



ANNUAL STATEMENT

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

American Retirement Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 88366	Employer's ID Number..... 59-2760189
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... May 12, 1978	Commenced Business..... November 27, 1978	
Statutory Home Office	1300 East Ninth Street..... Cleveland OH US 44114 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	11200 Lakeline Blvd., Suite 100..... Austin TX US..... 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Mail Address	11200 Lakeline Blvd., Suite 100..... Austin TX US 78717 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	11200 Lakeline Blvd., Suite 100..... Austin TX US 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Internet Web Site Address		
Statutory Statement Contact	Jesse Navarrete (Name) CSBFinRpt@cigna.com (E-Mail Address)	512-807-4801 (Area Code) (Telephone Number) (Extension) 512-467-1399 (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

Paul Adolph Severt	Bradley Allen Wolfram	Frank Sataline Jr.	Eric Paul Palmer
James Yablecki			

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

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

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



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	546				546
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	546	0	0	0	546
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.....	13,827				13,827
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.....	13,827	0	0	0	13,827

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	2,535	(a)						1	2,535
21. Issued during year.....	3	72,000							3	72,000
22. Other changes to in force (Net).....		65							0	65
23. In force December 31 of current year.....	4	74,600	0	(a)0	0	0	0	0	4	74,600

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	536,844	508,745		242,097	394,404
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	536,844	508,745	0	242,097	394,404
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	536,844	508,745	0	242,097	394,404

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	-				.0
2. Annuity considerations.....	.66				.66
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.66	0	0	0	.66
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	0	0	0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	0	0	0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	0	0	0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,374				2,374
10. Matured endowments.....					.0
11. Annuity benefits.....	314,297				314,297
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.....	316,671	0	0	0	316,671

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	.1	2,374							.1	2,374
Settled during current year:										
18.1 By payment in full.....	.1	2,374							.1	2,374
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.1	2,374	.0	.0	.0	.0	.0	0	.1	2,374
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.1	2,374	.0	.0	.0	.0	.0	0	.1	2,374
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.....	.72	427,955	(a)						.72	427,955
21. Issued during year.....	-	-							.0	.0
22. Other changes to in force (Net).....	(1)	7,962							(1)	7,962
23. In force December 31 of current year.....	.71	435,917	.0	(a).0	.0	.0	.0	0	.71	435,917

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	44,251	39,719		10,820	21,588
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	44,251	39,719	.0	10,820	21,588
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	44,251	39,719	.0	10,820	21,588

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	491				491
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	491	0	0	0	491
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	2	30,000							2	30,000
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	59,806	57,498		16,413	31,272
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).....	59,806	57,498	0	16,413	31,272
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	59,806	57,498	0	16,413	31,272

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	- .....	.....	.....	.....	.....0
2. Annuity considerations.....	.....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	XXX.....	.....	XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	- .....	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	15,035	.....	.....	.....	.....15,035
12. Surrender values and withdrawals for life contracts.....	.....	.....	.....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	15,035	0	0	0	15,035

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	2,774	2,759	.....	.....823	1,526
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,774	2,759	0	823	1,526
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,774	2,759	0	823	1,526

(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 COLORADO DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	199				199
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	199	0	0	0	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.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	4	33,750							4	33,750
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	4	33,750	0	(a).....0	0	0	0	0	4	33,750

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	619,490	506,443		184,228	341,305
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	619,490	506,443	0	184,228	341,305
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	619,490	506,443	0	184,228	341,305

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	46,642	45,426	.....	.....9,335	20,281
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).....	46,642	45,426	0	9,335	20,281
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	46,642	45,426	0	9,335	20,281

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	-				0
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,200	0	0	0	1,200
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.....	47,073				47,073
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.....	47,073	0	0	0	47,073

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	11,533	(a)						2	11,533
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....		304							0	304
23. In force December 31 of current year.....	2	11,837	0 (a)	0	0	0	0	0	2	11,837

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	11,839	11,643		6,628	10,344
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	11,839	11,643	0	6,628	10,344
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	11,839	11,643	0	6,628	10,344

(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.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	59				59
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	59	0	0	0	59
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.....	12,113				12,113
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.....	12,113	0	0	0	12,113

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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	23,164	(a)						3	23,164
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....		518							0	518
23. In force December 31 of current year.....	4	38,682	0	(a) 0	0	0	0	0	4	38,682

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	51,536	45,764		10,686	22,853
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	51,536	45,764	0	10,686	22,853
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	51,536	45,764	0	10,686	22,853

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,253				15,253
2. Annuity considerations.....	4,189				4,189
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,442	0	0	0	19,442
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	19,699				19,699
10. Matured endowments.....					0
11. Annuity benefits.....	1,550,582				1,550,582
12. Surrender values and withdrawals for life contracts.....	5,750				5,750
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.....	1,576,031	0	0	0	1,576,031

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	19,699							5	19,699
Settled during current year:										
18.1 By payment in full.....	5	19,699							5	19,699
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	19,699	0	0	0	0	0	0	5	19,699
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	19,699	0	0	0	0	0	0	5	19,699
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.....	172	1,017,780	(a)						172	1,017,780
21. Issued during year.....	102	1,188,750							102	1,188,750
22. Other changes to in force (Net).....	(10)	(15,729)							(10)	(15,729)
23. In force December 31 of current year	264	2,190,801	0	(a)0	0	0	0	0	264	2,190,801

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,279,697	15,236,489		5,853,283	10,375,224
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	17,279,697	15,236,489	0	5,853,283	10,375,224
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	17,279,697	15,236,489	0	5,853,283	10,375,224

(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 HAWAII DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	289,556	274,040		114,781	193,842
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).....	289,556	274,040	0	114,781	193,842
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	289,556	274,040	0	114,781	193,842

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	- .....	.....	.....	.....	.....0
2. Annuity considerations.....	.....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	XXX.....	.....	XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	- .....	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	1,697	.....	.....	.....	.....1,697
12. Surrender values and withdrawals for life contracts.....	.....	.....	.....	.....	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....	.....	.....	.....	.....	.....0
15. Totals.....	1,697	0	0	0	1,697

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,927				1,927
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,927	0	0	0	1,927
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.....	47,534				47,534
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.....	47,534	0	0	0	47,534

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	16	180,000							16	180,000
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	16	180,000	0	(a).....0	0	0	0	0	16	180,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	689,256	616,527		209,602	385,276
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).....	689,256	616,527	0	209,602	385,276
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	689,256	616,527	0	209,602	385,276

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	42				42
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	42	0	0	0	42
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,080,375	805,418		240,874	499,126
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,080,375	805,418	0	240,874	499,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,080,375	805,418	0	240,874	499,126

(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 KANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	600,850	493,102	.....	.....140,180	285,003
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).....	600,850	493,102	0	140,180	285,003
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	600,850	493,102	0	140,180	285,003

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	401				401
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	401	0	0	0	401
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.....	13,715				13,715
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.....	13,715	0	0	0	13,715

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	3	30,000							3	30,000
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	3	30,000	0	(a).....0	0	0	0	0	3	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	597,046	532,091		231,153	393,022
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).....	597,046	532,091	0	231,153	393,022
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	597,046	532,091	0	231,153	393,022

(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 LOUISIANA DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	709				709
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	709	0	0	0	709
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	39,141				39,141
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.....	39,141	0	0	0	39,141

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	4	45,000							4	45,000
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	4	45,000	0	(a).....0	0	0	0	0	4	45,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	358,268	325,218		132,538	228,506
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	358,268	325,218	0	132,538	228,506
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	358,268	325,218	0	132,538	228,506

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	2,085	(a)						1	2,085
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....		55							0	55
23. In force December 31 of current year.....	1	2,140	0 (a)	0	0	0	0	0	1	2,140

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

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	23,136	17,380	.....	.....1,130	5,875
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	23,136	17,380	0	1,130	5,875
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	23,136	17,380	0	1,130	5,875

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	1,388	1,322	.....	.....317	650
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,388	1,322	0	317	650
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,388	1,322	0	317	650

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	954	950	.....	.....159	377
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).....	954	950	0	159	377
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	954	950	0	159	377

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	90				90
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	90	0	0	0	90
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.....	119,864				119,864
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.....	119,864	0	0	0	119,864

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	2,118	(a)						1	2,118
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....		44							0	44
23. In force December 31 of current year.....	2	17,162	0	(a)0	0	0	0	0	2	17,162

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	74,646	66,988		13,300	30,496
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).....	74,646	66,988	0	13,300	30,496
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	74,646	66,988	0	13,300	30,496

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	461				461
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	461	0	0	0	461
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....	6	45,000							6	45,000
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	6	45,000	0	(a).....0	0	0	0	0	6	45,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	833,642	792,531		350,262	581,726
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	833,642	792,531	0	350,262	581,726
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	833,642	792,531	0	350,262	581,726

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	110,987	96,433	.....	.....41,081	70,770
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).....	110,987	96,433	0	41,081	70,770
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	110,987	96,433	0	41,081	70,770

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



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	-				0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	166,884				166,884
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.....	166,884	0	0	0	166,884

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	55,160	(a)						12	55,160
21. Issued during year.....	-	-							0	0
22. Other changes to in force (Net).....		1,357							0	1,357
23. In force December 31 of current year.....	12	56,517	0 (a)	0	0	0	0	0	12	56,517

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	754,709	701,049		290,038	494,213
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).....	754,709	701,049	0	290,038	494,213
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	754,709	701,049	0	290,038	494,213

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	1,509	1,337	.....	.....275	624
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,509	1,337	0	275	624
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,509	1,337	0	275	624

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	210,148	186,032	.....	.....75,179	130,927
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).....	210,148	186,032	0	75,179	130,927
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	210,148	186,032	0	75,179	130,927

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	998	990	.....	.....395	667
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).....	998	990	0	395	667
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	998	990	0	395	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.



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	100,646	94,440	.....	35,765	62,413
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).....	100,646	94,440	0	35,765	62,413
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	100,646	94,440	0	35,765	62,413

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	644,690	588,382	.....	302,053	487,139
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).....	644,690	588,382	0	302,053	487,139
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	644,690	588,382	0	302,053	487,139

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



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	4,445	4,403	.....	6,138	8,207
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,445	4,403	0	6,138	8,207
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,445	4,403	0	6,138	8,207

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	113				113
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	113	0	0	0	113
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.....	35,522				35,522
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.....	35,522	0	0	0	35,522

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	735,477	621,664		201,275	384,440
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).....	735,477	621,664	0	201,275	384,440
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	735,477	621,664	0	201,275	384,440

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,559				1,559
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,559	0	0	0	1,559
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.....	39,850				39,850
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.....	39,850	0	0	0	39,850

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....		-							.0	.0
Settled during current year:										
18.1 By payment in full.....		-							.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.6	32,988	(a)						.6	32,988
21. Issued during year.....	.12	117,000							.12	117,000
22. Other changes to in force (Net).....		.854							.0	.854
23. In force December 31 of current year.....	.18	150,842	.0	(a).....0	.0	.0	.0	.0	.18	150,842

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,250,282	1,198,080		547,084	898,503
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,250,282	1,198,080	.0	547,084	898,503
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,250,282	1,198,080	.0	547,084	898,503

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0901

NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	610	606	.....	.....17	140
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).....	610	606	0	17	140
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	610	606	0	17	140

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,617				2,617
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,617	0	0	0	2,617
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.....	2,429				2,429
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,429	0	0	0	2,429

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		-							0	0
Settled during current year:										
18.1 By payment in full.....		-							0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....			(a)						0	0
21. Issued during year.....	21	246,000							21	246,000
22. Other changes to in force (Net).....	(1)	(7,500)							(1)	(7,500)
23. In force December 31 of current year.....	20	238,500	0	(a)0	0	0	0	0	20	238,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,930,549	2,511,115		837,767	1,574,474
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,930,549	2,511,115	0	837,767	1,574,474
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,930,549	2,511,115	0	837,767	1,574,474

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	8,701	8,322	.....	.....2,551	4,751
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).....	8,701	8,322	0	2,551	4,751
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,701	8,322	0	2,551	4,751

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	163				163
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	163	0	0	0	163
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....	6,335				6,335
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	6,335	0	0	0	6,335

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,104,974	1,020,138		427,994	727,375
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,104,974	1,020,138	0	427,994	727,375
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,104,974	1,020,138	0	427,994	727,375

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	53,026	43,928	.....	.....19,387	33,546
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).....	53,026	43,928	0	19,387	33,546
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	53,026	43,928	0	19,387	33,546

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,620				2,620
2. Annuity considerations.....	833				833
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,453	0	0	0	3,453
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.....	10,506				10,506
10. Matured endowments.....					0
11. Annuity benefits.....	442,018				442,018
12. Surrender values and withdrawals for life contracts.....	5,750				5,750
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.....	458,274	0	0	0	458,274

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	10,506							2	10,506
Settled during current year:										
18.1 By payment in full.....	2	10,506							2	10,506
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	10,506	0	0	0	0	0	0	2	10,506
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	10,506	0	0	0	0	0	0	2	10,506
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	53	347,145	(a)						53	347,145
21. Issued during year.....	4	55,500							4	55,500
22. Other changes to in force (Net).....	(2)	(2,325)							(2)	(2,325)
23. In force December 31 of current year	55	400,320	0	(a)0	0	0	0	0	55	400,320

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	222,077	207,518		62,060	117,583
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).....	222,077	207,518	0	62,060	117,583
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	222,077	207,518	0	62,060	117,583

(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.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,849				2,849
2. Annuity considerations.....	2,009				2,009
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,858	0	0	0	4,858
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	6,819				6,819
10. Matured endowments.....					0
11. Annuity benefits.....	197,732				197,732
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.....	204,551	0	0	0	204,551

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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	6,819							2	6,819
Settled during current year:										
18.1 By payment in full.....	2	6,819							2	6,819
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	6,819	0	0	0	0	0	0	2	6,819
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	6,819	0	0	0	0	0	0	2	6,819
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.....	21	113,097	(a)						21	113,097
21. Issued during year.....	16	229,500							16	229,500
22. Other changes to in force (Net).....	(6)	(17,063)							(6)	(17,063)
23. In force December 31 of current year	31	325,534	0	(a)0	0	0	0	0	31	325,534

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,486,691	2,272,470		908,414	1,572,184
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,486,691	2,272,470	0	908,414	1,572,184
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,486,691	2,272,470	0	908,414	1,572,184

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	119				119
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	119	0	0	0	119
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	-				0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	63,705	59,312		22,375	39,207
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	63,705	59,312	0	22,375	39,207
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	63,705	59,312	0	22,375	39,207

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	- .....	.....	.....	.....	.....0
2. Annuity considerations.....	.....	.....	.....	.....	.....0
3. Deposit-type contract funds.....	.....	XXX.....	.....	XXX.....	0
4. Other considerations.....	.....	.....	.....	.....	.....0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
6.2 Applied to pay renewal premiums.....	.....	.....	.....	.....	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....	.....	.....	.....	.....0
6.4 Other.....	.....	.....	.....	.....	.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....	.....	.....	.....	.....	.....0
7.2 Applied to provide paid-up annuities.....	.....	.....	.....	.....	.....0
7.3 Other.....	.....	.....	.....	.....	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	- .....	.....	.....	.....	.....0
10. Matured endowments.....	.....	.....	.....	.....	.....0
11. Annuity benefits.....	31,582	.....	.....	.....	.....31,582
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.....	31,582	0	0	0	31,582

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	5,201	2,048	.....	.....44	1,070
25.3 Non-renewable for stated reasons only (b).....	.....	.....	.....	.....	.....
25.4 Other accident only.....	.....	.....	.....	.....	.....
25.5 All other (b).....	.....	.....	.....	.....	.....
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,201	2,048	0	44	1,070
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,201	2,048	0	44	1,070

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	819	998	.....	.....410	651
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).....	819	998	0	410	651
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	819	998	0	410	651

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code....0901 NAIC Company Code....88366

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....	.....	.....	.....	.....
24.1 Federal Employee Health Benefits Plan premium (b).....	.....	.....	.....	.....	.....
24.2 Credit (group and individual).....	.....	.....	.....	.....	.....
24.3 Collectively renewable policies (b).....	.....	.....	.....	.....	.....
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....	.....	.....	.....	.....
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....	.....	.....	.....	.....
25.2 Guaranteed renewable (b).....	335,256	181,698	.....	.....25,727	96,247
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).....	335,256	181,698	0	25,727	96,247
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	335,256	181,698	0	25,727	96,247

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	144				144
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	144	0	0	0	144
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.....	370				370
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.....	370	0	0	0	370

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	260,993	238,425		121,799	196,647
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	260,993	238,425	0	121,799	196,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	260,993	238,425	0	121,799	196,647

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



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....88366

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	-				.0
2. Annuity considerations.....	.81				.81
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.81	0	0	0	.81
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.....	2,794				2,794
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	0	0	0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	2,794	0	0	0	2,794

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	70,905	53,537		10,129	25,974
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).....	70,905	53,537	.0	10,129	25,974
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	70,905	53,537	.0	10,129	25,974

(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.....	(13,516)
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	(13,516)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	(929)
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	(12,587)

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.....	(929)			(929)
2. 2014.....	(943)			(943)
3. 2015.....	(920)			(920)
4. 2016.....	(895)			(895)
5. 2017.....	(870)			(870)
6. 2018.....	(920)			(920)
7. 2019.....	(996)			(996)
8. 2020.....	(1,075)			(1,075)
9. 2021.....	(1,184)			(1,184)
10. 2022.....	(1,296)			(1,296)
11. 2023.....	(1,215)			(1,215)
12. 2024.....	(968)			(968)
13. 2025.....	(724)			(724)
14. 2026.....	(435)			(435)
15. 2027.....	(146)			(146)
16. 2028.....				0
17. 2029.....				0
18. 2030.....				0
19. 2031.....				0
20. 2032.....				0
21. 2033.....				0
22. 2034.....				0
23. 2035.....				0
24. 2036.....				0
25. 2037.....				0
26. 2038.....				0
27. 2039.....				0
28. 2040.....				0
29. 2041.....				0
30. 2042.....				0
31. 2043 and Later.....				0
32. Total (Lines 1 to 31).....	(13,516)	0	0	(13,516)

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	(0)		(0)			0	(0)
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	5,790		5,790			0	5,790
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	5,790	0	5,790	0	0	0	5,790
9. Maximum reserve.....	43,425		43,425			0	43,425
10. Reserve objective.....	33,293		33,293			0	33,293
11. 20% of (Line 10 minus Line 8).....	5,501	0	5,501	0	0	0	5,501
12. Balance before transfers (Lines 8 + 11).....	11,291	0	11,291	0	0	0	11,291
13. Transfers.....			0			0	XXX
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	11,291	0	11,291	0	0	0	11,291

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	3,427,480	XXX	XXX	3,427,480	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	75,000	XXX	XXX	75,000	0.0004	30	0.0023	173	0.0030	225
3	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	3,502,480	XXX	XXX	3,502,480	XXX	30	XXX	173	XXX	225
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	14,399,890	XXX	XXX	14,399,890	0.0004	5,760	0.0023	33,120	0.0030	43,200
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).....	14,399,890	XXX	XXX	14,399,890	XXX	5,760	XXX	33,120	XXX	43,200

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
DERIVATIVE INSTRUMENTS												
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		TOTAL (Lines 9 + 17 + 25 + 33).....	17,902,370	XXX	XXX	17,902,370	XXX	5,790	XXX	33,292	XXX	43,425
MORTGAGE LOANS												
In good standing:												
35		Farm mortgages.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
36		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
37		Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
38		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
39		Commercial mortgages-all other.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		In good standing with restructured terms.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
Overdue, not in process:												
41		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
42		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
43		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
44		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
45		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
In process of foreclosure:												
46		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
48		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
50		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
51		Total Schedule B mortgages (sum of Lines 35 through 50).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
52		Schedule DA mortgages.....			XXX	0	0.0030	0	0.0100	0	0.0130	0
53		Total mortgage loans on real estate (Lines 51 + 52).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

AVR-Equity Component (Lines 1-30)
NONE

AVR-Equity Component (Lines 31-55)
NONE

AVR-Equity Component (Lines 56-77)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1.	Premiums written.....	16,737,377	XXX		XXX		XXX	XXX		XXX	16,737,377	XXX		XXX		XXX		XXX
2.	Premiums earned.....	15,236,489	XXX		XXX		XXX	XXX		XXX	15,236,489	XXX		XXX		XXX		XXX
3.	Incurred claims.....	10,375,224	68.1		0.0		0.0	0.0		0.0	10,375,224	68.1		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).....	10,375,224	68.1	0	0.0	0	0.0	0	0.0	0	10,375,224	68.1	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	0	0.0		0.0		0.0	0.0		0.0		0.0		0.0		0.0		0.0
7.	Commissions (a).....	3,676,014	24.1		0.0		0.0	0.0		0.0	3,676,014	24.1		0.0		0.0		0.0
8.	Other general insurance expenses.....	6,159,803	40.4		0.0		0.0	0.0		0.0	6,159,803	40.4		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	534,788	3.5		0.0		0.0	0.0		0.0	534,788	3.5		0.0		0.0		0.0
10.	Total other expenses incurred.....	10,370,605	68.1	0	0.0	0	0.0	0	0.0	0	10,370,605	68.1	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	51,636	0.3	0	0.0	0	0.0	0	0.0	0	51,636	0.3	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(5,560,976)	(36.5)	0	0.0	0	0.0	0	0.0	0	(5,560,976)	(36.5)	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.....	(5,560,976)	(36.5)	0	0.0	0	0.0	0	0.0	0	(5,560,976)	(36.5)	0	0.0	0	0.0	0	0.0

DETAILS OF WRITE-INS

1101.	Increase in Loading.....	51,636	0.3		0.0		0.0	0.0		0.0	51,636	0.3		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
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	51,636	0.3	0	0.0	0	0.0	0	0.0	0	51,636	0.3	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts					
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other	
PART 2 - RESERVES AND LIABILITIES										
A. Premium Reserves:										
1. Unearned premiums.....	1,500,888					1,500,888				
2. Advance premiums.....	616,085					616,085				
3. Reserve for rate credits.....	0									
4. Total premium reserves, current year.....	2,116,973	0	0	0	0	2,116,973	0	0	0	0
5. Total premium reserves, prior year.....	0									
6. Increase in total premium reserves.....	2,116,973	0	0	0	0	2,116,973	0	0	0	0
B. Contract Reserves:										
1. Additional reserves (a).....	0									
2. Reserve for future contingent benefits.....	0									
3. Total contract reserves, current year.....	0	0	0	0	0	0	0	0	0	0
4. Total contract reserves, prior year.....	0									
5. Increase in contract reserves.....	0	0	0	0	0	0	0	0	0	0
C. Claim Reserves and Liabilities:										
1. Total current year.....	4,521,939					4,521,939				
2. Total prior year.....	0									
3. Increase.....	4,521,939	0	0	0	0	4,521,939	0	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	0								
1.2 On claims incurred during current year.....	5,853,285					5,853,285			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	0								
2.2 On claims incurred during current year.....	4,521,939					4,521,939			
3. Test:									
3.1 Lines 1.1 and 2.1.....	0	0	0	0	0	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	0								
3.3 Line 3.1 minus Line 3.2.....	0	0	0	0	0	0	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								

NONE

(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.....			10,375,224	10,375,224
2. Beginning claim reserves and liabilities.....				0
3. Ending claim reserves and liabilities.....			4,521,939	4,521,939
4. Claims paid.....	0	0	5,853,285	5,853,285
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....				0
10. Beginning claim reserves and liabilities.....				0
11. Ending claim reserves and liabilities.....				0
12. Claims paid.....	0	0	0	0
D. Net:				
13. Incurred claims.....	0	0	10,375,224	10,375,224
14. Beginning claim reserves and liabilities.....	0	0	0	0
15. Ending claim reserves and liabilities.....	0	0	4,521,939	4,521,939
16. Claims paid.....	0	0	5,853,285	5,853,285
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			10,375,224	10,375,224
18. Beginning reserves and liabilities.....				0
19. Ending reserves and liabilities.....			4,521,939	4,521,939
20. Paid claims and cost containment expenses.....	0	0	5,853,285	5,853,285

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

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

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
82627.....	06-0839705....	10/01/1990	Swiss Re Life & Health America.....	IN.....	12,588	.....
82627.....	06-0839705....	01/01/1990	Swiss Re Life & Health America.....	IN.....	204,166	74,966
63312.....	13-1935920....	08/31/2013	Great American Life Insurance Company.....	OH.....	12,880	3,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				229,634	77,966
1099999.	Total - Life and Annuity Non-Affiliates.....				229,634	77,966
1199999.	Total - Life and Annuity.....				229,634	77,966
2399999.	Total U.S.....				229,634	77,966
9999999.	Total.....				229,634	77,966

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Amount In Force at End of Year	Reserve Credit Taken		10 Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
							8 Current Year	9 Prior Year		11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
82627.....	06-0839705....	10/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/i.....	.....	.....375,851	429,984	.....	.....	.....	.....	.....
82627.....	06-0839705....	10/01/1990	Swiss Re Life & Health of America.....	IN.....	ACO/i.....	.....	.....13,545,654	14,564,544	4,189	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	.....	.....1,010,000	646,106	630,226	1,905	.....	.....	.....	.....
66133.....	41-1760577....	03/01/2013	Wilton Reassurance Company.....	MN.....	.....	.....472,500	.....	.....	.....5,226	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0
1199999.	Total - General Account - Authorized.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0
6999999.	Total U.S.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0
9999999.	Total.....					1,482,500	14,567,611	15,624,754	11,320	0	0	0	0

Sch. S-Pt. 3-Sn. 2
NONE

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.....	11	702	6	5	8
2. Commissions and reinsurance expense allowances.....	45	30	39	47	48
3. Contract claims.....	1,596	1,565	1,865	1,829	1,718
4. Surrender benefits and withdrawals for life contracts.....					
5. Dividends to policyholders.....					
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....		(528)	(1,865)	(1,237)	(1,085)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	7	3	1	1	0
9. Aggregate reserves for life and accident and health contracts.....	14,568	15,625	16,053	17,340	18,577
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	78	53	52	50	75
12. Amounts recoverable on reinsurance.....	230	439	196	281	262
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....			XXX	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....			XXX	XXX	XXX
23. Funds deposited by and withheld from (F).....			XXX	XXX	XXX
24. Letters of credit (L).....			XXX	XXX	XXX
25. Trust agreements (T).....			XXX	XXX	XXX
26. Other (O).....			XXX	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	17,774,712		17,774,712
2. Reinsurance (Line 16).....	238,996	(238,996)	0
3. Premiums and considerations (Line 15).....	16,029	6,659	22,688
4. Net credit for ceded reinsurance.....	XXX	14,877,916	14,877,916
5. All other admitted assets (balance).....	12,664		12,664
6. Total assets excluding Separate Accounts (Line 26).....	18,042,401	14,645,579	32,687,980
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	18,042,401	14,645,579	32,687,980
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	1,501,206	14,567,613	16,068,819
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	4,523,105	77,966	4,601,071
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	616,085		616,085
14. Other contract liabilities (Line 9).....			0
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	2,975,318		2,975,318
20. Total liabilities excluding Separate Accounts (Line 26).....	9,615,714	14,645,579	24,261,293
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	9,615,714	14,645,579	24,261,293
23. Capital & surplus (Line 38).....	8,426,687	XXX	8,426,687
24. Total liabilities, capital & surplus (Line 39).....	18,042,401	14,645,579	32,687,980
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	14,567,613		
26. Claim reserves.....	77,966		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	238,996		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	14,884,575		
34. Premiums and considerations.....	6,659		
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.....	6,659		
41. Total net credit for ceded reinsurance.....	14,877,916		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			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	Totals
1.	Alabama.....	AL	546				546
2.	Alaska.....	AK					0
3.	Arizona.....	AZ	491				491
4.	Arkansas.....	AR		66			66
5.	California.....	CA					0
6.	Colorado.....	CO	199				199
7.	Connecticut.....	CT					0
8.	Delaware.....	DE					0
9.	District of Columbia.....	DC					0
10.	Florida.....	FL		1,200			1,200
11.	Georgia.....	GA	59				59
12.	Hawaii.....	HI					0
13.	Idaho.....	ID					0
14.	Illinois.....	IL	1,927				1,927
15.	Indiana.....	IN	42				42
16.	Iowa.....	IA	144				144
17.	Kansas.....	KS					0
18.	Kentucky.....	KY	401				401
19.	Louisiana.....	LA	709				709
20.	Maine.....	ME					0
21.	Maryland.....	MD					0
22.	Massachusetts.....	MA					0
23.	Michigan.....	MI					0
24.	Minnesota.....	MN					0
25.	Mississippi.....	MS	461				461
26.	Missouri.....	MO	90				90
27.	Montana.....	MT					0
28.	Nebraska.....	NE					0
29.	Nevada.....	NV					0
30.	New Hampshire.....	NH					0
31.	New Jersey.....	NJ					0
32.	New Mexico.....	NM					0
33.	New York.....	NY					0
34.	North Carolina.....	NC					0
35.	North Dakota.....	ND					0
36.	Ohio.....	OH	113				113
37.	Oklahoma.....	OK	1,559				1,559
38.	Oregon.....	OR					0
39.	Pennsylvania.....	PA	2,617				2,617
40.	Rhode Island.....	RI					0
41.	South Carolina.....	SC	163				163
42.	South Dakota.....	SD					0
43.	Tennessee.....	TN	2,620	833			3,453
44.	Texas.....	TX	2,849	2,009			4,858
45.	Utah.....	UT	119				119
46.	Vermont.....	VT					0
47.	Virginia.....	VA					0
48.	Washington.....	WA					0
49.	West Virginia.....	WV	144				144
50.	Wisconsin.....	WI					0
51.	Wyoming.....	WY		81			81
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		15,253	4,189	0	0	19,442

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		75-3108521	1591167....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		76-0657035	1591167....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	..99.000	Cigna Corporation.....	
	Cigna Group.....		33-1033586	1591167....	0000701221		NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		72-1559530	1591167....	0000701221		HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		62-1540621	1591167....	0000701221		HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11522..	62-1593150	1591167....	0000701221		HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		20-5524622	1591167....	0000701221		Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		26-2353476	1591167....	0000701221		HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		26-2353772	1591167....	0000701221		HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	13733..	03-0452349	1591167....	0000701221		Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		41-1648670	1591167....	0000701221		Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		94-3107309	1591167....	0000701221		Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		75-2751090	1591167....	0000701221		Cigna Behavioral Health of Texas, Inc.	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
							MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1346406	1591167....	0000701221		Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		59-2308055	1591167....	0000701221		Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11175..	59-2675861	1591167....	0000701221		Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95380..	59-2676987	1591167....	0000701221		Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52021..	59-1611217	1591167....	0000701221		Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		06-1351097	1591167....	0000701221		Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52024..	59-2625350	1591167....	0000701221		Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52108..	59-2619589	1591167....	0000701221		Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11160..	06-1582068	1591167....	0000701221		Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	11167..	59-2308062	1591167....	0000701221		Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95179..	56-1803464	1591167....	0000701221		Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47805..	59-2579774	1591167....	0000701221		Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47041..	52-1220578	1591167....	0000701221		Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95037..	59-2676977	1591167....	0000701221		Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	52617..	52-2188914	1591167....	0000701221		Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	47013..	86-0807222	1591167....	0000701221		Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	48119..	59-2740468	1591167....	0000701221		Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		62-1312478	1591167....	0000701221		Cigna Health Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		02-0387748	1591167....	0000701221		Healthsource, Inc.....	NH.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95125..	86-0334392	1591167....	0000701221		Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....		95-3310115	1591167....	0000701221		Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
	Cigna Group.....	95604..	84-1004500	1591167....	0000701221		Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	95660.....	06-1141174	1591167.....	0000701221		Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95136.....	59-2089259	1591167.....	0000701221		Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95602.....	36-3385638	1591167.....	0000701221		Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95477.....	01-0418220	1591167.....	0000701221		Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95220.....	02-0402111	1591167.....	0000701221		Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95599.....	52-1404350	1591167.....	0000701221		Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95493.....	02-0387749	1591167.....	0000701221		Cigna HealthCare of New Hampshire, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95500.....	22-2720890	1591167.....	0000701221		Cigna HealthCare of New Jersey, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95121.....	23-2301807	1591167.....	0000701221		Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95635.....	36-3359925	1591167.....	0000701221		Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95518.....	62-1230908	1591167.....	0000701221		Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	96229.....	58-1641057	1591167.....	0000701221		Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95383.....	74-2767437	1591167.....	0000701221		Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95525.....	35-1679172	1591167.....	0000701221		Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95488.....	11-2758941	1591167.....	0000701221		Cigna HealthCare of New York, Inc.....	NY.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95606.....	62-1218053	1591167.....	0000701221		Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95132.....	56-1479515	1591167.....	0000701221		Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95708.....	06-1185590	1591167.....	0000701221		Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Temple Insurance Company Limited (Bermuda).....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		86-3581583	1591167.....	0000701221		Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0467679	1591167.....	0000701221		Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167.....	0000701221		Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0515554	1591167.....	0000701221		Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		35-1641636	1591167.....	0000701221		Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		84-0985843	1591167.....	0000701221		Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	95388.....	93-1174749	1591167.....	0000701221		Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		02-0495422	1591167.....	0000701221		Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-1560515	1591167.....	0000701221		Cigna Life Insurance Co. of Canada.....	CAN.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	64548.....	13-2556568	3281743.....	0000701221		Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	62308.....	06-0303370	1591167.....	0000701221		Connecticut General Life Insurance Company.....	CT.....	UIP.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-5402936	1591167.....	0000701221		CARING - Albuquerque, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167.....	0000701221		CG Gillette Ridge, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		74-3091940	1591167.....	0000701221		Gillette Ridge Apartments, LLC.....	MD.....	NIA.....	CG Gillette Ridge LLC.....	Ownership.....	...65.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167.....	0000701221		CG Merrick, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		52-2345309	1591167.....	0000701221		Merrick Park, LLC.....	DE.....	NIA.....	CG Merrick LLC.....	Ownership.....	...30.000	General Growth Properties, Inc. (non-affiliate)...	
	Cigna Group.....		52-2225244	1591167.....	0000701221		Merricak Park Parking, LLC.....	MD.....	NIA.....	CG Merrick LLC.....	Ownership.....	...30.000	General Growth Properties, Inc. (non-affiliate)...	
	Cigna Group.....		20-2542572	1591167.....	0000701221		CG Morrison LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		Civic Holding, LLC.....	DE.....	NIA.....	CG Morrison LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		45-3481107	1591167....	0000701221		CG Mystic Center LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Station Landing Holding, LLC.....	DE.....	NIA.....	CG Mystic Center LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		45-3481241	1591167....	0000701221		CG Mystic Land LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CG HOLDING, LLC.....	MA.....	NIA.....	CG Mystic Land LLC.....	Ownership.....	...50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate)	
	Cigna Group.....		58-2455703	1591167....	0000701221		CG Pinnacle, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Pinnacle Industrial Center, LP.....	TX.....	NIA.....	CG Pinnacle LLC.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		20-3870049	1591167....	0000701221		CG Skyline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline ND/CG LLC.....	MA.....	NIA.....	CG Skyline LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND Mystic Center Note LLC.....	DE.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline Mezzanine Borrower LLC.....	MA.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Skyline at Station Landing LLC.....	MA.....	NIA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-0180898	1591167....	0000701221		CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Carson Bayport I LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...59.400	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Bayport LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Bayport Colony Apartments LLC.....	FL.....	NIA.....	CG Bayport LLC.....	Ownership.....	...99.900	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Shirlington LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Shirlington Apartments LLC.....	DE.....	NIA.....	CG Shirlington LLC.....	Ownership.....	...60.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Wheaton LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG-LINA Bayport I LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG-LINA Colonial LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CG Colonial LLC.....	MA.....	NIA.....	CG-LINA Colonial LLC.....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PHF-ND Colonial LLC.....	DE.....	NIA.....	ND/CG Colonial LLC.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		26-1133516	1591167....	0000701221		CG-LINA Commonwealth LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		UNICO/CG Commonwealth LLC.....	DE.....	NIA.....	CG-LINA Commonwealth LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Commonwealth Acquisition LLC.....	DE.....	NIA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-1585711	1591167....	0000701221		CG-LINA Jacob Way LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		20-8323494	1591167....	0000701221		CG-LINA Lovejoy LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		UNICO-CG Lovejoy LLC.....	OR.....	NIA.....	CG-LINA Lovejoy, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		32-0222252	1591167....	0000701221		Cigan Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CR Longwood Investors L.P.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...24.600	Charles River Realty Longwood, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR Longwood LLC.....	DE.....	NIA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	NIA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	RE-MA Region No. 41, LLC (non-affiliate).....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-3700105	1591167....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...60.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		52-2149519	1591167....	0000701221		Hazard Center Investment Company LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Secon Properties, LP.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...50.000	South Coast Plaza Associates, LLC (non-affiliate)	
	Cigna Group.....		00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street GP, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.273	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Teal Rock 501 Grant Street, LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...55.710	Cigna Corporation.....	
	Cigna Group.....		23-3074013	1591167....	0000701221		TEL-DRUG of Pennsylvania, L.L.C.....	PA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		AEW/FDG, LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CR Washington Investors LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR Unicorn LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Union Wharf Apartments LLC.....	MD.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		AMD Apartments Limited Partership.....	TX.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		SP Newport Crossing LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.250	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		PUR Arbors Apartment Venture LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...35.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		CG Seventh LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...35.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Ideal Properties II LLC.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...35.000	Cigna Corporation.....	
	Cigna Group.....		41-2189110	1591167....	0000701221		CG-LINA Realty Investors LLC.....	DE.....	NIA.....	Connectict General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		80-0668090	1591167....	0000701221		CG-LINA Alessandro II LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		45-2242273	1591167....	0000701221		115 Sansome Street Associates, LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...90.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		121 Tasman Apartments LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Alto Apartments LLC.....	WA.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....		20-4786821	1591167....	0000701221		CG-LINA Paper Box LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		26-4032640	1591167....	0000701221		CG-LINA 10 Brookline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		ND/CR 10 Brookline LLC.....	DE.....	NIA.....	CG-LINA 10 Brookline LLC.....	Ownership.....	...50.000	Cigna Corporation and CR/ND Brookline LLC (non-affilicate)	
	Cigna Group.....		27-5402196	1591167....	0000701221		Cigna Affiliates Realty Investment Group, LLC.....	DE.....	NIA.....	Connectict General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-0303370	1591167....	0000701221		Cigna Dulles Town, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Dulles Town, LLC.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		27-0268530	1591167....	0000701221		CORAC, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		27-3923999	1591167....	0000701221		Bridgepoint Office Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-3126102	1591167....	0000701221		Fairway Center Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-3582688	1591167....	0000701221		Henry on the Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
	Cigna Group.....	67369	59-1031071	1591167....	0000701221		Cigna Health and Life Insurance Company.....	CT.....	UIP.....	Connectict General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		45-2681649	1591167....	0000701221		CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-3396038	1591167....	0000701221		Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		27-1903785	1591167....	0000701221		Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		34-1970892				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	88366	59-2760189				American Retirement Life Insurance Company.....	OH.....		Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....	61727.....	34-0970995				Central Reserve Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65722.....	63-0343428				Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	67903.....	23-1335885				Provident American Life and Health Insurance Company	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65269.....	75-2305400				United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-1728483	1591167....	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		20-8064696	1591167....	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	65498.....	23-1503749	1591167....	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna & CMC Life Insurance Company Limited (China) (50%)	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		58-1136865	1591167....	0000701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		46-0427127	1591167....	0000701221		Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vielfe Holdings Limited (United Kingdom).....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vielfe Limited (United Kingdom).....	GBR.....	NIA.....	Vielfe Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		98-0463704	1591167....	0000701221		Vielfe Services, Inc.	DE.....	NIA.....	Vielfe Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Businesshealth UK Limited.....	GBR.....	NIA.....	Vielfe Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1332403	1591167....	0000701221		CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1332405	1591167....	0000701221		CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		62-1724116	1591167....	0000701221		Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-2741293	1591167....	0000701221		Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-2924152	1591167....	0000701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-2741294	1591167....	0000701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1071502	1591167....	0000701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1522976	1591167....	0000701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1567902	1591167....	0000701221		Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1252419	1591167....	0000701221		Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1533555	1591167....	0000701221		Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		35-2041388	1591167....	0000701221		IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		06-1252418	1591167....	0000701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		88-0334401	1591167....	0000701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		88-0344624	1591167....	0000701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		51-0389196	1591167....	0000701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		51-0111677	1591167....	0000701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		23-2610178	1591167....	0000701221		Cigna International Services.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		30-3087621	1591167....	0000701221		Cigna International Marketing (Thailand) Limited....	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
52.6	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...59.930	Cigna Corporation.....	.....
	Cigna Group.....	.....	98-0210110	1591167....	0000701221	.....	Cigna Global Reinsurance Company, Ltd. (Bermuda)	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	23-3009279	1591167....	0000701221	.....	Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Hayat Sigorta, A.S.....	TUR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Beta B.V.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	AA-1240009	1591167....	0000701221	.....	Cigna Life Insurance Co. of Europe S.A.-N.V.....	BEL.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.999	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Apac Holdings Limited (New Zealand).....	NZL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Life Insurance New Zealand Limited (New Zealand)	NZL.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Taiwan Life Insurance Company Limited (New Zealand)	NZL.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Hong Kong Holdings Company Limited.....	CHN.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Data Services (Shangai) Company Limited (China)	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna HLA Technology Services Limited (Hong Kong)	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Worldwide General Insurance Company Limited	CHN.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Worldwide Life Insurance Company Limited.	CHN.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	...99.990	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...49.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Brokerage Services (Thailand) Limited.....	THA.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...25.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	Cigna Non-Life Insurance Brokerage (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	.....
	Cigna Group.....	.....	00-0000000	1591167....	0000701221	.....	KDM (Thailand) Limited (Thailand).....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.7

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	75.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Cigna Global Insurance Company Limited (Guernsey)	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International NV (Brussels).....	BEL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.990	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International Sdn. Bhd. (Malaysia).....	MYS.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Beijing) Consultants and Administrators Co., Ltd (China)	CHN.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International, LLC (FL).....	FL.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Vanbreda International (Dubai) Limited (United Arab Emirates)	ARE.....	NIA.....	Vanbreda International N.V.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....	90859	23-2088429	1591167....	0000701221		Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		AA-5360003	1591167....	0000701221		PT. Asuransi Cigna (Indonesia) (80%).....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Holdings Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Group Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Administration Limited (UK).....	GBR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		Brighter Business Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Legal Protection Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000	1591167....	0000701221		FirstAssist Insurance Services Limited (UK).....	GBR.....	NIA.....	FirstAssist Group Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	85.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street Retail Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Market Street South LLC.....	DE.....	NIA.....	Market Street Retail Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	90.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	80.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Cignafinans Emeklilik Ve Hayat Anonim Sirketi.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	51.000	Cigna Corporation.....	
	Cigna Group.....		00-0000000				Cignattk Health Insurance Company Limited.....	IND.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	26.000	TTK (non-affiliate).....	
			00-0000000				Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	71.000	Cigna Corporation.....	
			00-0000000				Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	50.000	Cigna Corporation and Newtown Square	
			06-1332401				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
			00-0000000				AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	85.000	Cigna Corporation.....	
			20-4266628				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
			00-0000000				LINA Financial Service.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	
			00-0000000				Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	
			00-0000000				Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	50.000	Cigna Corporation and SAICO (non affiliate).....	
	Cigna Group.....		00-0000000				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(6,000,000).....	.....	.....	.....	(3,621,118).....	.....	.....	.....	(9,621,118).....	.....
52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(400,000).....	.....	.....	.....	(165,183).....	.....	.....	.....	(565,183).....	.....
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(250,000).....	.....	.....	.....	(136,127).....	.....	.....	.....	(386,127).....	.....
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(740,000).....	.....	.....	.....	(571,862).....	.....	.....	.....	(1,311,862).....	.....
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(1,300,000).....	.....	.....	.....	(1,411,414).....	.....	.....	.....	(2,711,414).....	.....
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....	-.....	.....	.....	.....	(524,131).....	.....	.....	.....	(524,131).....	.....
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(2,195,000).....	.....	.....	.....	(965,924).....	.....	.....	.....	(3,160,924).....	.....
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(1,406,069).....	.....	.....	.....	(592,763).....	.....	.....	.....	(1,998,832).....	.....
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(8,438,195).....	.....	.....	.....	(3,664,778).....	.....	.....	.....	(12,102,973).....	.....
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,200,000).....	.....	.....	.....	(650,889).....	.....	.....	.....	(1,850,889).....	.....
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(3,250,000).....	.....	.....	.....	512,727.....	.....	.....	.....	(2,737,273).....	.....
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(2,350,000).....	.....	.....	.....	(1,361,150).....	.....	.....	.....	(3,711,150).....	.....
.....	62-1312478.....	Cigna Health Corporation.....	26,895,113.....	95,411.....	.....	.....	70,521,151.....	.....	.....	.....	97,511,675.....	.....
.....	02-0387748.....	Healthsource, Inc.....	.....	.....	.....	.....	(3,788,920).....	.....	.....	.....	(3,788,920).....	.....
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	(8,000,000).....	(95,411).....	-.....	-.....	(31,060,418).....	(909,838).....	-.....	-.....	(40,065,667).....	4,062,632.....
.....	95-3310115.....	Cigna HealthCare of California, Inc.....	(10,000,000).....	-.....	-.....	(184,375).....	(57,867,949).....	(1,285,987).....	-.....	-.....	(69,338,311).....	21,102,160.....
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	(2,000,000).....	-.....	-.....	-.....	(1,792,569).....	(184,490).....	-.....	-.....	(3,977,059).....	472,136.....
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....	-.....	-.....	-.....	-.....	(1,724,136).....	(14,747).....	-.....	-.....	(1,738,883).....	52,887.....
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....	-.....	-.....	-.....	-.....	(234,009).....	(20,283).....	-.....	-.....	(254,292).....	179,120.....
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....	-.....	-.....	-.....	(28,750).....	(110,062).....	(15,294).....	-.....	-.....	(154,106).....	40,391.....
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....	-.....	-.....	-.....	-.....	(80,556).....	-.....	-.....	-.....	(80,556).....	-.....
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....	-.....	-.....	-.....	-.....	(5,379).....	-.....	-.....	-.....	(5,379).....	94.....
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....	(2,745,113).....	-.....	-.....	-.....	(95,254).....	-.....	-.....	-.....	(2,840,367).....	-.....
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....	-.....	-.....	-.....	-.....	(37,535).....	-.....	-.....	-.....	(37,535).....	.....
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....	-.....	-.....	-.....	-.....	(465,601).....	103,533.....	-.....	-.....	(362,068).....	87,522.....
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....	(150,000).....	-.....	-.....	-.....	(1,314).....	-.....	-.....	-.....	(151,314).....	-.....
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	(1,500,000).....	-.....	-.....	-.....	(581,638).....	(18,302).....	-.....	-.....	(2,099,940).....	132,768.....
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....	-.....	-.....	-.....	-.....	201.....	-.....	-.....	-.....	201.....	-.....
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....	-.....	-.....	-.....	-.....	(391,840).....	(38,911).....	-.....	-.....	(430,751).....	162,198.....
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	(1,500,000).....	-.....	-.....	-.....	(11,285,422).....	169,335.....	-.....	-.....	(12,616,087).....	3,659,234.....
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....	-.....	-.....	-.....	-.....	(69,724).....	(11,476).....	-.....	-.....	(81,200).....	25,264.....
95488.....	11-2758941.....	Cigna HealthCare of New York, Inc.....	(18,000,000).....	-.....	-.....	(170,500).....	(239,791).....	-.....	-.....	-.....	(18,410,291).....	-.....
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	(1,000,000).....	-.....	-.....	-.....	(6,169,379).....	(105,917).....	-.....	-.....	(7,275,296).....	2,053,718.....
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.....	-.....	-.....	-.....	-.....	(2,676,328).....	(254,294).....	-.....	-.....	(2,930,622).....	1,020,071.....
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....	-.....	-.....	-.....	-.....	(375,020).....	(18,398).....	-.....	-.....	(393,418).....	40,926.....
.....	00-0000000.....	Temple Insurance Company Limited (Bermuda).....	(3,000,000).....	-.....	-.....	-.....	(106,301).....	-.....	-.....	-.....	(3,106,301).....	-.....
.....	35-1641636.....	Sagamore Health Network, Inc.....	.....	.....	.....	.....	1,491,610.....	.....	.....	.....	1,491,610.....	.....
95388.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	0.....	.....
.....	AA-1560515.....	Cigna Life Insurance Co. of Canada.....	.....	.....	.....	.....	(12,218,796).....	(574,767).....	.....	.....	(12,793,563).....	.....
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(15,000,000).....	.....	.....	.....	(3,354,640).....	(10,364,682).....	.....	.....	(28,719,322).....	(107,422,482).....
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(1,052,383,000).....	91,853,767.....	.....	.....	(48,723,186).....	78,216,505.....	.....	.....	(931,035,914).....	1,292,954,988.....
.....	45-3481107.....	CG Mystic Center LLC.....	.....	(67,076).....	.....	.....	.....	.....	.....	.....	(67,076).....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
53.2	45-3481241.....	CG Mystic Land LLC.....	.....	.....(358,808)	.....	.....	.....	.....	.....	.....	.....(358,808)	.....
	32-0222252.....	Cigna Onsite Health, LLC.....	.....	.....	.....	.....	.....4,082,019	.....	.....	.....	.....4,082,019	.....
	23-3074013.....	TEL-DRUG of Pennsylvania, L.L.C.....	.....	.....	.....	.....	.....(60,539)	.....	.....	.....	.....(60,539)	.....
	27-5402196.....	Cigna Affiliates Realty Investment Group, LLC.....	.....	.....(51,434,940)	.....	.....	.....	.....	.....	.....	.....(51,434,940)	.....
	27-0268530.....	CORAC, LLC.....	.....	.....(17,512,563)	.....	.....	.....	.....	.....	.....	.....(17,512,563)	.....
	67369.....59-1031071.....	Cigna Health and Life Insurance Company.....	20,000,000	(10,659,579)	.....	.....	.....(153,019,019)	(109,586,697)	.....	.....	.....(253,265,295)	(101,994,020)
	45-2681649.....	CarePlexus, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	27-3396038.....	Cigna Corporate Services, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	27-1903785.....	Cigna Insurance Agency, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	34-1970892.....	Ceres Sales of Ohio, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	88366.....59-2760189.....	American Retirement Life Insurance Company.....	.....	.....	.....	.....	.....(10,148)	.....	.....	.....	.....(10,148)	.....
	61727.....34-0970995.....	Central Reserve Life Insurance Company.....	.....	.....	.....	.....	.....(7,380)	.....	.....	.....	.....(7,380)	.....
	65722.....63-0343428.....	Loyal American Life Insurance Company.....	(10,000,000)	.....	.....	.....	.....(98,710)	.....	.....	.....	.....(10,098,710)	.....
	67903.....23-1335885.....	Provident American Life & Health Insurance Company.....	(10,000,000)	.....	.....	.....	.....(11,338)	.....	.....	.....	.....(10,011,338)	.....
	65269.....75-2305400.....	United Benefit Life Insurance Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	23-1728483.....	Cigna Health Management, Inc.....	(9,000,000)	.....	.....	.....213,125	159,684,346	.....	.....	.....	.....150,897,471	.....
	20-8064696.....	Kronos Optimal Health Company.....	(3,000,000)	.....	.....	.....	.....3,640,945	.....	.....	.....	.....640,945	.....
	65498.....23-1503749.....	Life Insurance Company of North America.....	(51,964,887)	(34,855,915)	.....	.....	.....(21,971,438)	(114,494,123)	.....	.....	.....(223,286,363)	(1,205,064,574)
	00-0000000.....	Cigna & CMC Life Insurance Company Limited, China.....	-	41,830,216	.....	.....	.....	.....	.....	.....	.....41,830,216	.....
	00000.....00-0000000.....	LINA Life Insurance Company of Korea.....	(23,035,113)	- .....	.....	.....	.....	.....	.....	.....	.....(23,035,113)	.....
	46-0427127.....	Tel-Drug, Inc.....	(53,000,000)	.....	.....	.....	.....(16,558)	.....	.....	.....	.....(53,016,558)	.....
	00-0000000.....	Vielife Holdings Limited (United Kingdom).....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	35-2041388.....	IHN, Inc.....	(1,000,000)	.....	.....	.....	.....(5,768)	.....	.....	.....	.....(1,005,768)	.....
	51-0389196.....	Cigna Global Holdings, Inc.....	.....	.....128,460,000	.....	.....	.....	.....	.....	.....	.....128,460,000	.....
	51-0111677.....	Cigna International Corporation, Inc.....	.....	.....	.....	.....	.....(12,999,996)	.....	.....	.....	.....(12,999,996)	.....
	98-0210110.....	Cigna Global Reinsurance Company, Ltd. (Bermuda).....	.....	.....	.....	.....	.....(18,869)	161,610,706	.....	.....	.....161,591,837	93,223,000
	23-3009279.....	Cigna Holdings Overseas, Inc.....	.....	.....	.....	.....	.....11,030,044	.....	.....	.....	.....11,030,044	.....
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Gamma B.V.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	AA-1240009.....	Cigna Life Insurance Co. of Europe S.A.-N.V.....	.....	.....	.....	.....	.....(34,174,803)	(315,394)	.....	.....	.....(34,490,197)	(108,424)
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....	.....	.....6,728,652	.....	.....	.....(5,034,327)	.....	.....	.....	.....1,694,325	.....
	00-0000000.....	Cigna Worldwide Life Insurance Company Limited.....	.....	.....	.....	.....	.....(46,839)	.....	.....	.....	.....(46,839)	.....
	00-0000000.....	Cigna Global Insurance Company Limited (Guernsey).....	.....	.....	.....	.....	.....(2,230,708)	(4,984)	.....	.....	.....(2,235,692)	(1,253,873)
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....	.....	.....	.....	.....	.....(9,605,710)	(435,563)	.....	.....	.....(10,041,273)	.....
00002.....	00-0000000.....	First Assist Goup Holdings Limited.....	-	-	-	-	38,143,353	36,362	.....	.....	.....38,179,715	(5,946,945)
9999999.....	Control Totals.....	.....	.....0	0	0	0	1	1	XXX	0	2	4

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

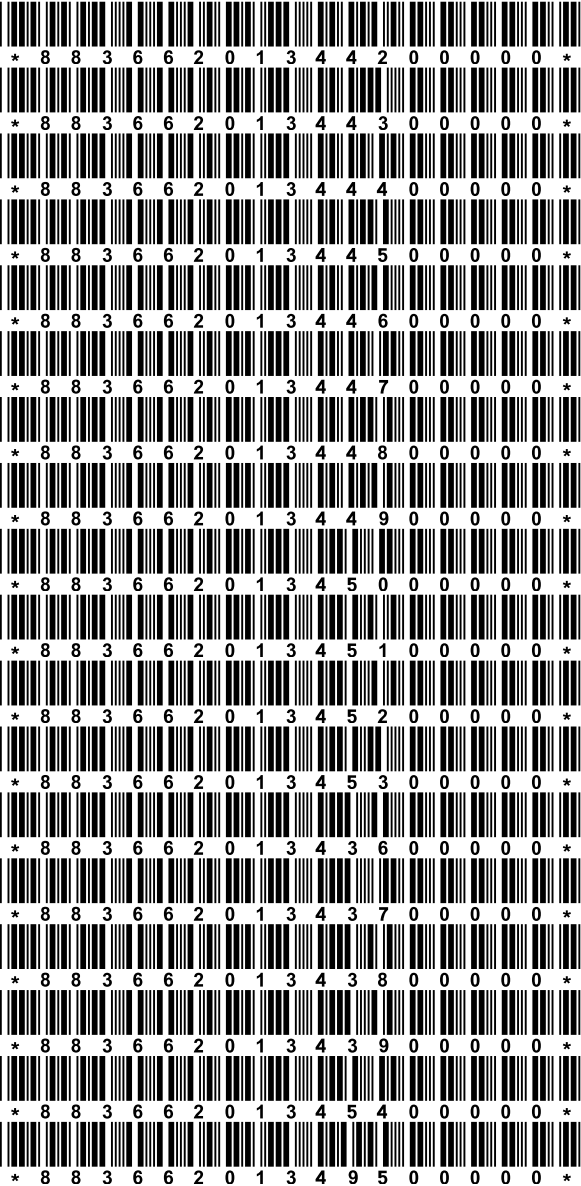
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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**Overflow Page
NONE**

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NONE**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....313,266	273,148	87.2	508
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....121,379	92,665	76.3	215
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.12/28/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....43,650	48,991	112.2	79
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....22,803	9,426	41.3	41
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,538	4,693	44.5	19
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,704	134	5.0	8
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	514,340	429,057	83.4	870

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....23,311	13,421	57.6	46
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,969	1,398	28.1	14
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34000.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,776	787	20.8	9
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,861	1,878	48.6	9
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,264	1,297	102.6	4
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....817	245	30.0	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	37,998	19,026	50.1	85

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
NAIC Company Code.....88366
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....31,542	15,999	50.7	80
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....13,489	4,525	33.5	49
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34000.....	.04/03/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,838	2,274	80.1	10
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,517	518	14.7	9
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,034	.....	.....0.0	4
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204000.....	.06/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....789	.....	.....0.0	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	53,209	23,316	43.8	155

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....381,573	294,946	77.3	885
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....104,497	50,429	48.3	292
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.05/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....21,879	7,087	32.4	67
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....464	.....	.....0.0	3
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,242	295	23.8	9
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.08/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....135	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	509,790	352,757	69.2	1,257

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/15/2013				Medicare Supplement.....			0.0		15,636	5,048	32.3	28
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/15/2013				Medicare Supplement.....			0.0		11,085	2,011	18.1	25
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/15/2013				Medicare Supplement.....			0.0		5,351	4,242	79.3	13
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/09/2013				Medicare Supplement.....			0.0		8,507	5,966	70.1	17
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/09/2013				Medicare Supplement.....			0.0		1,272	285	22.4	5
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/09/2013				Medicare Supplement.....			0.0		3,596	896	24.9	10
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	45,447	18,448	40.6	98

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....30,665	16,535	53.9	90
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,933	1,563	14.3	40
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	34060.....	.07/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,641	11,334	311.3	16
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	45,239	29,432	65.1	146

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.02/04/2013				Medicare Supplement.....			0.0		243,523	174,236	71.5	338
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.02/04/2013				Medicare Supplement.....			0.0		17,059	6,453	37.8	25
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.02/04/2013				Medicare Supplement.....			0.0		2,332	313	13.4	5
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.03/05/2013				Medicare Supplement.....			0.0		14,938	19,552	130.9	26
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.03/05/2013				Medicare Supplement.....			0.0		1,394	112	8.0	4
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.03/05/2013				Medicare Supplement.....			0.0		1,414	471	33.3	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	280,660	201,137	71.7	400

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	34000.....	.02/09/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....492,381	288,493	58.6	911
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	34000.....	.02/09/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....92,127	58,518	63.5	194
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	34000.....	.02/09/2013				Medicare Supplement.....	.....	.....	.....0.0	.....	.....33,457	19,133	57.2	94
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	617,965	366,144	59.2	1,199

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....122	.....	.....0.0	1
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....615,330	366,670	59.6	1,475
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....100,837	49,336	48.9	272
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.04/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....84,349	52,446	62.2	244
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,008	.....	.....0.0	14
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....713	.....	.....0.0	6
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.07/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....172	.....	.....0.0	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	803,531	468,452	58.3	2,013

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....395,180	238,046	60.2	1,079
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....58,368	20,073	34.4	196
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.05/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....31,803	7,938	25.0	120
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.08/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....317	.....	.....0.0	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	485,668	266,057	54.8	1,397

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/16/2013				Medicare Supplement.....			0.0		359,966	312,759	86.9	667
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/16/2013				Medicare Supplement.....			0.0		98,779	76,474	77.4	178
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/16/2013				Medicare Supplement.....			0.0		23,788	16,203	68.1	61
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.02/21/2013				Medicare Supplement.....			0.0		36,816	20,845	56.6	74
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.02/21/2013				Medicare Supplement.....			0.0		8,730	2,066	23.7	20
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.02/21/2013				Medicare Supplement.....			0.0		4,587	1,336	29.1	13
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	532,666	429,683	80.7	1,013

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....218,092	186,432	85.5	357
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....69,689	36,132	51.8	115
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....11,139	439	3.9	29
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....19,659	7,524	38.3	40
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,096	398	36.3	5
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.02/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,059	204	9.9	8
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	321,734	231,129	71.8	554

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,174	1,879	23.0	22
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,058	1,276	21.1	22
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.07/02/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,908	93	3.2	11
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	17,140	3,248	18.9	65

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-IA-F.....	F.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....35,379	15,633	44.2	51
.....YES.....	AR-AM-IA-G.....	G.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,957	2,535	23.1	15
.....YES.....	AR-AM-IA-N.....	N.....	NO.....	...34060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,321	1,491	17.9	16
.....YES.....	AR-DM-IA-F.....	F.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,340	6,353	100.2	13
.....YES.....	AR-DM-IA-G.....	G.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,031	339	8.4	10
.....YES.....	AR-DM-IA-N.....	N.....	NO.....	...204060.....	.06/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	......870	16	1.8	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	65,898	26,367	40.0	109

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Mississippi



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....268	.....	.....0.0	1
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....641,135	446,673	69.7	1,187
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....64,191	74,862	116.6	140
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....38,536	28,626	74.3	84
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....42,966	23,996	55.8	81
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,129	1,663	27.1	14
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,844	388	13.6	7
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	796,069	576,208	72.4	1,514

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....72,510	49,022	67.6	149
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....10,673	4,974	46.6	26
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	34060.....	.01/25/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,119	4,335	53.4	26
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	204060.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,583	8,290	320.9	7
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	204060.....	.03/06/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,291	383	29.7	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	95,176	67,004	70.4	211

360

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Carolina

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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....528,847	440,154	83.2	936
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....87,546	64,298	73.4	177
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....61,921	22,795	36.8	136
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....16,091	4,794	29.8	49
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,947	6,303	127.4	18
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.05/23/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....792	.....	.....0.0	5
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	700,144	538,344	76.9	1,321

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Dakota



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,338	475	35.5	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,338	475	35.5	2

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....167,473	112,582	67.2	282
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,324	3,237	38.9	15
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,059	480	23.3	9
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,613	4,235	75.4	11
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....357	72	20.2	1
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/18/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,022	520	50.9	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	184,848	121,126	65.5	320

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/02/2013				Medicare Supplement.....			0.0		58,494	31,076	53.1	111
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/02/2013				Medicare Supplement.....			0.0		18,020	12,907	71.6	46
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/02/2013				Medicare Supplement.....			0.0		8,982	2,376	26.5	14
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.02/21/2013				Medicare Supplement.....			0.0		5,722	3,503	61.2	12
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.02/21/2013				Medicare Supplement.....			0.0		1,705	651	38.2	6
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.02/21/2013				Medicare Supplement.....			0.0		742	157	21.2	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	93,665	50,670	54.1	192

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....428,489	368,649	86.0	560
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....48,924	39,630	81.0	86
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....114,552	63,031	55.0	180
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,278	7,469	102.6	16
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.03/01/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,513	1,271	23.1	9
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	604,756	480,050	79.4	851

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-C.....	C.....	NO.....	...34000.....	.03/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....19,504	10,724	55.0	37
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....264,283	153,503	58.1	497
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....259,334	163,122	62.9	563
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/12/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....76,426	67,040	87.7	188
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	619,547	394,389	63.7	1,285

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....751	590	78.6	.....
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....960,752	666,587	69.4	1,450
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....120,294	89,129	74.1	203
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/07/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....78,757	51,805	65.8	162
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....34,027	22,005	64.7	67
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....6,681	2,552	38.2	14
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.01/29/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,306	243	10.5	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,203,568	832,911	69.2	1,900

GENERAL INTERROGATORIES

- 360
- If response in Column 1 is no, give full and complete details....
 - Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Pennsylvania



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-B.....	B.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,765	550	31.2	4
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,482,158	1,009,991	68.1	2,777
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....615,209	319,614	52.0	1,345
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/22/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....379,079	188,755	49.8	871
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....26,102	17,530	67.2	62
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,356	17,527	209.8	24
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/30/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....7,389	4,387	59.4	19
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,520,058	1,558,354	61.8	5,102

GENERAL INTERROGATORIES

- 360
- If response in Column 1 is no, give full and complete details....
 - Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address.....
 - Contact person and phone number.....
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address.....
 - Contact person and phone number.....
 - Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Rhode Island



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.02/21/2013				Medicare Supplement.....			0.0		1,056	2,024	191.7	3
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.02/21/2013				Medicare Supplement.....			0.0		147		0.0	1
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.02/21/2013				Medicare Supplement.....			0.0		20		0.0	
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/11/2013				Medicare Supplement.....			0.0		3,279	991	30.2	6
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/11/2013				Medicare Supplement.....			0.0		2,206	179	8.1	7
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/11/2013				Medicare Supplement.....			0.0		1,616	871	53.9	5
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	8,324	4,065	48.8	22

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Carolina



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/29/2013				Medicare Supplement.....			0.0		652,445	478,083	73.3	1,159
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/29/2013				Medicare Supplement.....			0.0		261,204	240,542	92.1	510
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/29/2013				Medicare Supplement.....			0.0		58,197	45,159	77.6	129
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.03/29/2013				Medicare Supplement.....			0.0		26,024	12,868	49.4	60
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.03/29/2013				Medicare Supplement.....			0.0		17,833	6,640	37.2	47
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.03/29/2013				Medicare Supplement.....			0.0		2,878	3,029	105.2	10
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	1,018,581	786,321	77.2	1,915

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....35,637	22,882	64.2	52
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,069	1,630	40.1	8
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.12/27/2012	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,479	2,895	116.8	4
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.01/24/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....804	222	27.6	3
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	42,989	27,629	64.3	67

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....791	.....	.....0.0	1
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....140,262	95,628	68.2	279
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....29,185	10,233	35.1	56
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.03/21/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....9,980	3,319	33.3	28
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....18,664	16,715	89.6	48
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....5,836	643	11.0	18
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,591	232	14.6	7
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	206,309	126,770	61.4	437

GENERAL INTERROGATORIES

- 360
- If response in Column 1 is no, give full and complete details....
 - Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address.....
 - Contact person and phone number.....
 - Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address.....
 - Contact person and phone number.....
 - Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-A.....	A.....	NO.....	...34060.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....9,541	13,499	141.5	5
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....1,667,253	1,284,007	77.0	3,103
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....413,472	243,231	58.8	837
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.03/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....116,482	83,059	71.3	295
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....41,053	22,259	54.2	119
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....20,572	5,736	27.9	58
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.04/08/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....9,154	822	9.0	28
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	2,277,527	1,652,613	72.6	4,445

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34060.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....43,462	27,510	63.3	94
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34060.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....8,602	1,325	15.4	17
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34060.....	.01/17/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,507	29	1.2	9
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....3,355	788	23.5	7
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....125	.....	.....0.0	1
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204060.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....636	2,853	448.6	1
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	58,687	32,505	55.4	129

GENERAL INTERROGATORIES

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	34060.....	.10/26/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....768	.....	.....0.0	6
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	768	0	0.0	6

GENERAL INTERROGATORIES

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

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

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-BASC-WI.....	O.....	NO.....	34060.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....180,038	42,341	23.5	500
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	180,038	42,341	23.5	500

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....West Virginia



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

NAIC Company Code.....88366

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2010				Policies Issued in 2011, 2012 & 2013			
										11 Premiums Earned	13 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	Percent of Premiums Earned			16 Amount	Percent of Premiums Earned	
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.01/24/2013				Medicare Supplement.....			0.0		186,181	171,356	92.0	348
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.01/24/2013				Medicare Supplement.....			0.0		13,594	4,887	35.9	29
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.01/24/2013				Medicare Supplement.....			0.0		16,677	9,798	58.8	46
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.02/27/2013				Medicare Supplement.....			0.0		17,635	11,793	66.9	46
.....YES.....	AR-DM-AA-G.....	G.....	NO.....	...204000.....	.02/27/2013				Medicare Supplement.....			0.0		2,373	1,256	52.9	7
.....YES.....	AR-DM-AA-N.....	N.....	NO.....	...204000.....	.02/27/2013				Medicare Supplement.....			0.0		1,645	815	49.5	7
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	238,105	199,905	84.0	483

GENERAL INTERROGATORIES

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

2.1 Address.....

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

3.1 Address.....

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2010			Policies Issued in 2011, 2012 & 2013				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-AM-AA-F.....	F.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....47,704	15,658	32.8	132
.....YES.....	AR-AM-AA-G.....	G.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....4,603	446	9.7	18
.....YES.....	AR-AM-AA-N.....	N.....	NO.....	...34000.....	.04/11/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....2,131	3,190	149.7	7
.....YES.....	AR-DM-AA-F.....	F.....	NO.....	...204000.....	.08/09/2013	.....	.....	.....	Medicare Supplement.....	.....	.....	.....0.0	.....	.....268	.....	.....0.0	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	0.0	0	54,706	19,294	35.3	159

GENERAL INTERROGATORIES

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

NONE



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

Of The.....American Retirement Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....88366 Employer's ID Number.....59-2760189

SUPPLEMENTAL SCHEDULE O - PART 1
Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2009	2 2010	3 2011	4 2012	5 2013 (a)
1. Prior.....	NONE				
2. 2009.....					
3. 2010.....					
4. 2011.....					
5. 2012.....					
6. 2013.....					

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	5,853

Section C - Credit Accident and Health

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

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

American Retirement Life Insurance Company

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2009.....				XXX.....	XXX.....
2. 2010.....	XXX.....				XXX.....
3. 2011.....	XXX.....	XXX.....			
4. 2012.....	XXX.....	XXX.....	XXX.....		
5. 2013.....	XXX.....	XXX.....	XXX.....	XXX.....	10,375

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2009.....					
2. 2010.....	XXX				
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	

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.....		1
3. Individual annuity.....		
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.....		4,522
11. Total.....		4,523

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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