



ANNUAL STATEMENT

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

ANNUITY INVESTORS LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period)	NAIC Company Code..... 93661	Employer's ID Number..... 31-1021738
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... November 13, 1981	Commenced Business..... December 21, 1981	
Statutory Home Office	301 East Fourth Street..... Cincinnati ..... OH ..... US ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	301 East Fourth Street..... Cincinnati ..... OH ..... US..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	513-357-3300- (Area Code) (Telephone Number)
Mail Address	Post Office Box 5423..... Cincinnati ..... OH ..... US ..... 45202 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	301 East Fourth Street..... Cincinnati ..... OH ..... US ..... 45202 (Street and Number) (City or Town, State, Country and Zip Code)	513-357-3300- (Area Code) (Telephone Number)
Internet Web Site Address	www.gaig.com	
Statutory Statement Contact	Brian Patrick Sponaule (Name) bsponaule@gaig.com (E-Mail Address)	513-412-2931- (Area Code) (Telephone Number) (Extension) 513-412-1673- (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. Mark Francis Muething	Secretary
3. Christopher Patrick Miliano	Treasurer		
OTHER			
Adrienne Susan Kessling	Senior Vice President	John Paul Gruber	Senior Vice President
Brian Patrick Sponaule	Vice President	Rebecca Jane Schriml	Vice President
Michael Harrison Haney #	Vice President	Eugene Michael Breen	Appointed Actuary

DIRECTORS OR TRUSTEES

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

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

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

(Signature) Mark Francis Muething	(Signature) Christopher Patrick Miliano	(Signature) John Paul Gruber
1. (Printed Name) Secretary	2. (Printed Name) Treasurer	3. (Printed Name) Senior Vice President
(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 _____

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



DIRECT BUSINESS IN Other Alien #1 DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	11,450		-		11,450
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	11,450	.0	.0	.0	11,450
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
Annuities:					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....	112,061	-	-	-	112,061
12. Surrender values and withdrawals for life contracts.....	14,711	-	.40	-	14,751
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.....	126,772	.0	.40	.0	126,812

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

(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 ALASKA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	225,003		-		225,003
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	225,003	.....0	.....0	.....0	225,003
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	12,589	-	-	-	12,589
12. Surrender values and withdrawals for life contracts.....	381,947	-	-	-	381,947
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.....	394,536	.....0	.....0	.....0	394,536

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....781,312		.....83,523		.....864,835
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....781,312	.....0	.....83,523	.....0	.....864,835
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....9,461	-	-	-	.....9,461
12. Surrender values and withdrawals for life contracts.....	.....432,885	-	.....88,117	-	.....521,002
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.....	.....442,346	.....0	.....88,117	.....0	.....530,463

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 ARKANSAS DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....328,487		- .....		.....328,487
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....328,487	.....0	.....0	.....0	.....328,487
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....22,608	- .....	- .....	- .....	.....22,608
12. Surrender values and withdrawals for life contracts.....	.....380,304	- .....	.....25,553	- .....	.....405,857
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.....	.....402,912	.....0	.....25,553	.....0	.....428,465

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 ARIZONA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....2,136,183		.....843,246		.....2,979,429
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....2,136,183	.....0	.....843,246	.....0	.....2,979,429
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.....	.....375,042	-	-	-	.....375,042
12. Surrender values and withdrawals for life contracts.....	.....4,549,518	-	.....508,658	-	.....5,058,176
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....4,924,560	.....0	.....508,658	.....0	.....5,433,218

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).....					
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 CALIFORNIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	43,226,526		472,384		43,698,910
3. Deposit-type contract funds.....	34,467	XXX		XXX	34,467
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	43,260,993	0	472,384	0	43,733,377
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	10,447,040	-	4,228	-	10,451,268
12. Surrender values and withdrawals for life contracts.....	47,144,460	-	1,788,503	-	48,932,963
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.....	57,591,500	0	1,792,731	0	59,384,231

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	.....0
17. Incurred during current year.....									0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 CANADA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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).....					
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 COLORADO DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....162,116		.....195,534		.....357,650
3. Deposit-type contract funds.....	- .....	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....162,116	.....0	.....195,534	.....0	.....357,650
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.....	.....210,691	- .....	.....13,522	- .....	.....224,213
12. Surrender values and withdrawals for life contracts.....	.....906,814	- .....	.....618,960	- .....	.....1,525,774
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.....	.....1,117,505	.....0	.....632,482	.....0	.....1,749,987

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).....					
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 CONNECTICUT DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....3,670,726		.....45,695		.....3,716,421
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....3,670,726	.....0	.....45,695	.....0	.....3,716,421
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.....	.....71,441	-	-	-	.....71,441
12. Surrender values and withdrawals for life contracts.....	.....2,745,514	-	.....2,895	-	.....2,748,409
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.....	.....2,816,955	.....0	.....2,895	.....0	.....2,819,850

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.....				(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 DISTRICT OF COLUMBIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....70,088		-		.....70,088
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....70,088	.....0	.....0	.....0	.....70,088
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....67,278	-	-	-	.....67,278
12. Surrender values and withdrawals for life contracts.....	.....263,862	-	.....1,178	-	.....265,040
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....331,140	.....0	.....1,178	.....0	.....332,318

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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.....0084 NAIC Company Code.....93661

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.....	.....336,711		- .....		.....336,711
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....336,711	.....0	.....0	.....0	.....336,711
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.....	.....35,167	- .....	- .....	- .....	.....35,167
12. Surrender values and withdrawals for life contracts.....	.....129,808	- .....	.....22,717	- .....	.....152,525
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.....	.....164,975	.....0	.....22,717	.....0	.....187,692

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 FLORIDA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	23,169,685		1,495,046		24,664,731
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	23,169,685	0	1,495,046	0	24,664,731
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	1,574,176	-	-	-	1,574,176
12. Surrender values and withdrawals for life contracts.....	10,999,491	-	918,125	-	11,917,616
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	12,573,667	0	918,125	0	13,491,792

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	.....0
17. Incurred during current year.....									0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 GEORGIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	1,188,603		136,034		1,324,637
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,188,603	.0	136,034	0	1,324,637
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.....	129,674	-	-	-	129,674
12. Surrender values and withdrawals for life contracts.....	2,049,850	-	543,572	-	2,593,422
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.....	2,179,524	.0	543,572	.0	2,723,096

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

(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 GRAND TOTAL DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....204,630,294		.....27,781,637		.....232,411,931
3. Deposit-type contract funds.....	.....270,540	.....XXX		.....XXX	.....270,540
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....204,900,834	.....0	.....27,781,637	.....0	.....232,682,471
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....28,315,984		.....320,936		.....28,636,920
12. Surrender values and withdrawals for life contracts.....	.....180,580,219		.....37,386,193		.....217,966,412
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.....	.....208,896,203	.....0	.....37,707,129	.....0	.....246,603,332

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 HAWAII DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	1,983,006		21,250		2,004,256
3. Deposit-type contract funds.....	27,011	XXX		XXX	27,011
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,010,017	0	21,250	0	2,031,267
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.....	343,329	-	-	-	343,329
12. Surrender values and withdrawals for life contracts.....	616,595	-	-	-	616,595
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.....	959,924	0	0	0	959,924

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).....					
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.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	1,108,544		257,855		1,366,399
3. Deposit-type contract funds.....	137,061	XXX		XXX	137,061
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,245,605	0	257,855	0	1,503,460
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	208,108	-	-	-	208,108
12. Surrender values and withdrawals for life contracts.....	2,029,528	-	464,071	-	2,493,599
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.....	2,237,636	0	464,071	0	2,701,707

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	.....0
17. Incurred during current year.....									0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 IDAHO DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....657,216		.....64,390		.....721,606
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....657,216	.....0	.....64,390	.....0	.....721,606
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....35,533	-	-	-	.....35,533
12. Surrender values and withdrawals for life contracts.....	.....1,107,798	-	.....22,957	-	.....1,130,755
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.....	.....1,143,331	.....0	.....22,957	.....0	.....1,166,288

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....5,210,102		.....261,860		.....5,471,962
3. Deposit-type contract funds.....	.....31,869	.....XXX		.....XXX	.....31,869
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....5,241,971	.....0	.....261,860	.....0	.....5,503,831
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....647,703	- .....	- .....	- .....	.....647,703
12. Surrender values and withdrawals for life contracts.....	.....3,375,652	- .....	.....796,012	- .....	.....4,171,664
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....4,023,355	.....0	.....796,012	.....0	.....4,819,367

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 INDIANA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,805,403		.....826,404		.....2,631,807
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,805,403	.....0	.....826,404	.....0	.....2,631,807
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....171,369	-	.....15,496	-	.....186,865
12. Surrender values and withdrawals for life contracts.....	.....1,889,274	-	.....2,549,910	-	.....4,439,184
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.....	.....2,060,643	.....0	.....2,565,406	.....0	.....4,626,049

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 KANSAS DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....496,700		- .....		.....496,700
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....496,700	.....0	.....0	.....0	.....496,700
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....93,470	- .....	- .....	- .....	.....93,470
12. Surrender values and withdrawals for life contracts.....	.....399,099	- .....	.....2,441	- .....	.....401,540
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.....	.....492,569	.....0	.....2,441	.....0	.....495,010

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 KENTUCKY DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,854,637		.....91,501		.....1,946,138
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,854,637	.....0	.....91,501	.....0	.....1,946,138
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....184,621	-	-	-	.....184,621
12. Surrender values and withdrawals for life contracts.....	.....659,660	-	.....229,512	-	.....889,172
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.....	.....844,281	.....0	.....229,512	.....0	.....1,073,793

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 LOUISIANA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....705,866		.....4,811		.....710,677
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....705,866	.....0	.....4,811	.....0	.....710,677
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.....	.....225,468	- .....	- .....	- .....	.....225,468
12. Surrender values and withdrawals for life contracts.....	.....656,128	- .....	.....10,521	- .....	.....666,649
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.....	.....881,596	.....0	.....10,521	.....0	.....892,117

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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).....					
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 MASSACHUSETTS DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....6,696,644		.....29,109		.....6,725,753
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....6,696,644	.....0	.....29,109	.....0	.....6,725,753
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.....	.....368,086	-	-	-	.....368,086
12. Surrender values and withdrawals for life contracts.....	.....5,733,762	-	.....568,430	-	.....6,302,192
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.....	.....6,101,848	.....0	.....568,430	.....0	.....6,670,278

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 MARYLAND DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....712,437		.....960		.....713,397
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....712,437	.....0	.....960	.....0	.....713,397
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.....	.....78,727	-	-	-	.....78,727
12. Surrender values and withdrawals for life contracts.....	.....975,278	-	.....146,012	-	.....1,121,290
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,054,005	.....0	.....146,012	.....0	.....1,200,017

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 MAINE DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....1,602,791		.....864		.....1,603,655
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,602,791	.....0	.....864	.....0	.....1,603,655
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.....	.....6,574	-	-	-	.....6,574
12. Surrender values and withdrawals for life contracts.....	.....559,368	-	.....198,542	-	.....757,910
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.....	.....565,942	.....0	.....198,542	.....0	.....764,484

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 MICHIGAN DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....13,927,786		.....138,441		.....14,066,227
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....13,927,786	.....0	.....138,441	.....0	.....14,066,227
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....2,407,735	-	-	-	.....2,407,735
12. Surrender values and withdrawals for life contracts.....	.....12,372,320	-	.....17,685	-	.....12,390,005
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.....	.....14,780,055	.....0	.....17,685	.....0	.....14,797,740

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 MINNESOTA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,869,130		.....532,613		.....2,401,743
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,869,130	.....0	.....532,613	.....0	.....2,401,743
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....2,316,878	-	-	-	.....2,316,878
12. Surrender values and withdrawals for life contracts.....	.....2,287,821	-	.....1,566,779	-	.....3,854,600
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....4,604,699	.....0	.....1,566,779	.....0	.....6,171,478

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 MISSOURI DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....492,506		.....860		.....493,366
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....492,506	.....0	.....860	.....0	.....493,366
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.....	.....34,313	- .....	- .....	- .....	.....34,313
12. Surrender values and withdrawals for life contracts.....	.....588,359	- .....	.....81,005	- .....	.....669,364
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.....	.....622,672	.....0	.....81,005	.....0	.....703,677

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 MISSISSIPPI DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....200,826		.....56,875		.....257,701
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....200,826	.....0	.....56,875	.....0	.....257,701
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.....	.....7,209	-	.....8,604	-	.....15,813
12. Surrender values and withdrawals for life contracts.....	.....173,950	-	.....260,895	-	.....434,845
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.....	.....181,159	.....0	.....269,499	.....0	.....450,658

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).....					
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 MONTANA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....634,672		- .....		.....634,672
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....634,672	.....0	.....0	.....0	.....634,672
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.....	.....16,731	- .....	- .....	- .....	.....16,731
12. Surrender values and withdrawals for life contracts.....	.....379,482	- .....	.....90	- .....	.....379,572
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.....	.....396,213	.....0	.....90	.....0	.....396,303

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).....					
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 NORTH CAROLINA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....1,978,758		.....15,811,006		.....17,789,764
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,978,758	.....0	.....15,811,006	.....0	.....17,789,764
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....233,170	-	.....62,101	-	.....295,271
12. Surrender values and withdrawals for life contracts.....	.....2,348,674	-	.....13,376,918	-	.....15,725,592
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.....	.....2,581,844	.....0	.....13,439,019	.....0	.....16,020,863

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 NORTH DAKOTA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....172,456		.....182,769		.....355,225
3. Deposit-type contract funds.....	- .....	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....172,456	.....0	.....182,769	.....0	.....355,225
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....15,511	- .....	- .....	- .....	.....15,511
12. Surrender values and withdrawals for life contracts.....	.....127,235	- .....	.....1,092,645	- .....	.....1,219,880
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.....	.....142,746	.....0	.....1,092,645	.....0	.....1,235,391

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 NEBRASKA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....183,824		.....2,556		.....186,380
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....183,824	.....0	.....2,556	.....0	.....186,380
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.....	.....91,571	- .....	- .....	- .....	.....91,571
12. Surrender values and withdrawals for life contracts.....	.....174,984	- .....	.....25	- .....	.....175,009
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.....	.....266,555	.....0	.....25	.....0	.....266,580

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 HAMPSHIRE DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....785,156		- .....		.....785,156
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....785,156	.....0	.....0	.....0	.....785,156
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....148	- .....	- .....	- .....	.....148
12. Surrender values and withdrawals for life contracts.....	.....426,426	- .....	- .....	- .....	.....426,426
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.....	.....426,574	.....0	.....0	.....0	.....426,574

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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.....0084 NAIC Company Code.....93661

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.....	.....11,580,132		.....129,890		.....11,710,022
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....11,580,132	.....0	.....129,890	.....0	.....11,710,022
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.....	.....402,112	-	-	-	.....402,112
12. Surrender values and withdrawals for life contracts.....	.....4,407,780	-	.....192,369	-	.....4,600,149
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....4,809,892	.....0	.....192,369	.....0	.....5,002,261

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).....					
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 MEXICO DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....374,252		.....43,579		.....417,831
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....374,252	.....0	.....43,579	.....0	.....417,831
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....60,379	- .....	- .....	- .....	.....60,379
12. Surrender values and withdrawals for life contracts.....	.....708,882	- .....	.....78,570	- .....	.....787,452
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.....	.....769,261	.....0	.....78,570	.....0	.....847,831

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 NEVADA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	4,233,019		-		4,233,019
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	4,233,019	.....0	.....0	.....0	4,233,019
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	191,698	-	-	-	191,698
12. Surrender values and withdrawals for life contracts.....	3,649,311	-	697	-	3,650,008
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	3,841,009	.....0	697	.....0	3,841,706

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 YORK DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	222,994		-		222,994
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	222,994	.....0	.....0	.....0	222,994
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.....	242,243	-	-	-	242,243
12. Surrender values and withdrawals for life contracts.....	121,398	-	1,145	-	122,543
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	363,641	.....0	1,145	.....0	364,786

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 OHIO DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....15,041,368		.....4,745,796		.....19,787,164
3. Deposit-type contract funds.....	.....40,132	.....XXX		.....XXX	.....40,132
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....15,081,500	.....0	.....4,745,796	.....0	.....19,827,296
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....1,554,113	- .....	.....216,865	- .....	.....1,770,978
12. Surrender values and withdrawals for life contracts.....	.....11,226,414	- .....	.....6,396,006	- .....	.....17,622,420
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.....	.....12,780,527	.....0	.....6,612,871	.....0	.....19,393,398

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 OKLAHOMA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....603,082		- .....		.....603,082
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....603,082	.....0	.....0	.....0	.....603,082
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....165,747	- .....	- .....	- .....	.....165,747
12. Surrender values and withdrawals for life contracts.....	.....1,028,447	- .....	.....5,182	- .....	.....1,033,629
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....1,194,194	.....0	.....5,182	.....0	.....1,199,376

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 OREGON DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....253,625		.....3,273		.....256,898
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....253,625	.....0	.....3,273	.....0	.....256,898
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.....	.....195,379	- .....	- .....	- .....	.....195,379
12. Surrender values and withdrawals for life contracts.....	.....729,937	- .....	.....102,652	- .....	.....832,589
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.....	.....925,316	.....0	.....102,652	.....0	.....1,027,968

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 OTHER ALIEN GRAND TOTAL DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....11,450				.....11,450
3. Deposit-type contract funds.....		XXX.....		XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....11,450	.....0	.....0	.....0	.....11,450
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....112,061				.....112,061
12. Surrender values and withdrawals for life contracts.....	.....14,711		.....40		.....14,751
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.....	.....126,772	.....0	.....40	.....0	.....126,812

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).....					
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 PENNSYLVANIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	6,200,928		105,539		6,306,467
3. Deposit-type contract funds.....	-	XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	6,200,928	.0	105,539	0	6,306,467
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.....	673,162	-	120	-	673,282
12. Surrender values and withdrawals for life contracts.....	2,016,035	-	77,852	-	2,093,887
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.....	2,689,197	.0	77,972	.0	2,767,169

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

(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 PUERTO RICO DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....25,176	- .....	- .....	- .....	.....25,176
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.....	.....25,176	.....0	.....0	.....0	.....25,176

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).....					
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 RHODE ISLAND DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	2,528,973		1,379		2,530,352
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	2,528,973	.....0	1,379	0	2,530,352
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	36,821	-	-	-	36,821
12. Surrender values and withdrawals for life contracts.....	1,815,225	-	39,354	-	1,854,579
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.....	1,852,046	.....0	39,354	.....0	1,891,400

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 SOUTH CAROLINA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....1,158,199		.....3,336		.....1,161,535
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....1,158,199	.....0	.....3,336	.....0	.....1,161,535
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.....	.....57,028	-	-	-	.....57,028
12. Surrender values and withdrawals for life contracts.....	.....860,974	-	.....60	-	.....861,034
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.....	.....918,002	.....0	.....60	.....0	.....918,062

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).....					
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 SOUTH DAKOTA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....101,491		- .....		.....101,491
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....101,491	.....0	.....0	.....0	.....101,491
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....41,941	- .....	- .....	- .....	.....41,941
12. Surrender values and withdrawals for life contracts.....	.....116,813	- .....	- .....	- .....	.....116,813
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.....	.....158,754	.....0	.....0	.....0	.....158,754

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 TENNESSEE DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....3,181,559		.....6,962		.....3,188,521
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....3,181,559	.....0	.....6,962	.....0	.....3,188,521
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....232,610	-	-	-	.....232,610
12. Surrender values and withdrawals for life contracts.....	.....2,367,028	-	.....386,173	-	.....2,753,201
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.....	.....2,599,638	.....0	.....386,173	.....0	.....2,985,811

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 TEXAS DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....28,813,397		.....537,744		.....29,351,141
3. Deposit-type contract funds.....	-	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....28,813,397	.....0	.....537,744	.....0	.....29,351,141
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	.....1,689,179	-	-	-	.....1,689,179
12. Surrender values and withdrawals for life contracts.....	.....30,861,487	-	.....2,987,060	-	.....33,848,547
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....32,550,666	.....0	.....2,987,060	.....0	.....35,537,726

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 UTAH DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	4,495,398		291,580		4,786,978
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	4,495,398	.....0	291,580	.....0	4,786,978
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	205,267	-	-	-	205,267
12. Surrender values and withdrawals for life contracts.....	5,383,563	-	968,124	-	6,351,687
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	5,588,830	.....0	968,124	.....0	6,556,954

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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 VIRGINIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	1,787,674		35,602		1,823,276
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	1,787,674	0	35,602	0	1,823,276
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.....	87,673	-	-	-	87,673
12. Surrender values and withdrawals for life contracts.....	885,878	-	28,449	-	914,327
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.....	973,551	0	28,449	0	1,002,000

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 U.S. VIRGIN ISLANDS DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....21,220	- .....	- .....	- .....	.....21,220
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....					.....0
15. Totals.....	.....21,220	.....0	.....0	.....0	.....21,220

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 VERMONT DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....					.....0
2. Annuity considerations.....	.....116,296		- .....		.....116,296
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....116,296	.....0	.....0	.....0	.....116,296
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
<b>Life insurance:</b>					
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
<b>Annuities:</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....	- .....	- .....	- .....	- .....	.....0
12. Surrender values and withdrawals for life contracts.....	.....45,250	- .....	- .....	- .....	.....45,250
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.....	.....45,250	.....0	.....0	.....0	.....45,250

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>					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.....					
<b>Other Individual Policies:</b>					
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 WASHINGTON DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	4,946,806		12,000		4,958,806
3. Deposit-type contract funds.....	-	XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	4,946,806	0	12,000	0	4,958,806
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.....	1,139,989	-	-	-	1,139,989
12. Surrender values and withdrawals for life contracts.....	6,342,775	-	73,395	-	6,416,170
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.....	7,482,764	0	73,395	0	7,556,159

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 WISCONSIN DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....366,609		.....308,571		.....675,180
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....366,609	.....0	.....308,571	.....0	.....675,180
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.....	.....775,353	- .....	- .....	- .....	.....775,353
12. Surrender values and withdrawals for life contracts.....	.....664,297	- .....	.....126,947	- .....	.....791,244
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.....	.....1,439,650	.....0	.....126,947	.....0	.....1,566,597

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).....					
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 WEST VIRGINIA DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....136,621		- .....		.....136,621
3. Deposit-type contract funds.....	- .....	.....XXX.....		.....XXX.....	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....136,621	.....0	.....0	.....0	.....136,621
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.....	.....11,808	- .....	- .....	- .....	.....11,808
12. Surrender values and withdrawals for life contracts.....	.....217,327	- .....	- .....	- .....	.....217,327
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.....	.....229,135	.....0	.....0	.....0	.....229,135

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 WYOMING DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....93661

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.....	.....102,521		.....800		.....103,321
3. Deposit-type contract funds.....	- .....	.....XXX		.....XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....102,521	.....0	.....800	.....0	.....103,321
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.....	.....204,445	- .....	.....19,390	- .....	.....223,835
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.....	.....204,445	.....0	.....19,390	.....0	.....223,835

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).....					
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.

Annual Statement for the year 2013 of the **ANNUITY INVESTORS LIFE INSURANCE COMPANY**  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	2,716,482
2. Current year's realized pre-tax capital gains/(losses) of \$.....2,763,128 transferred into the reserve net of taxes of \$.....967,095.....	1,796,033
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).....	4,512,515
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	1,614,422
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	2,898,093

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.....	998,181	616,241		1,614,422
2. 2014.....	504,882	555,769		1,060,651
3. 2015.....	242,244	196,149		438,393
4. 2016.....	120,769	153,331		274,100
5. 2017.....	81,815	109,510		191,325
6. 2018.....	131,587	63,173		194,760
7. 2019.....	157,365	35,669		193,034
8. 2020.....	120,783	28,422		149,205
9. 2021.....	82,047	20,596		102,643
10. 2022.....	48,412	12,770		61,182
11. 2023.....	33,195	4,364		37,559
12. 2024.....	30,045	14		30,059
13. 2025.....	26,017	11		26,028
14. 2026.....	23,626	8		23,634
15. 2027.....	22,811	5		22,816
16. 2028.....	20,277	2		20,279
17. 2029.....	16,333			16,333
18. 2030.....	12,840			12,840
19. 2031.....	10,633			10,633
20. 2032.....	9,071			9,071
21. 2033.....	7,285			7,285
22. 2034.....	5,209			5,209
23. 2035.....	3,808			3,808
24. 2036.....	3,071			3,071
25. 2037.....	2,272			2,272
26. 2038.....	1,413			1,413
27. 2039.....	491			491
28. 2040.....				0
29. 2041.....				0
30. 2042.....				0
31. 2043 and Later.....				0
32. Total (Lines 1 to 31).....	2,716,480	1,796,034	0	4,512,514

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

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.....	4,968,715		4,968,715	122,322		122,322	5,091,037
2. Realized capital gains/(losses) net of taxes - General Account.....	(115,924)		(115,924)	168,758		168,758	52,834
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(122)		(122)	(63,317)		(63,317)	(63,439)
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.....	2,045,896		2,045,896			0	2,045,896
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	6,898,565	0	6,898,565	227,763	0	227,763	7,126,328
9. Maximum reserve.....	10,976,149		10,976,149	820,017		820,017	11,796,166
10. Reserve objective.....	7,740,222		7,740,222	820,017		820,017	8,560,239
11. 20% of (Line 10 minus Line 8).....	168,331	0	168,331	118,451	0	118,451	286,782
12. Balance before transfers (Lines 8 + 11).....	7,066,896	0	7,066,896	346,214	0	346,214	7,413,110
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).....	7,066,896	0	7,066,896	346,214	0	346,214	7,413,110

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

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)
		LONG-TERM BONDS										
1		Exempt obligations.....	9,852,256	XXX	XXX	9,852,256	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	1,541,432,109	XXX	XXX	1,541,432,109	0.0004	616,573	0.0023	3,545,294	0.0030	4,624,296
3	2	High quality.....	501,140,991	XXX	XXX	501,140,991	0.0019	952,168	0.0058	2,906,618	0.0090	4,510,269
4	3	Medium quality.....	36,968,381	XXX	XXX	36,968,381	0.0093	343,806	0.0230	850,273	0.0340	1,256,925
5	4	Low quality.....	5,329,847	XXX	XXX	5,329,847	0.0213	113,526	0.0530	282,482	0.0750	399,739
6	5	Lower quality.....	341,467	XXX	XXX	341,467	0.0432	14,751	0.1100	37,561	0.1700	58,049
7	6	In or near default.....	444,136	XXX	XXX	444,136	0.0000	0	0.2000	88,827	0.2000	88,827
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).....	2,095,509,187	XXX	XXX	2,095,509,187	XXX	2,040,824	XXX	7,711,055	XXX	10,938,105
		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.....	24,617,894	XXX	XXX	24,617,894	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
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).....	24,617,894	XXX	XXX	24,617,894	XXX	0	XXX	0	XXX	0

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

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)
		DERIVATIVE INSTRUMENTS										
26		Exchange-traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....	12,681,256	XXX	XXX	12,681,256	0.0004	5,073	0.0023	29,167	0.0030	38,044
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.....	12,681,256	XXX	XXX	12,681,256	XXX	5,073	XXX	29,167	XXX	38,044
34		TOTAL (Lines 9 + 17 + 25 + 33).....	2,132,808,337	XXX	XXX	2,132,808,337	XXX	2,045,896	XXX	7,740,222	XXX	10,976,149
		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

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset 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)
		COMMON STOCK										
1		Unaffiliated public.....	6,007,447	XXX.....	XXX.....	6,007,447	0.0000	0	(a).....0.1365	820,017	(a).....0.1365	820,017
2		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX.....		XXX.....		XXX.....	
6		Fixed income highest quality.....				0	XXX.....		XXX.....		XXX.....	
7		Fixed income high quality.....				0	XXX.....		XXX.....		XXX.....	
8		Fixed income medium quality.....				0	XXX.....		XXX.....		XXX.....	
9		Fixed income low quality.....				0	XXX.....		XXX.....		XXX.....	
10		Fixed income lower quality.....				0	XXX.....		XXX.....		XXX.....	
11		Fixed income in or near default.....				0	XXX.....		XXX.....		XXX.....	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Mortgage loans.....				0	0.0030	0	0.0100	0	0.0130	0
15		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
18		Total common stock (sum of Lines 1 through 17).....	6,007,447	0	0	6,007,447	XXX.....	0	XXX.....	820,017	XXX.....	820,017
		REAL ESTATE										
19		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
20		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
21		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
22		Total real estate (sum of Lines 19 through 21).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
24	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
25	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
26	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
27	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
28	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
29	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
30		Total with bond characteristics (sum of Lines 23 through 29).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

**AVR-Equity Component (Lines 31-55)**  
**NONE**

**AVR-Equity Component (Lines 56-77)**  
**NONE**

**AVR-Replications (Synthetic) Assets**  
**NONE**

**Sch. F**  
**NONE**

**Sch. H-Pt. 1**  
**NONE**

**Sch. H-Pt. 2**  
**NONE**

**Sch. H-Pt. 3**  
**NONE**

**Sch. H-Pt. 4**  
**NONE**

**Sch. H-Pt. 5**  
**NONE**

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

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

**Sch. S-Pt. 2**  
**NONE**

**Sch. S-Pt. 3-Sn. 1**  
**NONE**

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

**Sch. S-Pt. 4**  
**NONE**

**Sch. S-Pt. 5**  
**NONE**

**Sch. S-Pt. 6**  
**NONE**



Annual Statement for the year 2013 of the **ANNUITY INVESTORS LIFE INSURANCE COMPANY**  
**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	2,199,166,485		2,199,166,485
2. Reinsurance (Line 16).....			.0
3. Premiums and considerations (Line 15).....			.0
4. Net credit for ceded reinsurance.....	XXX	.0	.0
5. All other admitted assets (balance).....	29,183,254		29,183,254
6. Total assets excluding Separate Accounts (Line 26).....	2,228,349,739	.0	2,228,349,739
7. Separate Account Assets (Line 27).....	664,531,216		664,531,216
8. Total assets (Line 28).....	2,892,880,955	.0	2,892,880,955
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2).....	1,972,362,587		1,972,362,587
10. Liability for deposit-type contracts (Line 3).....	34,474,490		34,474,490
11. Claim reserves (Line 4).....	2,523,099		2,523,099
12. Policyholder dividends/reserves (Lines 5 through 7).....			.0
13. Premium & annuity considerations received in advance (Line 8).....			.0
14. Other contract liabilities (Line 9).....	2,898,093		2,898,093
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).....	12,848,791		12,848,791
20. Total liabilities excluding Separate Accounts (Line 26).....	2,025,107,060	.0	2,025,107,060
21. Separate Account liabilities (Line 27).....	664,531,216		664,531,216
22. Total liabilities (Line 28).....	2,689,638,276	.0	2,689,638,276
23. Capital & surplus (Line 38).....	203,242,679	XXX	203,242,679
24. Total liabilities, capital & surplus (Line 39).....	2,892,880,955	.0	2,892,880,955
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves.....	.0		
26. Claim reserves.....	.0		
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.....	.0		
32. Other ceded reinsurance recoverables.....	.0		
33. Total ceded reinsurance recoverables.....	.0		
34. Premiums and considerations.....	.0		
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.....	.0		
41. Total net credit for ceded reinsurance.....	.0		

Annual Statement for the year 2013 of the **ANNUITY INVESTORS LIFE INSURANCE COMPANY**  
**SCHEDULE T - PART 2**

**INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN**  
Allocated by States and Territories

States, Etc.		Direct Business Only				
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
						6 Totals
1.	Alabama.....AL		864,835			864,835
2.	Alaska.....AK		225,003			225,003
3.	Arizona.....AZ		2,979,429			2,979,429
4.	Arkansas.....AR		328,487			328,487
5.	California.....CA		43,698,910			43,733,377
6.	Colorado.....CO		357,650			357,650
7.	Connecticut.....CT		3,716,421			3,716,421
8.	Delaware.....DE		336,711			336,711
9.	District of Columbia.....DC		70,088			70,088
10.	Florida.....FL		24,664,731			24,664,731
11.	Georgia.....GA		1,324,637			1,324,637
12.	Hawaii.....HI		2,004,256			2,031,267
13.	Idaho.....ID		721,606			721,606
14.	Illinois.....IL		5,471,962			5,503,831
15.	Indiana.....IN		2,631,807			2,631,807
16.	Iowa.....IA		1,366,399			1,503,460
17.	Kansas.....KS		496,700			496,700
18.	Kentucky.....KY		1,946,138			1,946,138
19.	Louisiana.....LA		710,677			710,677
20.	Maine.....ME		1,603,655			1,603,655
21.	Maryland.....MD		713,397			713,397
22.	Massachusetts.....MA		6,725,753			6,725,753
23.	Michigan.....MI		14,066,227			14,066,227
24.	Minnesota.....MN		2,401,743			2,401,743
25.	Mississippi.....MS		257,701			257,701
26.	Missouri.....MO		493,366			493,366
27.	Montana.....MT		634,672			634,672
28.	Nebraska.....NE		186,380			186,380
29.	Nevada.....NV		4,233,019			4,233,019
30.	New Hampshire.....NH		785,156			785,156
31.	New Jersey.....NJ		11,710,022			11,710,022
32.	New Mexico.....NM		417,831			417,831
33.	New York.....NY		222,994			222,994
34.	North Carolina.....NC		17,789,764			17,789,764
35.	North Dakota.....ND		355,225			355,225
36.	Ohio.....OH		19,787,164			19,827,296
37.	Oklahoma.....OK		603,082			603,082
38.	Oregon.....OR		256,898			256,898
39.	Pennsylvania.....PA		6,306,467			6,306,467
40.	Rhode Island.....RI		2,530,352			2,530,352
41.	South Carolina.....SC		1,161,535			1,161,535
42.	South Dakota.....SD		101,491			101,491
43.	Tennessee.....TN		3,188,521			3,188,521
44.	Texas.....TX		29,351,141			29,351,141
45.	Utah.....UT		4,786,978			4,786,978
46.	Vermont.....VT		116,296			116,296
47.	Virginia.....VA		1,823,276			1,823,276
48.	Washington.....WA		4,958,806			4,958,806
49.	West Virginia.....WV		136,621			136,621
50.	Wisconsin.....WI		675,180			675,180
51.	Wyoming.....WY		103,321			103,321
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		11,450			11,450
59.	Totals.....	0	232,411,931	0	0	232,682,471

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														
			31-1544320..		0000944707	NYSE.....	American Financial Group, Inc.....	OH.....	UIP.....		Ownership.....			
			31-6549738..				American Financial Capital Trust II.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			16-6543606..				American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			16-6543609..				American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-0996797..				American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-0828578..				American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			27-1577326..				American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	...80.000	American Financial Group, Inc....	
			27-2829629..				MidMarket Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	...65.000	American Financial Group, Inc....	
			41-2112001..				APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			23-6000765..				American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			23-6297584..				The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			37-1094159..				Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			95-2802826..				Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			35-6001691..				The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			13-6400464..				Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			46-1665396..				Pennsylvania Lehigh Oil & Gas Holdings LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			20-1548213..				Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			20-1574094..				Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			46-1852532..				Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			46-1480078..				Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			13-6021353..				The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1236926..				PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			76-0080537..				PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1388401..				PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			06-1209709..				Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			23-1537928..				Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			46-3246684..				Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			23-6000766..				Pennsylvania-Reading Seashore Lines.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...66.670	American Financial Group, Inc....	
			23-6207599..				Pittsburgh and Cross Creek Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...83.000	American Financial Group, Inc....	
			23-1707450..				Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
			23-1675796..				Waynesburg Southern Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	
							GAI Insurance Company, Ltd.....	BMU.....	IA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
							Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1446308..				Hangar Acquisition Corp.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			91-1242743..				Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			91-1508644..				Premier Lease & Loan Services of Canada, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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)	*
0084.....	American Financial Group, Inc.....	22179.....	95-2801326.....	.....	.....	.....	Republic Indemnity Company of America.....	CA.....	IA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	43753.....	31-1054123.....	.....	.....	.....	Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1262960.....	.....	.....	.....	Risico Management Corporation.....	DE.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0823725.....	.....	.....	.....	Dixie Terminal Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	98-0606803.....	.....	.....	.....	GAI Holding Bermuda Ltd.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	98-0556144.....	.....	.....	.....	GAI Indemnity, Ltd.....	GBR.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Group Limited.....	GBR.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Holdings Limited.....	GBR.....	NIA.....	Marketform Group Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	98-0412245.....	.....	.....	.....	Lavenham Underwriting Limited.....	GBR.....	IA.....	Marketform Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Gabinete Marketform SL.....	ESP.....	NIA.....	Marketform Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Australia Pty Limited.....	AUS.....	NIA.....	Marketform Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Studio Marketform SRL.....	ITA.....	NIA.....	Marketform Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Management Services Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Managing Agency Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	98-0431601.....	.....	.....	.....	Sampford Underwriting Limited.....	GBR.....	IA.....	Marketform Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Marketform Trust Company Limited.....	GBR.....	NIA.....	Marketform Group Limited.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	06-1356481.....	.....	.....	.....	Great American Financial Resources, Inc.....	DE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	1.....
.....	.....	.....	31-1422717.....	.....	.....	.....	AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	34-1017531.....	.....	.....	.....	Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	47-0717079.....	.....	.....	.....	Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	71404.....	47-0463747.....	.....	.....	.....	Continental General Insurance Company.....	OH.....	IA.....	Continental General Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	34-1947042.....	.....	.....	.....	QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1395344.....	.....	.....	.....	Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	63312.....	13-1935920.....	.....	.....	.....	Great American Life Insurance Company.....	OH.....	UDP.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	45-2969767.....	.....	.....	.....	Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...62.500	American Financial Group, Inc....	2.....
.....	.....	.....	26-4391696.....	.....	.....	.....	Aerielle, LLC.....	DE.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...62.500	American Financial Group, Inc....	2.....
0084.....	American Financial Group, Inc.....	93661.....	31-1021738.....	.....	.....	.....	Annuity Investors Life Insurance Company.....	OH.....	RE.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	27-4078277.....	.....	.....	.....	Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...85.000	American Financial Group, Inc....	.....
.....	.....	.....	27-0513333.....	.....	.....	.....	Bay Bridge Marina Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...85.000	American Financial Group, Inc....	.....
.....	.....	.....	20-1246122.....	.....	.....	.....	Brothers Management, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...99.000	American Financial Group, Inc....	.....
.....	.....	.....	45-3988240.....	.....	.....	.....	FT Liquidation, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	20-4604276.....	.....	.....	.....	GALIC - Bay Bridge Marina, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	45-5565693.....	.....	.....	.....	GALIC - Sorrento, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...65.000	American Financial Group, Inc....	2.....
.....	.....	.....	31-1391777.....	.....	.....	.....	GALIC Brothers, Inc.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...80.000	American Financial Group, Inc....	.....
.....	.....	.....	45-1144095.....	.....	.....	.....	GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...65.000	American Financial Group, Inc....	2.....
.....	.....	.....	26-3260520.....	.....	.....	.....	Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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)	*
0084.....	American Financial Group, Inc.....	67083.....	45-0252531..	.....	.....	.....	Manhattan National Life Insurance Company.....	IL.....	IA.....	Manhattan National Holding Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	52-2179330..	.....	.....	.....	Skipjack Marina Corp.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	74-2180806..	.....	.....	.....	United Teacher Associates, Ltd.....	TX.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	1.....
0084.....	American Financial Group, Inc.....	63479.....	58-0869673..	.....	.....	.....	United Teacher Associates Insurance Company.....	TX.....	IA.....	United Teacher Associates, Ltd.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	42-1575938..	.....	.....	.....	Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	27-3062314..	.....	.....	.....	Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	45-4110027..	.....	.....	.....	United States Commodities Producers LLC.....	MT.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	...75.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	14084.....	27-4395897..	.....	.....	.....	Livestock Market Enhancement Risk Retention Group.....	NV.....	IA.....	United States Commodities Producers LLC.....	Ownership.....	.....1.000	American Financial Group, Inc....	2.....
.....	.....	.....	27-2354685..	.....	.....	.....	United States Livestock Producers, LLC.....	NV.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	...75.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	14084.....	27-4395897..	.....	.....	.....	Livestock Market Enhancement Risk Retention Group.....	NV.....	IA.....	United States Livestock Producers, LLC.....	Ownership.....	...99.000	American Financial Group, Inc....	2.....
0084.....	American Financial Group, Inc.....	35351.....	31-0912199..	.....	.....	.....	American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	37990.....	31-0973761..	.....	.....	.....	American Empire Insurance Company.....	OH.....	IA.....	American Empire Surplus Lines Insurance Company...	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	59-1671722..	.....	.....	.....	American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	GAI Australia Pty Ltd.....	AUS.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Great American International Insurance Limited.....	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	23418.....	73-0556513..	.....	.....	.....	Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	15380.....	73-1406844..	.....	.....	.....	Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	13794.....	38-3803661..	.....	.....	.....	Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	30-0571535..	.....	.....	.....	Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	23426.....	73-0773259..	.....	.....	.....	Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	16691.....	31-0501234..	.....	.....	.....	Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...37.500	American Financial Group, Inc....	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...37.500	American Financial Group, Inc....	2.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...80.000	American Financial Group, Inc....	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC.....	DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC.....	DE.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Financidora de Primas Condor, S.A. de C.V.....	MEX.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	...99.000	American Financial Group, Inc....	.....
.....	.....	.....	39-1404033..	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	13-3628555..	.....	.....	.....	FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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)	*
							Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management....	.....	American Financial Group, Inc....	3.....
			31-1753938..				GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-1765544..				GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
							GAI Warranty Company of Canada Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			45-5565693..				GALIC - Sorrento, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc....	2.....
			45-1144095..				GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc....	2.....
			61-1329718..				Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			74-2693636..				Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	26832.....	95-1542353..				Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	26344.....	15-6020948..				Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	39896.....	61-0983091..				Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-1228726..				Great American Claims Services, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	10646.....	36-4079497..				Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	37532.....	31-0954439..				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	41858.....	31-1036473..				Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-1652643..				Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	22136.....	13-5539046..				Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	38024.....	31-0974853..				Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....	.....	American Financial Group, Inc....	4.....
			31-1073664..				Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-0856644..				Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	38580.....	31-1288778..				Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-0918893..				Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	31135.....	31-1209419..				Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	33723.....	31-1237970..				Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
							Insurance (GB) Limited.....	GBR.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			59-1263251..				Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			34-1607394..		0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...51.700	American Financial Group, Inc....	.....
			34-1899058..				American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			31-1548235..				Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			98-0191335..				Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			66-0660039..				Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			34-1607396..				National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
							Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management....	.....	American Financial Group, Inc....	5.....
0084.....	American Financial Group, Inc.....	32620.....	34-1607395..				National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	11051.....	99-0345306..				National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
			43-1254631..				TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
0084.....	American Financial Group, Inc.....	41106.....	95-3623282..				Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	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)	*
0084.....	American Financial Group, Inc.....	21172.....	86-0114294..	.....	.....	.....	Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	.....	.....	.....	.....	Vanliner Reinsurance Limited.....	BMU.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	46-4570914..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	871850814...	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	....49.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	LA.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	LA.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	.....	.....	31-0728327..	.....	.....	.....	Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....

52.4

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

**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)
<b>Affiliated Transactions</b>												
00000.....	31-1544320.....	American Financial Group, Inc.....	330,000,000				331,069,186				661,069,186	
00000.....	41-2112001.....	APU Holding Company.....	61,500,000								61,500,000	
00000.....		GAI Insurance Company, Ltd.....	(1,500,000)								(1,500,000)	(1,411,000)
22179.....	95-2801326.....	Republic Indemnity Company of America.....	(57,700,000)						*		(57,700,000)	(33,374,301)
43753.....	31-1054123.....	Republic Indemnity Company of California.....	(2,300,000)						*		(2,300,000)	
00000.....		Lloyd's Syndicate 2468 (United Kingdom).....									0	(2,303,000)
00000.....	98-0412245.....	Lavenham Underwriting Limited.....									0	11,632,124
00000.....	98-0431601.....	Sampford Underwriting Limited.....									0	12,381,893
00000.....	31-1475936.....	AAG Holding Company, Inc.....	115,000,000								115,000,000	
63312.....	13-1935920.....	Great American Life Insurance Company.....	(115,000,000)	(429,000)			(189,274,247)				(304,703,247)	27,769,775
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....		660,000							660,000	
00000.....	74-2180806.....	United Teacher Associates, Ltd.....		(35,000,000)							(35,000,000)	
63479.....	58-0869673.....	United Teacher Associates Insurance Company.....		35,000,000							35,000,000	(27,769,775)
00000.....	42-1575938.....	Great American Holding, Inc.....	51,374,782								51,374,782	
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	(7,800,000)						*		(7,800,000)	10,663,330
37990.....	31-0973761.....	American Empire Insurance Company.....	(2,200,000)						*		(2,200,000)	
00000.....		Great American International Insurance Limited (Ireland).....	(1,374,782)								(1,374,782)	7,801,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	(36,000,000)						*		(36,000,000)	(4,303,000)
15380.....	73-1406844.....	Mid-Continent Assurance Company.....	(2,000,000)						*		(2,000,000)	
23426.....	73-0773259.....	Oklahoma Surety Company.....	(2,000,000)						*		(2,000,000)	
16691.....	31-0501234.....	Great American Insurance Company.....	(313,456,700)	(231,000)			(141,794,939)		*		(455,482,639)	2,252,983
00000.....	13-3628555.....	FCIA Management Company, Inc.....	(55,300)								(55,300)	
00000.....	31-1765544.....	GAI Warranty Company of Florida.....									0	6,812,000
00000.....	61-1329718.....	Global Premier Finance Company.....	(8,000,000)								(8,000,000)	
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....									0	3,364,000
00000.....	34-1607394.....	National Interstate Corporation.....	5,512,000								5,512,000	
00000.....	98-0191335.....	Hudson Indemnity, Ltd (Cayman Islands).....									0	(232,014,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	(10,000,000)						*		(10,000,000)	200,248,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....							*		0	12,201,000
41106.....	95-3623282.....	Triumphe Casualty Company.....							*		0	58,000
21172.....	86-0114294.....	Vanliner Insurance Company.....							*		0	8,344,000
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	(4,000,000)								(4,000,000)	
9999999.....	Control Totals.....		0	0	0	0	0	0	XXX	0	0	2,353,029



**SCHEDULE Y**

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

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

**Pooling Information**

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
35351	American Empire Surplus Lines Insurance Company	90.00%	16691	Great American Insurance Company	100.00%
37990	American Empire Insurance Company	10.00%	26832	Great American Alliance Insurance Company	
			26344	Great American Assurance Company	
23418	Mid-Continent Casualty Company	94.00%	39896	Great American Casualty Insurance Company	
15380	Mid-Continent Assurance Company	3.00%	10646	Great American Contemporary Insurance Company	
23426	Oklahoma Surety Company	3.00%	37532	Great American E & S Insurance Company	
13794	Mid-Continent Excess and Surplus Insurance Company		41858	Great American Fidelity Insurance Company	
			22136	Great American Insurance Company of New York	
22179	Republic Indemnity Company of America	97.00%	38580	Great American Protection Insurance Company	
43753	Republic Indemnity Company of California	3.00%	31135	Great American Security Insurance Company	
			33723	Great American Spirit Insurance Company	
32620	National Interstate Insurance Company	70.00%			
21172	Vanliner Insurance Company	26.00%			
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%			
41106	Triumphe Casualty Company	2.00%			

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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?	WAIVED

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?	SEE EXPLANATION
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
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?	YES
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?	YES
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	SEE EXPLANATION
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	SEE EXPLANATION
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	SEE EXPLANATION
APRIL FILING		
40.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
41.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
42.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
43.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
AUGUST FILING		
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BAR CODE:











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11.	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 2 2 2 0 0 0 0 0 *</div><div></div></div>
12. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 2 0 0 0 0 0 0 *</div><div></div></div>
13. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 3 6 0 0 0 0 0 0 *</div><div></div></div>
14. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 9 0 0 0 0 0 0 *</div><div></div></div>
15. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 3 7 1 0 0 0 0 0 *</div><div></div></div>
16.	
17. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 4 2 0 0 0 0 0 *</div><div></div></div>
18. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 4 3 0 0 0 0 0 *</div><div></div></div>
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23. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 4 8 0 0 0 0 0 *</div><div></div></div>
24. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 4 9 0 0 0 0 0 *</div><div></div></div>
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27. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 5 2 0 0 0 0 0 *</div><div></div></div>
28. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 5 3 0 0 0 0 0 *</div><div></div></div>
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30. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 3 7 0 0 0 0 0 *</div><div></div></div>
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33. NOT APPLICABLE	<div><div></div><div>* 9 3 6 6 1 2 0 1 3 4 5 4 0 0 0 0 0 *</div><div></div></div>
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Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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35.		 * 9 3 6 6 1 2 0 1 3 3 6 5 0 0 0 0 0 *
36.	NOT APPLICABLE	
37.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 2 4 0 0 0 0 0 *
38.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 2 5 0 0 0 0 0 *
39.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 2 6 0 0 0 0 0 *
40.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 3 0 6 0 0 0 0 0 *
41.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 8 0 0 0 0 0 0 *
42.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 3 0 0 0 0 0 0 *
43.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 1 0 0 0 0 0 0 *
44.		
45.		
46.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 1 6 0 0 0 0 0 *
47.	NOT APPLICABLE	 * 9 3 6 6 1 2 0 1 3 2 1 7 0 0 0 0 0 *
48.		

Additional Write-ins for Assets:

	Current Statement Date			4  December 31, Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
2504. Other assets.....	.....21,500	.....	.....21,500	.....21,500
2505. Accounts receivable.....	.....645	.....645	.....0	.....132,701
2597. Summary of remaining write-ins for Line 25.....	.....22,145	.....645	.....21,500	.....154,201

Additional Write-ins for Summary of Operations:

		1  Current Year	2  Prior Year
08.304	Miscellaneous income.....	.....281	.....393
08.397	Summary of remaining write-ins for Line 8.3.....	.....281	.....393

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	281			280				1				
08.397. Summary of remaining write-ins for Line 8.3.....	281	0	0	280	0	0	0	1	0	0	0	0

Sch. O-Heading and Barcode  
NONE

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

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

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

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

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

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

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

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

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

Annual Statement for the year 2013 of the

ANNUITY INVESTORS LIFE INSURANCE COMPANY

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.....		
3. Individual annuity.....	Standard Factor.....	2,523
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.....		
11. Total.....		2,523



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

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

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

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

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

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

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

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

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

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

# 2013 ALPHABETICAL INDEX

## LIFE ANNUAL STATEMENT BLANK

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