,984,817

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	7,916	7,960		2,021	2,033
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	111,915	112,261		79,211	79,848
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,878,522	1,927,635		1,239,145	855,047
25.3 Non-renewable for stated reasons only (b)	16,965	7,824		113,590	13,994
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,895,487	1,935,459	0	1,352,735	869,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,015,318	2,055,680	0	1,433,967	950,922

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

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	65,084				65,084
2. Annuity considerations	13,000				13,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	78,084	0	0	0	78,084
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,717				14,717
10. Matured endowments					0
11. Annuity benefits	5,630				5,630
12. Surrender values and withdrawals for life contracts	67,459				67,459
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	87,806	0	0	0	87,806
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	7,500							2	7,500
17. Incurred during current year	2	7,217							2	7,217
Settled during current year:										
18.1 By payment in full	4	14,717							4	14,717
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	14,717	0	0	0	0	0	0	4	14,717
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	14,717	0	0	0	0	0	0	4	14,717
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	133	7,818,662		(a)					133	7,818,662
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(518,448)							(7)	(518,448)
23. In force December 31 of current year	126	7,300,214	0	(a) 0	0	0	0	0	126	7,300,214

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,419	5,468		3,523	3,529
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	18,587	18,644		12,579	12,680
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	689,283	702,473		640,734	1,465,887
25.3 Non-renewable for stated reasons only (b)	8,505	8,720		150	157
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	697,788	711,193	0	640,884	1,466,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	721,794	735,305	0	656,986	1,482,253

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

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

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,240,843				1,240,843
2.	Annuity considerations	102,521				102,521
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,343,364	0	0	0	1,343,364
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,430				3,430
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	21,075				21,075
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,505	0	0	0	24,505
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	24,505	0	0	0	24,505
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,078,898				1,078,898
10.	Matured endowments	14,460				14,460
11.	Annuity benefits	1,119,232				1,119,232
12.	Surrender values and withdrawals for life contracts	792,651				792,651
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	3,005,241	0	0	0	3,005,241
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	(113,476)							3	(113,476)
17.	Incurred during current year	53	1,161,341							53	1,161,341
	Settled during current year:										
18.1	By payment in full	41	909,789							41	909,789
18.2	By payment on compromised claims									0	0
18.3	Totals paid	41	909,789	0	0	0	0	0	0	41	909,789
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	41	909,789	0	0	0	0	0	0	41	909,789
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	138,076	0	0	0	0	0	0	15	138,076
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,986	227,483,393		(a)	20	118,000			3,006	227,601,393
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(184)	(22,173,802)			(1)	(3,500)			(185)	(22,177,302)
23.	In force December 31 of current year	2,802	205,309,591	0	(a) 0	19	114,500	0	0	2,821	205,424,091

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,944	2,991		3,599	3,594
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	53,788	53,954		30,019	30,261
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,105,950	7,327,094		5,189,741	6,172,404
25.3	Non-renewable for stated reasons only (b)	29,992	30,720		5,152	5,408
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,135,942	7,357,814	0	5,194,893	6,177,812
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,192,674	7,414,759	0	5,228,511	6,211,667

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

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	498				498
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	498	0	0	0	498
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	2,824				2,824
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,824	0	0	0	2,824
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	370	371			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	132,971	142,421		183,125	6,866
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	132,971	142,421	0	183,125	6,866
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	133,341	142,792	0	183,125	6,866

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

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,774				6,774
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,774	0	0	0	6,774
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	14	547,952		(a)					14	547,952
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(34,929)							(2)	(34,929)
23.	In force December 31 of current year	12	513,023	0	(a) 0	0	0	0	0	12	513,023

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	748	751			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	89,172	92,445		122,742	329,465
25.3	Non-renewable for stated reasons only (b)				1,940	2,540
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	89,172	92,445	0	124,682	332,005
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	89,920	93,196	0	124,682	332,005

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

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,159				16,159
2.	Annuity considerations	5,000				5,000
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,159	0	0	0	21,159
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	632				632
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	632	0	0	0	632
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	632	0	0	0	632
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	13,000				13,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	(777)				(777)
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	12,223	0	0	0	12,223
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	3,000							1	3,000
17.	Incurred during current year	2	10,880							2	10,880
	Settled during current year:										
18.1	By payment in full	2	13,000							2	13,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	13,000	0	0	0	0	0	0	2	13,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	13,000	0	0	0	0	0	0	2	13,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	880	0	0	0	0	0	0	1	880
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	46	2,553,513		(a)					46	2,553,513
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(142,931)							(5)	(142,931)
23.	In force December 31 of current year	41	2,410,582	0	(a) 0	0	0	0	0	41	2,410,582

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	18,090	18,145		9,892	9,972
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	199,431	207,348		176,203	238,275
25.3	Non-renewable for stated reasons only (b)	1,174	1,203		574	603
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	200,605	208,551	0	176,777	238,878
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	218,695	226,696	0	186,669	248,850

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

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	22,610				22,610
2. Annuity considerations	6,000				6,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	28,610	0	0	0	28,610
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	138,837				138,837
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	22,079				22,079
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	160,916	0	0	0	160,916
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	138,837							2	138,837
Settled during current year:										
18.1 By payment in full	2	138,837							2	138,837
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	138,837	0	0	0	0	0	0	2	138,837
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	138,837	0	0	0	0	0	0	2	138,837
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	63	3,225,450		(a)					63	3,225,450
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(70,587)							(6)	(70,587)
23. In force December 31 of current year	57	3,154,863	0	(a) 0	0	0	0	0	57	3,154,863

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,969	2,001		3,435	3,431
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	5,789	5,807		4,343	4,378
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	190,701	197,167		112,469	89,245
25.3 Non-renewable for stated reasons only (b)	734	753			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	191,435	197,920	0	112,469	89,245
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	199,193	205,728	0	120,247	97,054

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

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,876				9,876
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,876	0	0	0	9,876
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	67,102				67,102
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	67,102	0	0	0	67,102
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	7,000							1	7,000
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,000	0	0	0	0	0	0	1	7,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	22	660,673		(a)					22	660,673
21. Issued during year									0	0
22. Other changes to in force (Net)	6	44,757							6	44,757
23. In force December 31 of current year	28	705,430	0	(a) 0	0	0	0	0	28	705,430

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	11,603	11,788		13,041	13,023
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	182,137	184,723		137,842	130,089
25.3 Non-renewable for stated reasons only (b)	523	536			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	182,660	185,259	0	137,842	130,089
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	194,263	197,047	0	150,883	143,112

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	453,754				453,754
2. Annuity considerations	4,450				4,450
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	458,204	0	0	0	458,204
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	362,003				362,003
10. Matured endowments	25,094				25,094
11. Annuity benefits	186,405				186,405
12. Surrender values and withdrawals for life contracts	606,491				606,491
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,179,993	0	0	0	1,179,993
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	15,500							3	15,500
17. Incurred during current year	52	396,799							52	396,799
Settled during current year:										
18.1 By payment in full	47	362,003							47	362,003
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	47	362,003	0	0	0	0	0	0	47	362,003
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	47	362,003	0	0	0	0	0	0	47	362,003
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	50,296	0	0	0	0	0	0	8	50,296
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	939	13,399,474		(a)					939	13,399,474
21. Issued during year									0	0
22. Other changes to in force (Net)	(94)	(1,423,615)							(94)	(1,423,615)
23. In force December 31 of current year	845	11,975,859	0	(a) 0	0	0	0	0	845	11,975,859

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,648	6,101		6,431	3,066
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	21,381	21,447		15,683	15,809
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,841,458	4,989,936		3,573,142	4,271,357
25.3 Non-renewable for stated reasons only (b)	25,018	25,613		4,002	4,209
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,866,476	5,015,549	0	3,577,144	4,275,566
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,896,505	5,043,097	0	3,599,258	4,294,441

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	196,597				196,597
2. Annuity considerations	18,100				18,100
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	214,697	0	0	0	214,697
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	135,850				135,850
10. Matured endowments					0
11. Annuity benefits	36,200				36,200
12. Surrender values and withdrawals for life contracts	101,153				101,153
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	273,203	0	0	0	273,203
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	15,000							3	15,000
17. Incurred during current year	15	155,850							15	155,850
Settled during current year:										
18.1 By payment in full	16	135,850							16	135,850
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	135,850	0	0	0	0	0	0	16	135,850
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	135,850	0	0	0	0	0	0	16	135,850
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	35,000	0	0	0	0	0	0	2	35,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	391	14,040,655		(a)					391	14,040,655
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(1,520,883)							(36)	(1,520,883)
23. In force December 31 of current year	355	12,519,772	0	(a) 0	0	0	0	0	355	12,519,772

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	10,512	10,544		2,082	2,099
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	4,542	4,556		2,339	2,358
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,132,301	1,182,116		908,022	849,209
25.3 Non-renewable for stated reasons only (b)	4,975	5,101		1,800	1,889
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,137,276	1,187,217	0	909,822	851,098
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,152,330	1,202,317	0	914,243	855,555

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	101,302				101,302
2. Annuity considerations	1,200				1,200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	102,502	0	0	0	102,502
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	65,387				65,387
10. Matured endowments					0
11. Annuity benefits	41,697				41,697
12. Surrender values and withdrawals for life contracts	(140,062)				(140,062)
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	(32,978)	0	0	0	(32,978)
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	10,000							1	10,000
17. Incurred during current year	17	87,887							17	87,887
Settled during current year:										
18.1 By payment in full	14	75,387							14	75,387
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	75,387	0	0	0	0	0	0	14	75,387
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	75,387	0	0	0	0	0	0	14	75,387
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	22,500	0	0	0	0	0	0	4	22,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	280	5,538,374		(a)					280	5,538,374
21. Issued during year									0	0
22. Other changes to in force (Net)	(25)	(242,937)							(25)	(242,937)
23. In force December 31 of current year	255	5,295,437	0	(a) 0	0	0	0	0	255	5,295,437

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	1,106	1,110			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	309,030	313,270		264,687	247,786
25.3 Non-renewable for stated reasons only (b)	27,244	27,933		13,170	13,824
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	336,274	341,203	0	277,857	261,610
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	337,380	342,313	0	277,857	261,610

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,064				1,064
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,064	0	0	0	1,064
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	194,424				194,424
2.	Annuity considerations	1,950				1,950
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	196,374	0	0	0	196,374
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	109,448				109,448
10.	Matured endowments					0
11.	Annuity benefits	98,711				98,711
12.	Surrender values and withdrawals for life contracts	65,954				65,954
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	274,113	0	0	0	274,113
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	20	113,471							20	113,471
	Settled during current year:										
18.1	By payment in full	18	109,448							18	109,448
18.2	By payment on compromised claims									0	0
18.3	Totals paid	18	109,448	0	0	0	0	0	0	18	109,448
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	18	109,448	0	0	0	0	0	0	18	109,448
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	4,023	0	0	0	0	0	0	2	4,023
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	367	7,645,121		(a)					367	7,645,121
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(34)	(492,357)							(34)	(492,357)
23.	In force December 31 of current year	333	7,152,764	0	(a) 0	0	0	0	0	333	7,152,764

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	115	116			
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1,752	1,757		1,099	1,107
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,016,399	4,065,700		2,226,597	2,462,933
25.3	Non-renewable for stated reasons only (b)	12,109	12,409			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,028,508	4,078,109	0	2,226,597	2,462,933
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,030,375	4,079,982	0	2,227,696	2,464,040

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	963				963
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	963	0	0	0	963
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	629				629
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	629	0	0	0	629
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	49,472		(a)					3	49,472
21. Issued during year									0	0
22. Other changes to in force (Net)		(350)							0	(350)
23. In force December 31 of current year	3	49,122	0	(a) 0	0	0	0	0	3	49,122

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	23,928	24,147		16,529	17,453
25.3 Non-renewable for stated reasons only (b)	1,076	1,103		900	945
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	25,004	25,250	0	17,429	18,398
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,004	25,250	0	17,429	18,398

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

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	425,286				425,286
2.	Annuity considerations	2,100				2,100
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	427,386	0	0	0	427,386
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	427,077				427,077
10.	Matured endowments					0
11.	Annuity benefits	69,443				69,443
12.	Surrender values and withdrawals for life contracts	182,736				182,736
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	679,256	0	0	0	679,256
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	46,488							5	46,488
17.	Incurred during current year	51	437,077							51	437,077
	Settled during current year:										
18.1	By payment in full	48	427,377							48	427,377
18.2	By payment on compromised claims									0	0
18.3	Totals paid	48	427,377	0	0	0	0	0	0	48	427,377
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	48	427,377	0	0	0	0	0	0	48	427,377
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	56,188	0	0	0	0	0	0	8	56,188
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	961	15,883,713		(a)					961	15,883,713
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(77)	(1,158,910)							(77)	(1,158,910)
23.	In force December 31 of current year	884	14,724,803	0	(a) 0	0	0	0	0	884	14,724,803

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	9,472	9,501		3,531	3,560
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,424,947	1,473,803		1,001,860	1,440,398
25.3	Non-renewable for stated reasons only (b)	11,893	12,194			
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,436,840	1,485,997	0	1,001,860	1,440,398
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,446,312	1,495,498	0	1,005,391	1,443,958

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

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	226,112				226,112
2.	Annuity considerations	1,600				1,600
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	227,712	0	0	0	227,712
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	180				180
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	114				114
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	294	0	0	0	294
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	294	0	0	0	294
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	82,195				82,195
10.	Matured endowments					0
11.	Annuity benefits	140,391				140,391
12.	Surrender values and withdrawals for life contracts	903,684				903,684
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,126,270	0	0	0	1,126,270
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	5,543							2	5,543
17. Incurred during current year	9	76,892							9	76,892
Settled during current year:										
18.1 By payment in full	8	82,195							8	82,195
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	82,195	0	0	0	0	0	0	8	82,195
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	82,195	0	0	0	0	0	0	8	82,195
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	240	0	0	0	0	0	0	3	240
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	514	45,135,682		(a)					514	45,135,682
21. Issued during year									0	0
22. Other changes to in force (Net)	(32)	(5,386,567)							(32)	(5,386,567)
23. In force December 31 of current year	482	39,749,115	0	(a) 0	0	0	0	0	482	39,749,115

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,294	8,329		6,178	6,327
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	27,217	27,301		20,686	20,852
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,003,811	1,097,670		775,442	2,115,456
25.3	Non-renewable for stated reasons only (b)	22,201	22,745		11,583	12,158
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,026,012	1,120,415	0	787,025	2,127,614
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,061,523	1,156,045	0	813,889	2,154,793

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

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	517,744				517,744
2.	Annuity considerations	14,612				14,612
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	532,356	0	0	0	532,356
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	655,403				655,403
10.	Matured endowments					0
11.	Annuity benefits	96,435				96,435
12.	Surrender values and withdrawals for life contracts	358,417				358,417
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,110,255	0	0	0	1,110,255
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	33,344							5	33,344
17. Incurred during current year	70	774,490							70	774,490
Settled during current year:										
18.1 By payment in full	55	652,773							55	652,773
18.2 By payment on compromised claims.									0	0
18.3 Totals paid	55	652,773	0	0	0	0	0	0	55	652,773
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	55	652,773	0	0	0	0	0	0	55	652,773
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	155,061	0	0	0	0	0	0	20	155,061
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,458	35,545,229		(a)					1,458	35,545,229
21. Issued during year									0	0
22. Other changes to in force (Net)	(113)	(4,178,176)							(113)	(4,178,176)
23. In force December 31 of current year	1,345	31,367,053	0	(a) 0	0	0	0	0	1,345	31,367,053

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	685	687		148	149
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,929,283	2,077,334		1,592,331	459,885
25.3	Non-renewable for stated reasons only (b)	4,128	4,220		180	189
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,933,411	2,081,554	0	1,592,511	460,074
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,934,096	2,082,241	0	1,592,659	460,223

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	971,400				971,400
2. Annuity considerations	7,980				7,980
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	979,380	0	0	0	979,380
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	286				286
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	93				93
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	379	0	0	0	379
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	379	0	0	0	379
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	808,843				808,843
10. Matured endowments					0
11. Annuity benefits	459,314				459,314
12. Surrender values and withdrawals for life contracts	328,043				328,043
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,596,200	0	0	0	1,596,200
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	10	120,318							10	120,318
17. Incurred during current year	76	757,442							76	757,442
Settled during current year:										
18.1 By payment in full	74	808,843							74	808,843
18.2 By payment on compromised claims									0	0
18.3 Totals paid	74	808,843	0	0	0	0	0	0	74	808,843
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	74	808,843	0	0	0	0	0	0	74	808,843
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	68,917	0	0	0	0	0	0	12	68,917
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,799	37,749,712		(a)					1,799	37,749,712
21. Issued during year									0	0
22. Other changes to in force (Net)	(153)	(3,052,709)							(153)	(3,052,709)
23. In force December 31 of current year	1,646	34,697,003	0	(a) 0	0	0	0	0	1,646	34,697,003

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	31,673	31,771		18,845	18,997
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,063,814	8,324,273		6,279,392	7,324,227
25.3 Non-renewable for stated reasons only (b)	70,337	28,486		3,754	
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,134,151	8,352,759	0	6,283,146	7,324,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,165,824	8,384,530	0	6,301,991	7,343,224

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	110,057				110,057
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	110,057	0	0	0	110,057
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	41				41
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	41	0	0	0	41
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	41	0	0	0	41
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	73,500				73,500
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	4,703				4,703
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	78,203	0	0	0	78,203
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	243,104							8	243,104
17.	Incurred during current year	11	81,162							11	81,162
	Settled during current year:										
18.1	By payment in full	17	311,604							17	311,604
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	311,604	0	0	0	0	0	0	17	311,604
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	311,604	0	0	0	0	0	0	17	311,604
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	12,662	0	0	0	0	0	0	2	12,662
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	165	2,536,985		(a)					165	2,536,985
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(9)	(70,407)							(9)	(70,407)
23.	In force December 31 of current year	156	2,466,578	0	(a) 0	0	0	0	0	156	2,466,578

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,533	4,547		3,409	3,437
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	558	560		276	278
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	147,706	148,950		89,701	72,642
25.3	Non-renewable for stated reasons only (b)	5,198	5,330		2,110	2,214
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	152,904	154,280	0	91,811	74,856
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,995	159,387	0	95,496	78,571

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	406,828				406,828
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	406,828	0	0	0	406,828
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12				12
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	83				83
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	95	0	0	0	95
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	95	0	0	0	95
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	409,503				409,503
10. Matured endowments					0
11. Annuity benefits	296				296
12. Surrender values and withdrawals for life contracts	181,873				181,873
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	591,672	0	0	0	591,672
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	(5)	(218,104)							(5)	(218,104)
17. Incurred during current year	50	414,886							50	414,886
Settled during current year:										
18.1 By payment in full	38	171,399							38	171,399
18.2 By payment on compromised claims									0	0
18.3 Totals paid	38	171,399	0	0	0	0	0	0	38	171,399
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	38	171,399	0	0	0	0	0	0	38	171,399
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	25,383	0	0	0	0	0	0	7	25,383
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	935	22,023,342		(a)					935	22,023,342
21. Issued during year									0	0
22. Other changes to in force (Net)	(95)	(2,742,810)							(95)	(2,742,810)
23. In force December 31 of current year	840	19,280,532	0	(a) 0	0	0	0	0	840	19,280,532

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,552	2,584		5,317	5,310
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	952	955			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,240,168	3,310,134		2,374,121	2,920,147
25.3 Non-renewable for stated reasons only (b)	1,685	1,727			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,241,853	3,311,861	0	2,374,121	2,920,147
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,245,357	3,315,400	0	2,379,438	2,925,457

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

71404201343055100

DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

NONE

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5	232,540		(a)					5	232,540
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	5	232,540	0	(a) 0	0	0	0	0	5	232,540

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,020	16,176		2,119	2,864
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	16,020	16,176	0	2,119	2,864
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,020	16,176	0	2,119	2,864

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

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	53				53
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	53	0	0	0	53
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	63,361		(a)					3	63,361
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	3	63,361	0	(a) 0	0	0	0	0	3	63,361

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	13,784	14,003		7,582	7,572
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	13,784	14,003	0	7,582	7,572
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,784	14,003	0	7,582	7,572

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

71404201343048100

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	101,757				101,757
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	101,757	0	0	0	101,757
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,000				35,000
10. Matured endowments					0
11. Annuity benefits	8,870				8,870
12. Surrender values and withdrawals for life contracts	54,369				54,369
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	98,239	0	0	0	98,239
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	25,000							1	25,000
17. Incurred during current year	2	35,000							2	35,000
Settled during current year:										
18.1 By payment in full	2	35,000							2	35,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	35,000	0	0	0	0	0	0	2	35,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	35,000	0	0	0	0	0	0	2	35,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	111	7,660,124		(a)					111	7,660,124
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(1,352,747)							(6)	(1,352,747)
23. In force December 31 of current year	105	6,307,377	0	(a) 0	0	0	0	0	105	6,307,377

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	2,506	2,514			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	696,181	713,742		642,802	573,848
25.3 Non-renewable for stated reasons only (b)	747	766			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	696,928	714,508	0	642,802	573,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	699,434	717,022	0	642,802	573,848

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	218,942				218,942
2.	Annuity considerations	1,800				1,800
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	220,742	0	0	0	220,742
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	125,931				125,931
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	83,111				83,111
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	209,042	0	0	0	209,042
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	7	135,660							7	135,660
	Settled during current year:										
18.1	By payment in full	5	125,931							5	125,931
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	125,931	0	0	0	0	0	0	5	125,931
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	125,931	0	0	0	0	0	0	5	125,931
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	9,729	0	0	0	0	0	0	2	9,729
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	385	10,844,286		(a)					385	10,844,286
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(17)	(967,756)							(17)	(967,756)
23.	In force December 31 of current year	368	9,876,530	0	(a) 0	0	0	0	0	368	9,876,530

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	36,125	36,237		24,448	24,645
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,756,669	1,782,949		1,051,432	2,474,746
25.3	Non-renewable for stated reasons only (b)	77,421	79,381		47,516	49,876
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,834,090	1,862,330	0	1,098,948	2,524,622
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,870,215	1,898,567	0	1,123,396	2,549,267

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

71404201343049100

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	213,723				213,723
2. Annuity considerations	9,108				9,108
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	222,831	0	0	0	222,831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	150,062				150,062
10. Matured endowments					0
11. Annuity benefits	27,342				27,342
12. Surrender values and withdrawals for life contracts	65,116				65,116
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	242,520	0	0	0	242,520
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	4	24,000							4	24,000
17. Incurred during current year	20	154,612							20	154,612
Settled during current year:										
18.1 By payment in full	20	149,612							20	149,612
18.2 By payment on compromised claims									0	0
18.3 Totals paid	20	149,612	0	0	0	0	0	0	20	149,612
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	20	149,612	0	0	0	0	0	0	20	149,612
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	29,000	0	0	0	0	0	0	4	29,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	467	9,273,494		(a)					467	9,273,494
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(800,741)							(36)	(800,741)
23. In force December 31 of current year	431	8,472,753	0	(a) 0	0	0	0	0	431	8,472,753

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	26,706	9,192		13,942	6,444
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	13,205	13,246		7,775	7,838
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	916,424	927,858		622,128	657,667
25.3 Non-renewable for stated reasons only (b)	2,802	2,873		130	137
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	919,226	930,731	0	622,258	657,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	959,137	953,169	0	643,975	672,086

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

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	73,078				73,078
2.	Annuity considerations	1,500				1,500
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	74,578	0	0	0	74,578
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	362				362
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	362	0	0	0	362
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	362	0	0	0	362
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,000				8,000
10.	Matured endowments					0
11.	Annuity benefits	21,882				21,882
12.	Surrender values and withdrawals for life contracts	60,892				60,892
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	90,774	0	0	0	90,774
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		4,880							0	4,880
17.	Incurred during current year	2	8,000							2	8,000
	Settled during current year:										
18.1	By payment in full	2	12,881							2	12,881
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	12,881	0	0	0	0	0	0	2	12,881
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	12,881	0	0	0	0	0	0	2	12,881
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	(1)	0	0	0	0	0	0	0	(1)
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	198	15,479,629		(a)					198	15,479,629
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(19)	(1,237,498)							(19)	(1,237,498)
23.	In force December 31 of current year	179	14,242,131	0	(a) 0	0	0	0	0	179	14,242,131

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	7,174	7,196		6,208	6,257
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	904,852	922,708		690,535	874,753
25.3	Non-renewable for stated reasons only (b)	17,062	17,494		2,741	2,877
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	921,914	940,202	0	693,276	877,630
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	929,088	947,398	0	699,484	883,887

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	328,368
2. Current year's realized pre-tax capital gains/(losses) of $.....693,237 transferred into the reserve net of taxes of $.....242,633	450,604
3. Adjustment for current year's liability gains/(losses) released from the reserve	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	778,972
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(3,951)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	782,923

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2013	(40,327)	36,376		(3,951)
2. 2014	6,695	57,647		64,342
3. 2015	18,490	39,723		58,213
4. 2016	27,482	36,300		63,782
5. 2017	41,294	32,504		73,798
6. 2018	55,727	28,584		84,311
7. 2019	61,098	25,072		86,170
8. 2020	57,546	21,436		78,981
9. 2021	48,642	17,687		66,329
10. 2022	37,479	13,743		51,223
11. 2023	25,472	9,883		35,355
12. 2024	15,165	7,778		22,944
13. 2025	4,841	8,167		13,008
14. 2026	(630)	8,751		8,121
15. 2027	(4,435)	9,140		4,705
16. 2028	(8,784)	9,528		744
17. 2029	(11,213)	10,112		(1,101)
18. 2030	(11,497)	10,501		(996)
19. 2031	(9,478)	11,084		1,606
20. 2032	(5,659)	11,668		6,009
21. 2033	(1,590)	12,251		10,661
22. 2034	1,951	11,473		13,424
23. 2035	4,615	9,140		13,755
24. 2036	5,331	6,612		11,943
25. 2037	4,218	4,084		8,302
26. 2038	3,217	1,361		4,578
27. 2039	2,037			2,037
28. 2040	679			679
29. 2041				0
30. 2042				0
31. 2043 and Later				0
32. Total (Lines 1 to 31)	328,367	450,604	0	778,971

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	712,065	32,255	744,319	187,005	44,251	231,256	975,575
2. Realized capital gains/(losses) net of taxes - General Account	(106,438)		(106,438)	(74,846)	(354,465)	(429,311)	(535,749)
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	(134)		(134)	163,640	(8,854)	154,786	154,652
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	256,663	8,995	265,658		803	803	266,461
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	862,156	41,250	903,405	275,799	(318,265)	(42,466)	860,939
9. Maximum reserve	1,256,569	27,128	1,283,697	658,690	63,652	722,342	2,006,039
10. Reserve objective	885,144	17,133	902,277	658,690	62,247	720,937	1,623,214
11. 20% of (Line 10 minus Line 8)	4,598	(4,823)	(226)	76,578	76,102	152,681	152,455
12. Balance before transfers (Lines 8 + 11)	866,753	36,426	903,180	352,377	(242,163)	110,215	1,013,394
13. Transfers			0	(176,189)	176,189	0	XXX
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	9,298	(9,298)	0		65,974	65,974	65,974
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	876,051	27,128	903,180	176,188	0	176,189	1,079,368

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	5,399,103	XXX	XXX	5,399,103	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	152,841,898	XXX	XXX	152,841,898	0.0004	61,137	0.0023	351,536	0.0030	458,526
3	2	High quality	41,340,598	XXX	XXX	41,340,598	0.0019	78,547	0.0058	239,775	0.0090	372,065
4	3	Medium quality	2,301,594	XXX	XXX	2,301,594	0.0093	21,405	0.0230	52,937	0.0340	78,254
5	4	Low quality	3,417,566	XXX	XXX	3,417,566	0.0213	72,794	0.0530	181,131	0.0750	256,317
6	5	Lower quality	527,084	XXX	XXX	527,084	0.0432	22,770	0.1100	57,979	0.1700	89,604
7	6	In or near default	8,638	XXX	XXX	8,638	0.0000	0	0.2000	1,728	0.2000	1,728
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8)	205,836,481	XXX	XXX	205,836,481	XXX	256,653	XXX	885,086	XXX	1,256,495
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	5,064,813	XXX	XXX	5,064,813	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	25,000	XXX	XXX	25,000	0.0004	10	0.0023	58	0.0030	75
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24)	5,089,813	XXX	XXX	5,089,813	XXX	10	XXX	58	XXX	75

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33)	210,926,294	XXX	XXX	210,926,294	XXX	256,663	XXX	885,144	XXX	1,256,570
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages			XXX	0	0.0035	0	0.0100	0	0.0130	0
36		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other	2,855,579		XXX	2,855,579	0.0035	9,995	0.0100	28,556	0.0130	37,123
40		In good standing with restructured terms			XXX	0	0.0035	0	0.0100	0	0.0130	0
		Overdue, not in process:										
41		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
46		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50)	2,855,579	0	XXX	2,855,579	XXX	9,995	XXX	28,556	XXX	37,123
52		Schedule DA mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
53		Total mortgage loans on real estate (Lines 51 + 52)	2,855,579	0	XXX	2,855,579	XXX	9,995	XXX	28,556	XXX	37,123

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public	4,871,966	XXX	XXX	4,871,966	0.0000	0	(a) 0.1352	658,690	(a) 0.1352	658,690
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(a)	0	(a)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans				0	0.0030	0	0.0100	0	0.0130	0
15		Real estate				0	(b)	0	(b)	0	(b)	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17)	4,871,966	0	0	4,871,966	XXX	0	XXX	658,690	XXX	658,690
		REAL ESTATE										
19		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality	2,007,200	XXX	XXX	2,007,200	0.0004	803	0.0023	4,617	0.0030	6,022
25	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29)	2,007,200	XXX	XXX	2,007,200	XXX	803	XXX	4,617	XXX	6,022

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
31	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
32	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
33	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
34	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
35	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
36	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
37		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
38		Total with preferred stock characteristics (sum of Lines 31 through 37)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing:										
39		Farm mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
40		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential mortgages-all other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial mortgages-all other			XXX	0	0.0030	0	0.0100	0	0.0130	0
44		In good standing with restructured terms			XXX	0	0.0030	0	0.0100	0	0.0130	0
		Overdue, Not in Process:										
45		Farm mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
46		Residential mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
47		Residential mortgages-all other			XXX	0	0.0025	0	0.0058	0	0.0090	0
48		Commercial mortgages-insured or guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
49		Commercial mortgages-all other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure:										
50		Farm mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
52		Residential mortgages-all other			XXX	0	0.0000	0	0.0130	0	0.0130	0
53		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
54		Commercial mortgages-all other			XXX	0	0.0000	0	0.1700	0	0.1700	0
55		Total with mortgage loan characteristics (sum of Lines 39 through 54)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
57		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
58		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
59		Affiliated certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
60		Affiliated other - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
61		Total with common stock characteristics (sum of Lines 56 through 60)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62		Home office property (general account only)				0	0.0000	0	0.0750	0	0.0750	0
63		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
64		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
65		Total with real estate characteristics (Lines 62 through 64)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66		Guaranteed federal low income housing tax credit				0	0.0003	0	0.0006	0	0.0010	0
67		Non-guaranteed federal low income housing tax credit				0	0.0063	0	0.0120	0	0.0190	0
68		Guaranteed state low income housing tax credit				0	0.0003	0	0.0006	0	0.0010	0
69		Non-guaranteed state low income housing tax credit				0	0.0063	0	0.0120	0	0.0190	0
70		All other low income housing tax credit				0	0.0273	0	0.0600	0	0.0975	0
71		Total LIHTC	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
72		NAIC 1 working capital finance investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
73		NAIC 2 working capital finance investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
74		Other invested assets - Schedule BA	443,305	XXX		443,305	0.0000	0	0.1300	57,630	0.1300	57,630
75		Other short-term invested assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
76		Total all other (sum of Lines 72, 73, 74 and 75)	443,305	XXX	0	443,305	XXX	0	XXX	57,630	XXX	57,630
77		Total other invested assets - Schedule BA & DA (Sum of Lines 30, 38, 55, 61, 65, 71 and 76)	2,450,505	0	0	2,450,505	XXX	803	XXX	62,246	XXX	63,651

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	9,427,783	XXX		XXX		XXX		XXX		XXX	9,427,783	XXX		XXX		XXX		XXX
2.	Premiums earned	9,477,511	XXX		XXX		XXX		XXX		XXX	9,477,511	XXX		XXX		XXX		XXX
3.	Incurred claims	13,065,627	137.9		0.0		0.0		0.0		0.0	13,065,627	137.9		0.0		0.0		0.0
4.	Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	13,065,627	137.9	0	0.0	0	0.0	0	0.0	0	0.0	13,065,627	137.9	0	0.0	0	0.0	0	0.0
6	Increase in contract reserves	3,520,819	37.1		0.0		0.0		0.0		0.0	3,520,819	37.1		0.0		0.0		0.0
7	Commissions (a)	(2,789,133)	(29.4)		0.0		0.0		0.0		0.0	(2,789,133)	(29.4)		0.0		0.0		0.0
8	Other general insurance expenses	1,434,327	15.1		0.0		0.0		0.0		0.0	1,434,327	15.1		0.0		0.0		0.0
9	Taxes, licenses and fees	740,531	7.8		0.0		0.0		0.0		0.0	740,531	7.8		0.0		0.0		0.0
10	Total other expenses incurred	(614,275)	(6.5)	0	0.0	0	0.0	0	0.0	0	0.0	(614,275)	(6.5)	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(6,494,660)	(68.5)	0	0.0	0	0.0	0	0.0	0	0.0	(6,494,660)	(68.5)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	(6,494,660)	(68.5)	0	0.0	0	0.0	0	0.0	0	0.0	(6,494,660)	(68.5)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	2,021,600					2,021,600			
2. Advance premiums	92,673					92,673			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	2,114,273	0	0	0	0	2,114,273	0	0	0
5. Total premium reserves, prior year	2,164,001					2,164,001			
6. Increase in total premium reserves	(49,728)	0	0	0	0	(49,728)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	101,215,613					101,215,613			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	101,215,613	0	0	0	0	101,215,613	0	0	0
4. Total contract reserves, prior year	97,694,794					97,694,794			
5. Increase in contract reserves	3,520,819	0	0	0	0	3,520,819	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	34,003,606					34,003,606			
2. Total prior year	29,190,723					29,190,723			
3. Increase	4,812,883	0	0	0	0	4,812,883	0	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year	6,389,582					6,389,582			
1.2 On claims incurred during current year	1,863,162					1,863,162			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	23,352,830					23,352,830			
2.2 On claims incurred during current year	10,650,776					10,650,776			
3. Test:									
3.1 Lines 1.1 and 2.1	29,742,412	0	0	0	0	29,742,412	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	29,190,723					29,190,723			
3.3 Line 3.1 minus Line 3.2	551,689	0	0	0	0	551,689	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	23,598					23,598			
2. Premiums earned	24,116					24,116			
3. Incurred claims	20,149					20,149			
4. Commissions	4,273	286				3,987			
B. Reinsurance Ceded:									
1. Premiums written	85,698,765	293,252		710,577		84,030,084	664,852		
2. Premiums earned	86,738,707	293,609		721,824		85,040,595	682,679		
3. Incurred claims	72,843,535	255,214		469,850		71,898,275	220,196		
4. Commissions	6,716,419	19,611				6,696,808			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims		556,488	85,332,525	85,889,013
2. Beginning claim reserves and liabilities	46,539	68,223	102,674,858	102,789,620
3. Ending claim reserves and liabilities		67,990	117,547,013	117,615,003
4. Claims paid	46,539	556,721	70,460,370	71,063,630
B. Assumed Reinsurance:				
5. Incurred claims			20,149	20,149
6. Beginning claim reserves and liabilities			1,941	1,941
7. Ending claim reserves and liabilities			2,608	2,608
8. Claims paid	0	0	19,482	19,482
C. Ceded Reinsurance:				
9. Incurred claims		556,488	72,287,047	72,843,535
10. Beginning claim reserves and liabilities	46,539	68,223	90,946,238	91,061,000
11. Ending claim reserves and liabilities		67,990	83,546,015	83,614,005
12. Claims paid	46,539	556,721	79,687,270	80,290,530
D. Net:				
13. Incurred claims	0	0	13,065,627	13,065,627
14. Beginning claim reserves and liabilities	0	0	11,730,561	11,730,561
15. Ending claim reserves and liabilities	0	0	34,003,606	34,003,606
16. Claims paid	0	0	(9,207,418)	(9,207,418)
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses			13,065,627	13,065,627
18. Beginning reserves and liabilities			11,730,561	11,730,561
19. Ending reserves and liabilities			34,003,606	34,003,606
20. Paid claims and cost containment expenses	0	0	(9,207,418)	(9,207,418)

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
61727	34-0970995	01/01/2006	Central Reserve Life	OH	CO/I	2,200,025	42,451	12,560	4,000		
61727	34-0970995	01/01/2006	Central Reserve Life	OH	ACO/I		729,047	2,337			
68284	48-0557726	03/31/2003	Pyramid Life Insurance Company	FL	OTH/I	40,714,254	9,854,480	497,479	158,340		
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					42,914,279	10,625,978	512,376	162,340	0	0
1099999.	Total - General Account - Non-Affiliates					42,914,279	10,625,978	512,376	162,340	0	0
1199999.	Total - General Account					42,914,279	10,625,978	512,376	162,340	0	0
2399999.	Total U.S.					42,914,279	10,625,978	512,376	162,340	0	0
9999999.	Total					42,914,279	10,625,978	512,376	162,340	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
61727	34-0970995	01/01/2006	Central Reserve Life Insurance Company	OH	CO/I	5,029	442	6,004			
56138	36-0971620	06/29/2007	CSA Fraternal Life	IL	CO/I	23,598	1,914	1,403	2,606		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					28,627	2,356	7,407	2,606	0	0
1099999.	Total - Non-Affiliates					28,627	2,356	7,407	2,606	0	0
1199999.	Total - U.S.					28,627	2,356	7,407	2,606	0	0
9999999.	Total					28,627	2,356	7,407	2,606	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL		699,473
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL		790,723
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		61,289
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				0	1,551,485
1099999.	Total - Life and Annuity Non-Affiliates				0	1,551,485
1199999.	Total - Life and Annuity				0	1,551,485
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH		5,479,544
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA		53,336
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL		18,785
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL		1,842,806
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL		1,584,468
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				0	8,978,939
2199999.	Total - Accident and Health Non-Affiliates				0	8,978,939
2299999.	Total - Accident and Health				0	8,978,939
2399999.	Total U.S.				0	10,530,424
9999999.	Total				0	10,530,424

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	Reserve Credit Taken		10	Outstanding Surplus Relief		13	14
							8	9		11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/I	15,000							
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	OTH/i	248,539,206	20,106,988	20,982,333	1,471,788				
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company	FL	ACO/i		16,061,772	17,524,942	145,032				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	OTH/i	227,655,737	28,039,588	28,563,166	4,078,309				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company	FL	ACO/i		31,492,932	34,741,138	130,886				
60895	35-0145825	01/01/1973	American United Life	IN	CO/I				932				
66346	58-0828824	07/01/1983	Munich American Reassurance Company	IL	CO/I	1,229,843	5,976	7,537	40,467				
63665	43-0285930	04/01/1991	Reinsurance Group of America	MO	CO/I	1,059,541	308	383	20,514				
63665	43-0285930	04/01/1991	Reinsurance Group of America	MO	YRT/I	2,164,138	4,486	5,069	14,679				
68276	48-1024691	11/01/1986	Employers Reassurance Company	KS	CO/I	16,737,949	84,166	83,545	105,219				
68276	48-1024691	03/31/2003	Employers Reassurance Company	KS	CO/I	142,886	1,767						
88099	75-1608507	01/01/1979	Optimum Re	TX	YRT/I	6,448	8	8	6,919				
88099	75-1608507	01/01/1981	Optimum Re	TX	CO/I	103,352,408	46,929	45,857	670,069				
88099	75-1608507	03/31/2003	Optimum Re	TX	CO/I	286,204	7,783	7,941					
82627	06-0839705	02/01/1983	Swiss Re	CT	CO/I	1,351,928	4,536	4,226	10,389				
64688	75-6020048	01/01/1979	SCOR Global Life Americas Reinsurance Company	CA	CO/I	239,501	145,739	137,809	4,096				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0
1199999	Total - General Account - Authorized					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0
6999999	Total U.S.					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0
9999999	Total					602,780,789	96,002,978	102,103,954	6,699,299	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/G	17,392	671					
60836	42-0113630	08/01/2006	American Republic Insurance Company	IA	CO/I	199,893	6,604					
67105	41-0451140	01/01/2007	ReliaStar Life Insurance Company	MN	OTH/G	87						
67105	41-0451140	01/01/2007	ReliaStar Life Insurance Company	MN	OTH/I	956						
88340	59-2859797	01/01/1998	Hannover Life Reassurance Company of America	FL	CO/G	84,538	1,721					
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company of America	FL	OTH/I	8,950,844	2,364,498	125,874,722				
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/I	8,755,556	2,020,921	112,492,150				
88340	59-2859797	02/01/1999	Hannover Life Reassurance Company of America	FL	OTH/G	9,106						
88340	59-2859797	08/01/2006	Hannover Life Reassurance Company of America	FL	OTH/G	4,859	3,002					
65722	63-0343428	08/31/2012	Loyal American Life Insurance Company	OH	CO/I	65,626,841	3,304,290	21,964,457				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates					83,650,071	7,701,707	260,331,329	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates					83,650,071	7,701,707	260,331,329	0	0	0	0
1199999.	Total - General Account - Authorized					83,650,071	7,701,707	260,331,329	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified					83,650,071	7,701,707	260,331,329	0	0	0	0
6999999.	Total - U.S.					83,650,071	7,701,707	260,331,329	0	0	0	0
9999999.	Total					83,650,071	7,701,707	260,331,329	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2013	2 2012	3 2011	4 2010	5 2009
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	90,349	86,112	63,207	91,090	120,550
2.	Commissions and reinsurance expense allowances	8,351	10,610	12,749	16,427	19,737
3.	Contract claims	71,344	60,241	49,852	69,476	94,160
4.	Surrender benefits and withdrawals for life contracts	4,602			7,194	10,254
5.	Dividends to policyholders				5	
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts	12,877				
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,374	28,488	17,000	18,731	20,593
9.	Aggregate reserves for life and accident and health contracts	363,300	376,539	352,963	305,287	305,490
10.	Liability for deposit-type contracts	736	384		609	695
11.	Contract claims unpaid	10,530	10,434	6,939	7,969	12,996
12.	Amounts recoverable on reinsurance		19,655	11,235	12,814	14,170
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers			XXX	XXX	XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust			XXX	XXX	XXX
23.	Funds deposited by and withheld from (F)			XXX	XXX	XXX
24.	Letters of credit (L)			XXX	XXX	XXX
25.	Trust agreements (T)			XXX	XXX	XXX
26.	Other (O)			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	224,298,794		224,298,794
2.	Reinsurance (Line 16)	2,421,653	(2,421,653)	0
3.	Premiums and considerations (Line 15)	1,800,841	949,707	2,750,548
4.	Net credit for ceded reinsurance	XXX	377,472,596	377,472,596
5.	All other admitted assets (balance)	9,923,276		9,923,276
6.	Total assets excluding Separate Accounts (Line 26)	238,444,564	376,000,650	614,445,214
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	238,444,564	376,000,650	614,445,214
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	206,045,756	363,299,588	569,345,344
10.	Liability for deposit-type contracts (Line 3)	649,805	736,429	1,386,233
11.	Claim reserves (Line 4)	2,679,471	10,530,423	13,209,895
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	102,244	1,434,210	1,536,454
14.	Other contract liabilities (Line 9)	891,646		891,646
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.02 inset amount)			0
18.	Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	5,301,298		5,301,298
20.	Total liabilities excluding Separate Accounts (Line 26)	215,670,221	376,000,650	591,670,871
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	215,670,221	376,000,650	591,670,871
23.	Capital & surplus (Line 38)	22,774,343	XXX	22,774,343
24.	Total liabilities, capital & surplus (Line 39)	238,444,564	376,000,650	614,445,214
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	363,299,588		
26.	Claim reserves	10,530,423		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	1,434,210		
29.	Liability for deposit-type contracts	736,429		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	2,421,653		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	378,422,303		
34.	Premiums and considerations	949,707		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	949,707		
41.	Total net credit for ceded reinsurance	377,472,596		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	326,595	2,314	5,014	260,201		594,124
2. Alaska AK	5,221					5,221
3. Arizona AZ	88,721	10,841	10,030	269,035		378,627
4. Arkansas AR	88,899	600	5,159	120,432		215,091
5. California CA	153,655		2,401	84,235		240,290
6. Colorado CO	143,478	2,327	22,488	550,633		718,926
7. Connecticut CT	25,686	1,200	66,313	127,382		220,580
8. Delaware DE			4,047	5,362		9,409
9. District of Columbia DC	1,777	2,600				4,377
10. Florida FL	267,157	1,562	53,606	884,827		1,207,152
11. Georgia GA	451,404	17,868	68,998	481,510		1,019,780
12. Hawaii HI	2,297		4,366	281,021		287,684
13. Idaho ID	24,131		4,410	37,697		66,237
14. Illinois IL	400,530	17,310	32,124	1,852,066		2,302,029
15. Indiana IN	271,888	9,995	10,584	423,793		716,261
16. Iowa IA	379,077	33,219	29,215	2,503,790		2,945,301
17. Kansas KS	279,755	9,275	28,155	1,753,209		2,070,394
18. Kentucky KY	288,728	7,901	14,460	401,333		712,422
19. Louisiana LA	275,765	2,680	32,163	120,261		430,869
20. Maine ME	4,685			9,909		14,594
21. Maryland MD	39,107		19,091	16,930		75,128
22. Massachusetts MA	7,449		7,167	24,820		39,436
23. Michigan MI	256,269	930	36,417	382,477		676,093
24. Minnesota MN	350,052	115,562	47,172	3,925,740		4,438,526
25. Mississippi MS	140,617	1,750	3,356	246,590		392,312
26. Missouri MO	334,031	5,100	23,872	733,439		1,096,442
27. Montana MT	54,110		7,097	148,015		209,221
28. Nebraska NE	1,240,843	102,521	84,688	3,255,910		4,683,962
29. Nevada NV	22,610	6,000	11,223	38,603		78,435
30. New Hampshire NH	498		921			1,419
31. New Jersey NJ	6,774		1,381	8,144		16,299
32. New Mexico NM	16,159	5,000	2,962	36,508		60,629
33. New York NY	9,876		518	29,285		39,680
34. North Carolina NC	535,503	4,470	54,823	506,384		1,101,180
35. North Dakota ND	65,084	13,000	4,833	398,419		481,336
36. Ohio OH	453,754	4,450	59,241	1,306,337		1,823,782
37. Oklahoma OK	196,597	18,100	6,263	303,048		524,009
38. Oregon OR	101,302	1,200	12,307	25,003		139,813
39. Pennsylvania PA	194,424	1,950	159,057	613,846		969,276
40. Rhode Island RI			4,083	6,140		10,223
41. South Carolina SC	425,286	2,100	7,481	162,248		597,116
42. South Dakota SD	226,112	1,600	12,699	506,075		746,487
43. Tennessee TN	517,744	14,612	19,151	936,203		1,487,710
44. Texas TX	971,400	7,980	30,495	980,008		1,989,883
45. Utah UT	110,057		2,628	27,671		140,356
46. Vermont VT	53					53
47. Virginia VA	406,828		14,260	196,328		617,416
48. Washington WA	101,757		19,381	67,995		189,133
49. West Virginia WV	213,723	9,108	15,023	122,027		359,881
50. Wisconsin WI	218,942	1,800	31,007	1,182,996		1,434,745
51. Wyoming WY	73,078	1,500	16,855	118,454		209,887
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR	963					963
55. US Virgin Islands VI			1,231	4,932		6,163
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT	1,064					1,064
59. Totals	10,771,514	438,426	1,110,218	26,477,269	0	38,797,427

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
Members														
			31-1544320		0000944707	NYSE	American Financial Group, Inc.	OH	UIP		Ownership			
			31-6549738				American Financial Capital Trust II	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			16-6543606				American Financial Capital Trust III	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			16-6543609				American Financial Capital Trust IV	DE	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0996797				American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-0828578				American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			27-1577326				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	80.000	American Financial Group, Inc.	
			27-2829629				MidMarket Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	65.000	American Financial Group, Inc.	
			41-2112001				APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-6000765				American Premier Underwriters, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			23-6297584				The Associates of the Jersey Company	NJ	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			37-1094159				Cal Coal, Inc.	IL	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			95-2802826				Great Southwest Corporation	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			35-6001691				The Indianapolis Union Railway Company	IN	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			13-6400464				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1665396				Pennsylvania Lehigh Oil & Gas Holdings, LLC	PA	NIA	Lehigh Valley Railroad Company	Ownership	100.000	American Financial Group, Inc.	
			20-1548213				Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			20-1574094				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1852532				Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-1480078				Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			13-6021353				The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1236926				PCC Real Estate, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			76-0080537				PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1388401				PCC Maryland Realty Corp.	MD	NIA	PCC Technical Industries, Inc.	Ownership	100.000	American Financial Group, Inc.	
			06-1209709				Penn Central Energy Management Company	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-1537928				Penn Towers, Inc.	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			46-3246684				Pennslyvania Oil & Gas Holdings, LLC	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-6000766				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.	Ownership	66.670	American Financial Group, Inc.	
			23-6207599				Pittsburgh and Cross Creek Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	83.000	American Financial Group, Inc.	
			23-1707450				Terminal Realty Penn Co	DC	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
			23-1675796				Waynesburg Southern Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.	
							GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
							Great American Specialty & Affinity Limited	GBR	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-1446308				Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			91-1242743				Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			91-1508644				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0084	American Financial Group, Inc.	22179	95-2801326				Republic Indemnity Company of America	CA	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	43753	31-1054123				Republic Indemnity Company of California	CA	IA	Republic Indemnity Company of America	Ownership	100.000	American Financial Group, Inc.	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0606803				GAI Holding Bermuda Ltd.	BMU	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0556144				GAI Indemnity, Ltd.	GBR	IA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	
							Marketform Group Limited	GBR	NIA	GAI Holding Bermuda Ltd.	Ownership	100.000	American Financial Group, Inc.	
							Marketform Holdings Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0412245				Lavenham Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Gabinete Marketform SL	ESP	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Australia Pty Limited	AUS	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Studio Marketform SRL	ITA	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Management Services Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Managing Agency Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0431601				Sampford Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Trust Company Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
			06-1356481				Great American Financial Resources, Inc.	DE	UIP	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	1
			31-1422717				AAG Insurance Agency, Inc.	KY	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			34-1017531				Ceres Group, Inc.	DE	UIP	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			47-0717079				Continental General Corporation	NE	UDP	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	71404	47-0463747				Continental General Insurance Company	OH	RE	Continental General Corporation	Ownership	100.000	American Financial Group, Inc.	
			34-1947042				QQAgency of Texas, Inc.	TX	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1395344				Great American Advisors, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	63312	13-1935920				Great American Life Insurance Company	OH	IA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	NIA	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	NIA	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
0084	American Financial Group, Inc.	93661	31-1021738				Annuity Investors Life Insurance Company	OH	IA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			27-0513333				Bay Bridge Marina Management, LLC	MD	NIA	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			20-1246122				Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	99.000	American Financial Group, Inc.	
			45-3988240				FT Liquidation, LLC	OH	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			20-4604276				GALIC - Bay Bridge Marina, LLC	MD	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			45-5565693				GALIC - Sorrento, LLC	FL	NIA	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			31-1391777				GALIC Brothers, Inc.	OH	NIA	Great American Life Insurance Company	Ownership	80.000	American Financial Group, Inc.	
			45-1144095				GALIC Pointe, LLC	FL	NIA	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			26-3260520				Manhattan National Holding Corporation	OH	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0084	American Financial Group, Inc.	67083	45-0252531				Manhattan National Life Insurance Company	IL	IA	Manhattan National Holding Corporation	Ownership	100.000	American Financial Group, Inc.	
			52-2179330				Skipjack Marina Corp	MD	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			74-2180806				United Teacher Associates, Ltd	TX	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	1
0084	American Financial Group, Inc.	63479	58-0869673				United Teacher Associates Insurance Company	TX	IA	United Teacher Associates, Ltd	Ownership	100.000	American Financial Group, Inc.	
			42-1575938				Great American Holding, Inc.	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			27-3062314				Agricultural Services, LLC	OH	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	
			45-4110027				United States Commodities Producers LLC	MT	NIA	Agricultural Services, LLC	Ownership	75.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Commodities Producers, LLC	Ownership	1.000	American Financial Group, Inc.	2
			27-2354685				United States Livestock Producers, LLC	NV	NIA	Agricultural Services, LLC	Ownership	75.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	14084	27-4395897				Livestock Market Enhancement Risk Retention Group	NV	IA	United States Livestock Producers, LLC	Ownership	99.000	American Financial Group, Inc.	2
0084	American Financial Group, Inc.	35351	31-0912199				American Empire Surplus Lines Insurance Company	DE	IA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	37990	31-0973761				American Empire Insurance Company	OH	IA	American Empire Surplus Lines Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			59-1671722				American Empire Underwriters, Inc.	TX	NIA	American Empire Insurance Company	Ownership	100.000	American Financial Group, Inc.	
							GAI Australia Pty Ltd	AUS	NIA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	
							Great American International Insurance Limited	IRL	IA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	23418	73-0556513				Mid-Continent Casualty Company	OH	IA	Great American Holding, Inc.	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	15380	73-1406844				Mid-Continent Assurance Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	13794	38-3803661				Mid-Continent Excess and Surplus Insurance Company	DE	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	
			30-0571535				Mid-Continent Specialty Insurance Services, Inc.	OK	NIA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	23426	73-0773259				Oklahoma Surety Company	OH	IA	Mid-Continent Casualty Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	16691	31-0501234				Great American Insurance Company	OH	IA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	NIA	Great American Insurance Company	Ownership	37.500	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	NIA	Great American Insurance Company	Ownership	37.500	American Financial Group, Inc.	2
			31-1463075				American Signature Underwriters, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			59-2840291				Brothers Property Corporation	OH	NIA	Great American Insurance Company	Ownership	80.000	American Financial Group, Inc.	
			20-5173494				Brothers Le Pavillon, LLC	DE	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	
			20-5173589				Brothers Le Pavillon (SPE), LLC	DE	NIA	Brothers Le Pavillon, LLC	Ownership	100.000	American Financial Group, Inc.	
			25-1754638				Brothers Pennsylvanian Corporation	PA	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	
			59-2840294				Brothers Property Management Corporation	OH	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	
			20-4498054				Crescent Centre Apartments	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	1
			31-1277904				Crop Managers Insurance Agency, Inc.	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-0589001				Dempsey & Siders Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-1341668				Eden Park Insurance Brokers, Inc.	CA	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
							El Aguila, Compañia de Seguros, S.A. de C.V.	MEX	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
							Financiadora de Primas Condor, S.A. de C.V.	MEX	NIA	El Aguila, Compañia de Seguros, S.A. de C.V.	Ownership	99.000	American Financial Group, Inc.	
			39-1404033				Farmers Crop Insurance Alliance, Inc.	KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			13-3628555				FCIA Management Company, Inc.	NY	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
							Foreign Credit Insurance Association	NY	OTH	Great American Insurance Company	Management		American Financial Group, Inc.	3
			31-1753938				GAI Warranty Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-1765544				GAI Warranty Company of Florida	FL	NIA	GAI Warranty Company	Ownership	100.000	American Financial Group, Inc.	
							GAI Warranty Company of Canada Inc.	CAN	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			45-5565693				GALIC - Sorrento, LLC	FL	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	2
			45-1144095				GALIC Pointe, LLC	FL	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	2
			61-1329718				Global Premier Finance Company	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			74-2693636				Great American Agency of Texas, Inc.	TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	26832	95-1542353				Great American Alliance Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	26344	15-6020948				Great American Assurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	39896	61-0983091				Great American Casualty Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-1228726				Great American Claims Services, Inc.	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	10646	36-4079497				Great American Contemporary Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	37532	31-0954439				Great American E & S Insurance Company	DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	41858	31-1036473				Great American Fidelity Insurance Company	DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-1652643				Great American Insurance Agency, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	22136	13-5539046				Great American Insurance Company of New York	NY	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	38024	31-0974853				Great American Lloyd's Insurance Company	TX	IA	Great American Insurance Company	Other		American Financial Group, Inc.	4
			31-1073664				Great American Lloyd's, Inc.	TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-0856644				Great American Management Services, Inc.	OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	38580	31-1288778				Great American Protection Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			31-0918893				Great American Re Inc.	DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	31135	31-1209419				Great American Security Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	33723	31-1237970				Great American Spirit Insurance Company	OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
							Insurance (GB) Limited	GBR	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			59-1263251				Key Largo Group, Inc.	FL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			34-1607394		0001301106	NASDAQ	National Interstate Corporation	OH	NIA	Great American Insurance Company	Ownership	51.700	American Financial Group, Inc.	
			34-1899058				American Highways Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			31-1548235				Explorer RV Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			98-0191335				Hudson Indemnity, Ltd.	CYM	IA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			66-0660039				Hudson Management Group, Ltd.	VI	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
			34-1607396				National Interstate Insurance Agency, Inc.	OH	NIA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
							Commercial For Hire Transportation Purchasing Group	SC	NIA	National Interstate Insurance Agency, Inc.	Management		American Financial Group, Inc.	5
0084	American Financial Group, Inc.	32620	34-1607395				National Interstate Insurance Company	OH	IA	National Interstate Corporation	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	11051	99-0345306				National Interstate Insurance Company of Hawaii, Inc.	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			43-1254631				TransProtection Service Company	MO	NIA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	
0084	American Financial Group, Inc.	41106	95-3623282				Triumphe Casualty Company	OH	IA	National Interstate Insurance Company	Ownership	100.000	American Financial Group, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0084.....	American Financial Group, Inc.....	21172.....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BMU.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	46-4570914..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	871850814...	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	.....49.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....

Asterisk	Explanation
1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.
5	Company is afflicated by not owned.

SCHEDULE Y

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000	31-1544320	American Financial Group, Inc.	330,000,000				331,069,186				661,069,186	
00000	41-2112001	APU Holding Company	61,500,000								61,500,000	
00000		GAI Insurance Company, Ltd	(1,500,000)								(1,500,000)	(1,411,000)
22179	95-2801326	Republic Indemnity Company of America	(57,700,000)						*		(57,700,000)	(33,374,301)
43753	31-1054123	Republic Indemnity Company of California	(2,300,000)						*		(2,300,000)	
00000		Lloyd's Syndicate 2468 (United Kingdom)									0	(2,303,000)
00000	98-0412245	Lavenham Underwriting Limited									0	11,632,124
00000	98-0431601	Sampford Underwriting Limited									0	12,381,893
00000	31-1475936	AAG Holding Company, Inc.	115,000,000								115,000,000	
63312	13-1935920	Great American Life Insurance Company	(115,000,000)	(429,000)			(189,274,247)				(304,703,247)	27,769,775
00000	45-5565693	GALIC - Sorrento, LLC		660,000							660,000	
00000	74-2180806	United Teacher Associates, Ltd		(35,000,000)							(35,000,000)	
63479	58-0869673	United Teacher Associates Insurance Company		35,000,000							35,000,000	(27,769,775)
00000	42-1575938	Great American Holding, Inc.	51,374,782								51,374,782	
35351	31-0912199	American Empire Surplus Lines Insurance Company	(7,800,000)						*		(7,800,000)	10,663,330
37990	31-0973761	American Empire Insurance Company	(2,200,000)						*		(2,200,000)	
00000		Great American International Insurance Limited (Ireland)	(1,374,782)								(1,374,782)	7,801,000
23418	73-0556513	Mid-Continent Casualty Company	(36,000,000)						*		(36,000,000)	(4,303,000)
15380	73-1406844	Mid-Continent Assurance Company	(2,000,000)						*		(2,000,000)	
23426	73-0773259	Oklahoma Surety Company	(2,000,000)						*		(2,000,000)	
16691	31-0501234	Great American Insurance Company	(313,456,700)	(231,000)			(141,794,939)		*		(455,482,639)	2,252,983
00000	13-3628555	FCIA Management Company, Inc.	(55,300)								(55,300)	
00000	31-1765544	GAI Warranty Company of Florida									0	6,812,000
00000	61-1329718	Global Premier Finance Company	(8,000,000)								(8,000,000)	
38024	31-0974853	Great American Lloyd's Insurance Company									0	3,364,000
00000	34-1607394	National Interstate Corporation	5,512,000								5,512,000	
00000	98-0191335	Hudson Indemnity, Ltd (Cayman Islands)									0	(232,014,000)
32620	34-1607395	National Interstate Insurance Company	(10,000,000)						*		(10,000,000)	200,248,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.							*		0	12,201,000
41106	95-3623282	Triumphe Casualty Company							*		0	58,000
21172	86-0114294	Vanliner Insurance Company							*		0	8,344,000
00000	31-1293064	Professional Risk Brokers, Inc.	(4,000,000)								(4,000,000)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	2,353,029

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

Pooling Information

NAIC Code	Name of Insurer	Pooling %
35351	American Empire Surplus Lines Insurance Company	90.00%
37990	American Empire Insurance Company	10.00%
23418	Mid-Continent Casualty Company	94.00%
15380	Mid-Continent Assurance Company	3.00%
23426	Oklahoma Surety Company	3.00%
13794	Mid-Continent Excess and Surplus Insurance Company	
22179	Republic Indemnity Company of America	97.00%
43753	Republic Indemnity Company of California	3.00%
32620	National Interstate Insurance Company	70.00%
21172	Vanliner Insurance Company	26.00%
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%
41106	Triumphe Casualty Company	2.00%

NAIC Code	Name of Insurer	Pooling %
16691	Great American Insurance Company	100.00%
26832	Great American Alliance Insurance Company	
26344	Great American Assurance Company	
39896	Great American Casualty Insurance Company	
10646	Great American Contemporary Insurance Company	
37532	Great American E & S Insurance Company	
41858	Great American Fidelity Insurance Company	
22136	Great American Insurance Company of New York	
38580	Great American Protection Insurance Company	
31135	Great American Security Insurance Company	
33723	Great American Spirit Insurance Company	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

EXPLANATIONS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
34.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

35.

36. 

37. 

38. 

39. 

40.

41.

42. 

43.

44.

45.

46. 

47. 

48. 

Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

		1 Current Year	2 Prior Year
08.304	Interest on agent balances		7,473
08.397	Summary of remaining write-ins for Line 8.3	0	7,473

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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.....	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

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.....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

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.....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

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

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	CSA-F	F	NO	34067	.05/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	4,261	5,451	127.9	2			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									1,566,357	911,819	58.2	338	617,998	484,095	78.3	348

360

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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.....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
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	02/07/1989			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

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

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.....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

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.....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

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.....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	CSA-F	F	NO	34067	05/05/2008			05/31/2010	MEDICARE SUPPLEMENT	2,373	5,582	235.2	1			0.0	
YES	CSA-G	G	NO	34067	05/05/2008			05/31/2010	MEDICARE SUPPLEMENT	2,159	5,686	263.4	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									952,882	752,211	78.9	327	350,631	285,673	81.5	189

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.....Mississippi

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	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

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

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

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
											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	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
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.....	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

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

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.....Oklahoma

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	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

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.....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

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 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	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
											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	.02/09/1989			.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

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

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.....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

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.....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	CSA-F	F	NO	34007	11/26/2008			05/31/2010	MEDICARE SUPPLEMENT	8,422	3,962	47.0	4			0.0	
YES	CSA-G	G	NO	34007	11/26/2008			05/31/2010	MEDICARE SUPPLEMENT	4,357	3,327	76.4	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									2,772,218	2,078,678	75.0	749	235,574	158,377	67.2	158

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.....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

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.....Washington

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	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

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.....Wisconsin

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	327	P	NO	34000	.02/10/1989			.12/31/1991	MEDICARE SUPPLEMENT	58,025	21,203	36.5	9			0.0	
YES	CSA-WI-BA	O	YES	34067	.03/05/2009			.05/31/2010	MEDICARE SUPPLEMENT	1,749	250	14.3	1			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									527,029	270,464	51.3	110	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

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

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

SCHEDULE O SUPPLEMENT

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

Of The.....CONTINENTAL GENERAL INSURANCE COMPANY
Address (City, State, Zip Code).....Austin, TX 78717
NAIC Group Code.....0084 NAIC Company Code.....71404 Employer's ID Number.....47-0463747

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2009	2010	2011	2012	2013 (a)
1. Prior	3,850	3,851	3,851	3,851	3,851
2. 2009	248	262	262	262	262
3. 2010	XXX	139	144	144	144
4. 2011	XXX	XXX	88	98	98
5. 2012	XXX	XXX	XXX	43	43
6. 2013	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior	621,848	627,884	630,935	632,785	634,000
2. 2009	34,759	40,451	42,033	43,259	43,946
3. 2010	XXX	27,944	32,342	33,455	34,461
4. 2011	XXX	XXX	26,602	32,217	33,898
5. 2012	XXX	XXX	XXX	17,274	19,074
6. 2013	XXX	XXX	XXX	XXX	1,849

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

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

NONE

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2009	2010	2011	2012	2013
1. 2009	254	262	262	XXX	XXX
2. 2010	XXX	92	144	144	XXX
3. 2011	XXX	XXX	97	98	98
4. 2012	XXX	XXX	XXX	43	43
5. 2013	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2009	45,491	46,504	46,183	XXX	XXX
2. 2010	XXX	40,076	37,775	37,367	XXX
3. 2011	XXX	XXX	40,411	40,306	39,781
4. 2012	XXX	XXX	XXX	24,787	26,067
5. 2013	XXX	XXX	XXX	XXX	12,500

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2009	2010	2011	2012	2013
1. 2009	254	262			
2. 2010	XXX	92			
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2009	45,491	46,504			
2. 2010	XXX	40,076			
3. 2011	XXX	XXX			
4. 2012	XXX	XXX	XXX		
5. 2013	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

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

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Standard Factor	908
3. Individual annuity	Standard Factor	186
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health		
9. Credit accident and health		
10. Other accident and health	Other	34,004
11. Total		35,098

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2013 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK