



QUARTERLY STATEMENT

As of June 30, 2014

of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730	NAIC Company Code..... 62375	Employer's ID Number..... 21-0706531
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... October 3, 1955	Commenced Business..... October 3, 1955	
Statutory Home Office	2060 East Ninth Street..... Cleveland ..... OH ..... US ..... 44115-1355	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	2060 East Ninth Street..... Cleveland ..... OH ..... US ..... 44115-1355	216-687-7000
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	2060 East Ninth Street..... Cleveland ..... OH ..... US ..... 44115-1355	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	2060 East Ninth Street..... Cleveland ..... OH ..... US ..... 44115-1355	216-687-7000
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.ConsumersLife.com	
Statutory Statement Contact	Sharon Matonis	216-687-6049
	(Name)	(Area Code) (Telephone Number) (Extension)
	Sharon.Matonis@medmutual.com	216-360-4073
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Richard Alan Chiricosta	President & CEO	2. Steffany Matticola Larkins	Secretary
3. Raymond Karl Mueller	Treasurer	4.	

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura	Jared Paul Chaney	Richard Alan Chiricosta	Steffany Matticola Larkins
Raymond Karl Mueller			

State of..... Ohio  
County of..... Cuyahoga

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

(Signature)	(Signature)	(Signature)
Richard Alan Chiricosta	Steffany Matticola Larkins	Raymond Karl Mueller
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President & CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me	a. Is this an original filing?	Yes [ X ] No [ ]
This _____ day of _____	b. If no:	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

Consumers Life Insurance Company  
ASSETS

	Current Statement Date			4  December 31 Prior Year Net Admitted Assets
	1  Assets	2  Nonadmitted Assets	3  Net Admitted Assets (Cols. 1 - 2)	
1. Bonds.....	16,012,920		16,012,920	17,785,355
2. Stocks:				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....			.0	
3. Mortgage loans on real estate:				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$.....11,122,666), cash equivalents (\$.....0) and short-term investments (\$.....1,889,944).....	13,012,610		13,012,610	1,935,348
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives.....			.0	
8. Other invested assets.....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets.....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	29,025,530	.0	29,025,530	19,720,703
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	241,179		241,179	246,294
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	2,010,322		2,010,322	2,142,345
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	172,635		172,635	5,352,375
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....			.0	
17. Amounts receivable relating to uninsured plans.....	1,257,284		1,257,284	872,251
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.0	
18.2 Net deferred tax asset.....	1,492,655	1,090,718	401,937	463,187
19. Guaranty funds receivable or on deposit.....	1,529,889		1,529,889	1,530,655
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....	85,316	85,316	.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	2,109,309		2,109,309	7,241,547
24. Health care (\$.....0) and other amounts receivable.....			.0	836,990
25. Aggregate write-ins for other than invested assets.....	73,779	40,622	33,157	1,301,757
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	37,997,898	1,216,656	36,781,242	39,708,104
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. Total (Lines 26 and 27).....	37,997,898	1,216,656	36,781,242	39,708,104

DETAILS OF WRITE-INS

1101. ....			.0	
1102. ....			.0	
1103. ....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Other Assets.....	29,000	29,000	.0	
2502. Premium Tax Recoverable.....	3,630		3,630	869,371
2503. Other Receivables.....	41,149	11,622	29,527	432,386
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	73,779	40,622	33,157	1,301,757

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Statement Date	2 December 31 Prior Year
1. Aggregate reserve for life contracts \$.....1,320,500 less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	1,320,500	1,260,000
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	774,000	852,000
3. Liability for deposit-type contracts (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life.....	4,059,948	3,376,379
4.2 Accident and health.....	225,000	1,389,000
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid.....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....128,741 accident and health premiums.....	472,531	223,834
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....	5,581,127	4,836,421
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....750,891 ceded.....	750,891	2,733,827
9.4 Interest Maintenance Reserve.....		
10. Commissions to agents due or accrued - life and annuity contracts \$.....107,664, accident and health \$.....64,414 and deposit-type contract funds \$.....0.....	172,078	532,443
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued.....	388,756	882,576
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes.....	2,343,101	3,373,370
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	401,191	542,989
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....	5,456	6,412
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....	93	572
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve.....	32,914	27,521
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....	80,453	
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	16,608,039	20,037,344
27. From Separate Accounts statement.....		
28. Total liabilities (Lines 26 and 27).....	16,608,039	20,037,344
29. Common capital stock.....	1,600,000	1,600,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus.....	35,925,250	35,925,250
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(17,352,047)	(17,854,490)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	18,573,203	18,070,760
38. Totals of Lines 29, 30 and 37.....	20,173,203	19,670,760
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	36,781,242	39,708,104

DETAILS OF WRITE-INS		
2501. ....		
2502. ....		
2503. ....		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	0	0
3101. ....		
3102. ....		
3103. ....		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401. ....		
3402. ....		
3403. ....		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0

SUMMARY OF OPERATIONS

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
1. Premiums and annuity considerations for life and accident and health contracts.....	13,527,620	33,484,632	60,938,349
2. Considerations for supplementary contracts with life contingencies.....			
3. Net investment income.....	135,700	131,280	255,407
4. Amortization of Interest Maintenance Reserve (IMR).....		542	1,085
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....			
6. Commissions and expense allowances on reinsurance ceded.....			
7. Reserve adjustments on reinsurance ceded.....			
8. Miscellaneous Income:			
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....			
8.2 Charges and fees for deposit-type contracts.....			
8.3 Aggregate write-ins for miscellaneous income.....	96,485	2,020,000	2,384,387
9. Totals (Lines 1 to 8.3).....	13,759,805	35,636,454	63,579,228
10. Death benefits.....	8,835,048	6,333,662	14,431,396
11. Matured endowments (excluding guaranteed annual pure endowments).....			
12. Annuity benefits.....			
13. Disability benefits and benefits under accident and health contracts.....	2,461,408	12,829,824	23,346,027
14. Coupons, guaranteed annual pure endowments and similar benefits.....			
15. Surrender benefits and withdrawals for life contracts.....			
16. Group conversions.....			
17. Interest and adjustments on contract or deposit-type contract funds.....			
18. Payments on supplementary contracts with life contingencies.....			
19. Increase in aggregate reserves for life and accident and health contracts.....	(17,500)	(538,000)	(2,761,000)
20. Totals (Lines 10 to 19).....	11,278,956	18,625,486	35,016,423
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	922,128	6,677,605	11,477,886
22. Commissions and expense allowances on reinsurance assumed.....			
23. General insurance expenses.....	1,299,626	6,782,119	12,285,807
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	326,493	1,508,715	2,671,392
25. Increase in loading on deferred and uncollected premiums.....			
26. Net transfers to or (from) Separate Accounts net of reinsurance.....			
27. Aggregate write-ins for deductions.....	98,680	451,141	552,500
28. Totals (Lines 20 to 27).....	13,925,883	34,045,066	62,004,008
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(166,078)	1,591,388	1,575,220
30. Dividends to policyholders.....			
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(166,078)	1,591,388	1,575,220
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....	(134,798)	317,800	371,395
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(31,280)	1,273,588	1,203,825
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.0 (excluding taxes of \$.0 transferred to the IMR).....			
35. Net income (Line 33 plus Line 34).....	(31,280)	1,273,588	1,203,825
CAPITAL AND SURPLUS ACCOUNT			
36. Capital and surplus, December 31, prior year.....	19,670,760	12,948,315	12,948,315
37. Net income (Line 35).....	(31,280)	1,273,588	1,203,825
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.0.....			
39. Change in net unrealized foreign exchange capital gain (loss).....			
40. Change in net deferred income tax.....	1,024,344		(156,689)
41. Change in nonadmitted assets.....	(485,228)	39,722	682,059
42. Change in liability for reinsurance in unauthorized and certified companies.....			
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....			
44. Change in asset valuation reserve.....	(5,393)	(4,715)	(6,750)
45. Change in treasury stock.....			
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....			
47. Other changes in surplus in Separate Accounts Statement.....			
48. Change in surplus notes.....			
49. Cumulative effect of changes in accounting principles.....			
50. Capital changes:			
50.1 Paid in.....			
50.2 Transferred from surplus (Stock Dividend).....			
50.3 Transferred to surplus.....			
51. Surplus adjustment:			
51.1 Paid in.....		5,000,000	5,000,000
51.2 Transferred to capital (Stock Dividend).....			
51.3 Transferred from capital.....			
51.4 Change in surplus as a result of reinsurance.....			
52. Dividends to stockholders.....			
53. Aggregate write-ins for gains and losses in surplus.....	0	0	0
54. Net change in capital and surplus (Lines 37 through 53).....	502,443	6,308,595	6,722,445
55. Capital and surplus as of statement date (Lines 36 + 54).....	20,173,203	19,256,910	19,670,760
DETAILS OF WRITE-INS			
08.301. Other Income.....	96,485	2,020,000	2,384,387
08.302. ....			
08.303. ....			
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	96,485	2,020,000	2,384,387
2701. Other Expense.....	98,680	451,141	552,500
2702. ....			
2703. ....			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	98,680	451,141	552,500
5301. ....			
5302. ....			
5303. ....			
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0	0

CASH FLOW

	1 Current Year to Date	2 Prior Year To Date	3 Prior Year Ended December 31
CASH FROM OPERATIONS			
1. Premiums collected net of reinsurance.....	14,653,046	36,559,415	62,871,203
2. Net investment income.....	355,872	316,956	598,483
3. Miscellaneous income.....	96,485		2,384,387
4. Total (Lines 1 through 3).....	15,105,403	36,876,371	65,854,073
5. Benefit and loss related payments.....	8,580,083	20,042,239	40,847,186
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			
7. Commissions, expenses paid and aggregate write-ins for deductions.....	4,797,475	15,984,086	27,407,457
8. Dividends paid to policyholders.....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....0 tax on capital gains (losses).....	7,000		(354,994)
10. Total (Lines 5 through 9).....	13,384,558	36,026,325	67,899,649
11. Net cash from operations (Line 4 minus Line 10).....	1,720,845	850,046	(2,045,576)
CASH FROM INVESTMENTS			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,925,000	775,000	1,875,000
12.2 Stocks.....			
12.3 Mortgage loans.....			
12.4 Real estate.....			
12.5 Other invested assets.....			
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....			
12.7 Miscellaneous proceeds.....			
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	1,925,000	775,000	1,875,000
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	367,622	191,025	3,941,563
13.2 Stocks.....			
13.3 Mortgage loans.....			
13.4 Real estate.....			
13.5 Other invested assets.....			
13.6 Miscellaneous applications.....			
13.7 Total investments acquired (Lines 13.1 to 13.6).....	367,622	191,025	3,941,563
14. Net increase or (decrease) in contract loans and premium notes.....			
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	1,557,378	583,975	(2,066,563)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....			
16.2 Capital and paid in surplus, less treasury stock.....		5,000,000	5,000,000
16.3 Borrowed funds.....			
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....			
16.5 Dividends to stockholders.....			
16.6 Other cash provided (applied).....	7,799,039	(1,456,544)	(8,188,142)
17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6).....	7,799,039	3,543,456	(3,188,142)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....	11,077,262	4,977,477	(7,300,281)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,935,348	9,235,629	9,235,629
19.2 End of period (Line 18 plus Line 19.1).....	13,012,610	14,213,106	1,935,348

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001 .....			
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EXHIBIT 1

DIRECT PREMIUMS AND DEPOSIT-TYPE CONTRACTS

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
1. Industrial life.....			
2. Ordinary life insurance.....	156,854	136,130	287,137
3. Ordinary individual annuities.....			
4. Credit life (group and individual).....			
5. Group life insurance.....	11,566,685	10,919,690	21,760,859
6. Group annuities.....			
7. A&H - group.....	3,758,780	57,202,488	98,759,412
8. A&H - credit (group and individual).....			
9. A&H - other.....	353,625	5,229,906	9,973,429
10. Aggregate of all other lines of business.....	0	0	0
11. Subtotal.....	15,835,944	73,488,214	130,780,837
12. Deposit-type contracts.....			
13. Total.....	15,835,944	73,488,214	130,780,837

DETAILS OF WRITE-INS

1001. ....			
1002. ....			
1003. ....			
1098. Summary of remaining write-ins for Line 10 from overflow page.....	0	0	0
1099. Total (Lines 1001 thru 1003 plus 1098) (Line 10 above).....	0	0	0

**NOTES TO FINANCIAL STATEMENTS**

**Note 1 - Summary of Significant Accounting Policies**

A. Accounting Practices

	State of Domicile	2014	2013
<b>NET INCOME</b>			
(1) Consumers Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 2)	Ohio	(31,280)	1,203,825
(2) State Prescribed Practices that increase/decrease NAIC SAP			
(3) State Permitted Practices that increase/decrease NAIC SAP			
(4) NAIC SAP (1 – 2 – 3 = 4)	Ohio	(31,280)	1,203,825
<b>SURPLUS</b>			
(5) Consumers Life Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	Ohio	20,173,203	19,670,760
(6) State Prescribed Practices that increase/decrease NAIC SAP			
(7) State Permitted Practices that increase/decrease NAIC SAP			
(8) NAIC SAP (5 – 6 – 7 = 8)	Ohio	20,173,203	19,670,760

**Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

**Note 3 - Business Combinations and Goodwill**

No significant change.

**Note 4 - Discontinued Operations**

At the end of June 2013, we announced our decision to exit the individual and group medical insurance business in the states of Georgia, Pennsylvania, West Virginia and Wisconsin and entered into an agreement with United Healthcare Services, Inc. to provide marketing assistance as they offer a renewal option for our customers in certain of these states.

**Note 5 - Investments**

D. Loan-Backed Securities

(1)

		1	2a	2b	c
(2)		Amortized Cost Basis Before Other-than-Temporary Impairment	Other-than-Temporary Impairment Recognized in Loss		Fair Value 1 – (2a + 2b)
	OTTI recognized 1 <sup>st</sup> Quarter		Interest	Non-Interest	
a.	Intent to sell				
b.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
c.	Total 1 <sup>st</sup> Quarter				
	OTTI recognized 2 <sup>nd</sup> Quarter				
d.	Intent to sell				
e.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
f.	Total 2 <sup>nd</sup> Quarter				
	OTTI recognized 3 <sup>rd</sup> Quarter				
g.	Intent to sell				
h.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
i.	Total 4 <sup>th</sup> Quarter				
	OTTI recognized 4 <sup>th</sup> Quarter				
j.	Intent to sell				
k.	Inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis				
l.	Total 4 <sup>th</sup> Quarter				
m.	Annual aggregate total	XXX			XXX

NOTES TO FINANCIAL STATEMENTS

(3) Recognized OTTI securities

CUSIP	Book/Adjusted Carrying Value Amortized Cost Before Current Period OTTI	Present Value of Projected Cash Flows	Recognized Other-Than-Temporary Impairment	Amortized Cost After Other-Than-Temporary Impairment	Fair Value at Time of OTTI	Date of Financial Statement Where Reported
Total						

(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):

a.	The aggregate amount of unrealized losses:	1.	Less than 12 Months	
		2.	12 Months or Longer	
b.	The aggregate related fair value of securities with unrealized losses:	1.	Less than12 Months	
		2.	12 Months or Longer	

(5)

E. Repurchase Agreements and/or Securities Lending Transactions

(3) Collateral Received

b. The fair value of that collateral and of the portion of that collateral that it has sold or replighted

I. Working Capital Finance Investments

(2) Aggregate Maturity Distribution on the Underlying Working Capital Finance Programs

		Book/Adjusted Carrying Value
(a)	Up to 180 Days	
(b)	181 to 365 Days	
(c)	Total	

(3)

**Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**Note 7 - Investment Income**

No significant change.

**Note 8 - Derivative Instruments**

No significant change.

**Note 9 - Income Taxes**

No significant change.

**Note 10 - Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

Effective January 1, 2014, the reinsurance agreement in place between Consumers Life Insurance Company and the parent Company, Medical Mutual of Ohio, (MMO) was terminated. MMO shall continue to be liable for all losses that were incurred prior to the effective date of termination provided that any and all such losses must be reported to MMO within six months after the effective date of the termination.

**Note 11 - Debt**

Not applicable.

**Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No significant change.

**Note 13 - Capital and Surplus, Shareholders’ Dividend Restrictions and Quasi-Reorganizations**

No significant change.

**Note 14 - Contingencies**

No significant change.

**Note 15 - Leases**

No significant change.



NOTES TO FINANCIAL STATEMENTS

**Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

**Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

B. Transfer and Servicing of Financial Assets

(2)

b. Not Applicable

(4)

a. Not Applicable

b. Not Applicable

C. Wash Sales

(1) The Company has executed no wash cash sales through June 30, 2014.

(2) The details by NAIC designation 3 or below, or unrated of securities sold during the current period, 2014 and reacquired within 30 days of the sale date are:

Description	NAIC Designation	Number of Transactions	Book Value of Securities Sold	Cost of Securities Repurchased	Gain/(Loss)

**Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

**Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

**Note 20 - Fair Value**

A.

(1) Fair Value Measurements at Reporting Date

Assets at Fair Value	Level 1	Level 2	Level 3	Total
Total				

Liabilities at Fair Value	Level 1	Level 2	Level 3	Total
Total				

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

a. Assets	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Period
Total										

b. Liabilities	Beginning Balance at Period	Transfers Into Level 3	Transfers Out of Level 3	Total Gains and (Losses) Included in Net Income	Total Gains and (Losses) Included in Surplus	Purchases	Issuances	Sales	Settlements	Ending Balance at Period
Total										

(3)

(4)

(5)

B.

C.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
BONDS	16,280,480	16,012,920		16,280,480		
Total	16,280,480	16,012,920		16,280,480		

NOTES TO FINANCIAL STATEMENTS

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
		0.000		
Total				

Note 21 - Other Items

H. Offsetting and Netting of Assets and Liabilities

No significant change

J. Risk Sharing Provisions of the Affordable Care Act

No accident and health insurance premium was written by the Company in 2014 that is subject to the Affordable Care Act risk sharing provisions, and as a result, no amounts are recorded in relation to these programs.

(1) Permanent Risk Adjustment Program

Assets	Amount
a. Premium adjustments receivable	\$
Liabilities	
b. Risk adjustment user fees payable	\$
c. Premium adjustments payable	\$
Operations (Revenue & Expense)	
d. Premium for accident and health contracts (written/collected)	\$

(2) Transitional Reinsurance Program

Assets	
a. Amounts recoverable for claims paid	\$
b. Amounts recoverable for claims unpaid	\$
c. Amounts receivable relating to uninsured plans	\$
Liabilities	
d. Claims unpaid-ceded	\$
e. Contributions payable-not reported as ceded premium	\$
f. Ceded reinsurance premiums payable	\$
g. Liability for amounts held under uninsured plans	\$
Operations (Revenue & Expense)	
h. Ceded reinsurance premiums	\$
i. Reinsurance recoveries	\$
j. Contributions-not reported as ceded premium	\$

(3) Temporary Risk Corridors Program

Assets	
a. Accrued retrospective premium	\$
Liabilities	
b. Reserve for rate credits or policy experience rating refunds	\$
Operations (Revenue & Expense)	
c. Net premium income (paid/received)	\$
d. Change in reserves for rate credits	\$

(4) Have there been any material re-estimations and/or impairments for the reporting period No

Note 22 - Events Subsequent

No significant change.

Note 23 - Reinsurance

No significant change.

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

No significant change.

Note 25 - Change in Incurred Losses and Loss Adjustment Expenses

Reserves for unpaid health claims and claims adjustment expenses as of December 31, 2013 were \$1.4 million. As of June 30, 2014, \$1.5 million has been paid for incurred claims and claims adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are negligible as a result of the re-estimation of unpaid claims and claims adjustment expenses. Therefore, there has been a \$0.1 million unfavorable development since December 31, 2013. Original estimates are increased or decreased as additional information becomes known regarding individual claims.

NOTES TO FINANCIAL STATEMENTS

**Note 26 - Intercompany Pooling Arrangements**

No significant change.

**Note 27 - Structured Settlements**

No significant change.

**Note 28 - Health Care Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Invoiced/ Confirmed	Actual Rebates Collected Within 90 Days of Invoicing/ Confirmation	Actual Rebates Collected Within 91 to 180 Days of Invoicing/ Confirmation	Actual Rebates Collected More Than 180 Days After Invoicing/ Confirmation
6/30/2014	180,000				
3/31/2014	180,000	180,000			
12/31/2013	479,110	708,000	670,551	150,568	
9/30/2013	762,000	757,000	744,119	12,881	
6/30/2013	720,000	836,000	795,458	40,542	
3/31/2013	690,000	845,000	845,000		

**Note 29 - Participating Policies**

No significant change.

**Note 30 - Premium Deficiency Reserves**

No significant change.

**Note 31 - Reserves for Life Contracts and Annuity Contracts**

No significant change.

**Note 32 - Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics**

No significant change.

**Note 33 - Premiums and Annuity Considerations Deferred and Uncollected**

No significant change.

**Note 34 - Separate Accounts**

No significant change.

**Note 35 - Loss/Claim Adjustment Expenses**

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ☐ ]

No [ ☒ X ]

1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ☐ ]

No [ ☐ ]

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ☐ ]

No [ ☒ X ]

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ X ]

No [ ☐ ]

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes [ ☐ ]

No [ ☒ X ]

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ☐ ]

No [ ☒ X ]

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ☐ ]

No [ ☐ ]

N/A [ ☒ X ]

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

.....12/31/2009.....

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

.....12/31/2009.....

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

.....3/2/2011.....

6.4

By what department or departments?  
Ohio Department of Insurance

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ ☐ ]

No [ ☐ ]

N/A [ ☒ X ]

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ ☐ ]

No [ ☐ ]

N/A [ ☒ X ]

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ☐ ]

No [ ☒ X ]

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ☐ ]

No [ ☒ X ]

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ ☐ ]

No [ ☒ X ]

8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	SEC

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ ☒ X ]

No [ ☐ ]

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes [ ☐ ]

No [ ☒ X ]

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

9.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [ ☐ ]

No [ ☒ X ]

Consumers Life Insurance Company  
GENERAL INTERROGATORIES  
PART 1 - COMMON INTERROGATORIES - GENERAL

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

PART 1 - FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ X ] No [ ]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$.....2,111,543

PART 1 - INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [ X ]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.....0

13. Amount of real estate and mortgages held in short-term investments: \$.....0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [ X ]

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds.....	\$ .....0	\$ .....0
14.22 Preferred Stock.....	\$ .....0	\$ .....0
14.23 Common Stock.....	\$ .....0	\$ .....0
14.24 Short-Term Investments.....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate.....	\$ .....0	\$ .....0
14.26 All Other.....	\$ .....0	\$ .....0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$ .....0	\$ .....0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above.....	\$ .....0	\$ .....0

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [ X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ]  
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$.....0

16.3 Total payable for securities lending reported on the liability page: \$.....0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
FIFTH THIRD BANK	5050 KINGSLEY DRIVE, CINCINNATI, OHIO 45263

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [ X ]

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

PART 1 - INVESTMENT

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [ X ]      No [   ]

18.2 If no, list exceptions:

Consumers Life Insurance Company

GENERAL INTERROGATORIES (continued)

PART 2 - LIFE & HEALTH

1. Report the statement value of mortgage loans at the end of this reporting period for the following categories:

1.1 Long-term mortgages in good standing

1.11 Farm mortgages..... \$.....

1.12 Residential mortgages..... \$.....

1.13 Commercial mortgages..... \$.....

1.14 Total mortgages in good standing..... \$.....0

1.2 Long-term mortgages in good standing with restructured terms

1.21 Total mortgages in good standing with restructured terms..... \$.....

1.3 Long-term mortgage loans upon which interest is overdue more than three months

1.31 Farm mortgages..... \$.....

1.32 Residential mortgages..... \$.....

1.33 Commercial mortgages..... \$.....

1.34 Total mortgages with interest overdue more than three months..... \$.....0

1.4 Long-term mortgage loans in process of foreclosure

1.41 Farm mortgages..... \$.....

1.42 Residential mortgages..... \$.....

1.43 Commercial mortgages..... \$.....

1.44 Total mortgages in process of foreclosure..... \$.....0

1.5 Total mortgage loans (Lines 1.14 + 1.21 + 1.34 + 1.44) (Page 2, Column 3, Lines 3.1 + 3.2) .....

\$.....0

1.6 Long-term mortgages foreclosed, properties transferred to real estate in current quarter

1.61 Farm mortgages..... \$.....

1.62 Residential mortgages..... \$.....

1.63 Commercial mortgages..... \$.....

1.64 Total mortgages foreclosed and transferred to real estate..... \$.....0

2. Operating Percentages:

2.1 A&H loss percent.....95.9

2.2 A&H cost containment percent.....8.2

2.3 A&H expense percent excluding cost containment expenses.....(10.7)

3.1 Do you act as a custodian for health savings accounts?.....

Yes [ ] No [X]

3.2 If yes, please provide the amount of custodial funds held as of the reporting date.....

\$.....

3.3 Do you act as an administrator for health savings accounts?.....

Yes [ ] No [X]

3.4 If yes, please provide the balance of the funds administered as of the reporting date.....

\$.....

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7	8	9
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Reinsurer	Certified Reinsurer Rating (1 through 6)	Effective Date of Certified Reinsuer Rating

NONE



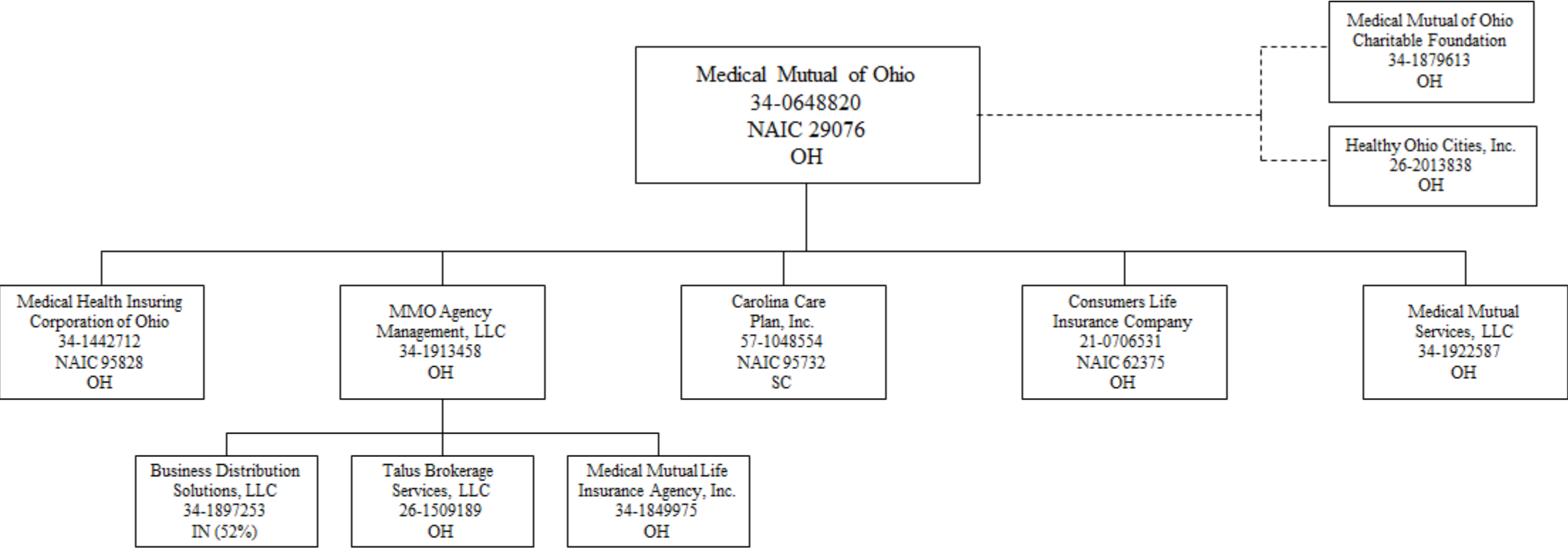
Consumers Life Insurance Company  
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.		1	Direct Business Only					
			Life Contracts		4	5	6	7
			2	3				
		Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL.....N.....					.....0	.....
2.	Alaska.....	AK.....N.....					.....0	.....
3.	Arizona.....	AZ.....L.....					.....0	.....
4.	Arkansas.....	AR.....L.....					.....0	.....
5.	California.....	CA.....N.....					.....0	.....
6.	Colorado.....	CO.....L.....					.....0	.....
7.	Connecticut.....	CT.....N.....					.....0	.....
8.	Delaware.....	DE.....L.....					.....0	.....
9.	District of Columbia.....	DC.....L.....					.....0	.....
10.	Florida.....	FL.....N.....					.....0	.....
11.	Georgia.....	GA.....L.....	25,047		44,723		69,770	
12.	Hawaii.....	HI.....N.....					.....0	.....
13.	Idaho.....	ID.....N.....					.....0	.....
14.	Illinois.....	IL.....L.....					.....0	.....
15.	Indiana.....	IN.....L.....	74,519		23,447		97,966	
16.	Iowa.....	IA.....L.....					.....0	.....
17.	Kansas.....	KS.....L.....					.....0	.....
18.	Kentucky.....	KY.....L.....					.....0	.....
19.	Louisiana.....	LA.....L.....					.....0	.....
20.	Maine.....	ME.....N.....					.....0	.....
21.	Maryland.....	MD.....L.....					.....0	.....
22.	Massachusetts.....	MA.....N.....					.....0	.....
23.	Michigan.....	MI.....L.....	379,426				379,426	
24.	Minnesota.....	MN.....L.....					.....0	.....
25.	Mississippi.....	MS.....L.....					.....0	.....
26.	Missouri.....	MO.....L.....					.....0	.....
27.	Montana.....	MT.....L.....					.....0	.....
28.	Nebraska.....	NE.....L.....					.....0	.....
29.	Nevada.....	NV.....L.....					.....0	.....
30.	New Hampshire.....	NH.....N.....					.....0	.....
31.	New Jersey.....	NJ.....L.....					.....0	.....
32.	New Mexico.....	NM.....L.....					.....0	.....
33.	New York.....	NY.....N.....					.....0	.....
34.	North Carolina.....	NC.....N.....					.....0	.....
35.	North Dakota.....	ND.....L.....					.....0	.....
36.	Ohio.....	OH.....L.....	11,237,530		3,625,451		14,862,981	
37.	Oklahoma.....	OK.....L.....					.....0	.....
38.	Oregon.....	OR.....L.....					.....0	.....
39.	Pennsylvania.....	PA.....L.....	708		522		1,230	
40.	Rhode Island.....	RI.....N.....					.....0	.....
41.	South Carolina.....	SC.....L.....	228,511		440,727		669,238	
42.	South Dakota.....	SD.....L.....					.....0	.....
43.	Tennessee.....	TN.....N.....					.....0	.....
44.	Texas.....	TX.....L.....					.....0	.....
45.	Utah.....	UT.....L.....					.....0	.....
46.	Vermont.....	VT.....N.....					.....0	.....
47.	Virginia.....	VA.....L.....					.....0	.....
48.	Washington.....	WA.....N.....					.....0	.....
49.	West Virginia.....	WV.....L.....	4,029				4,029	
50.	Wisconsin.....	WI.....L.....					.....0	.....
51.	Wyoming.....	WY.....L.....					.....0	.....
52.	American Samoa.....	AS.....N.....					.....0	.....
53.	Guam.....	GU.....N.....					.....0	.....
54.	Puerto Rico.....	PR.....N.....					.....0	.....
55.	US Virgin Islands.....	VI.....N.....					.....0	.....
56.	Northern Mariana Islands.....	MP.....N.....					.....0	.....
57.	Canada.....	CAN.....N.....					.....0	.....
58.	Aggregate Other Alien.....	OT.....XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
59.	Subtotal.....	(a).....35.....	11,949,770	.....0	4,134,870	.....0	16,084,640	.....0
90.	Reporting entity contributions for employee benefit plans.....	XXX.....					.....0	.....
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX.....					.....0	.....
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX.....					.....0	.....
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX.....					.....0	.....
94.	Aggregate other amounts not allocable by State.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
95.	Totals (Direct Business).....	XXX.....	11,949,770	.....0	4,134,870	.....0	16,084,640	.....0
96.	Plus Reinsurance Assumed.....	XXX.....					.....0	.....
97.	Totals (All Business).....	XXX.....	11,949,770	.....0	4,134,870	.....0	16,084,640	.....0
98.	Less Reinsurance Ceded.....	XXX.....	1,002,257		1,306,066		2,308,323	
99.	Totals (All Business) less Reinsurance Ceded.....	XXX.....	10,947,513	.....0	2,828,804	.....0	13,776,317	.....0
DETAILS OF WRITE-INS								
58001.	.....	XXX.....					.....0	.....
58002.	.....	XXX.....					.....0	.....
58003.	.....	XXX.....					.....0	.....
58998.	Summary of remaining write-ins for line 58 from overflow page.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
9401.	.....	XXX.....					.....0	.....
9402.	.....	XXX.....					.....0	.....
9403.	.....	XXX.....					.....0	.....
9498.	Summary of remaining write-ins for line 94 from overflow page.....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX.....	.....0	.....0	.....0	.....0	.....0	.....0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and Other Alien.

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP**  
PART 1 – ORGANIZATIONAL CHART



Q12

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														
0730.....	Medical Mutual of Ohio.....	29076.....	34-0648820	.....	.....	.....	Medical Mutual of Ohio.....	OH.....	UDP.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	95828.....	34-1442712	.....	.....	.....	Medical Health Insuring Corporation of Ohio.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	95732.....	57-1048554	.....	.....	.....	Carolina Care Plan, Inc.....	SC.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
0730.....	Medical Mutual of Ohio.....	62375.....	21-0706531	.....	.....	.....	Consumers Life Insurance Company.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1922587	.....	.....	.....	Medical Mutual Services, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1913458	.....	.....	.....	MMO Agency Management, LLC.....	OH.....	DS.....	Medical Mutual of Ohio.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1897253	.....	.....	.....	Business Distribution Solutions, LLC.....	IN.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...52.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	26-1509189	.....	.....	.....	Talus Brokerage Services, LLC.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....
.....	Medical Mutual of Ohio.....	.....	34-1849975	.....	.....	.....	Medical Mutual Life Insurance Agency, Inc.....	OH.....	DS.....	MMO Agency Management, LLC.....	Ownership.....	...100.000	Medical Mutual of Ohio.....	.....

Asterisk	Explanation

NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

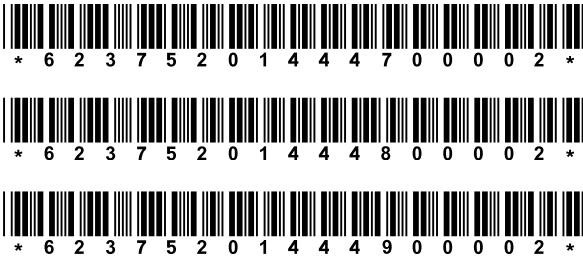
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing 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.

	Response
1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?	NO
2. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
3. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC?	NO
4. 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?	NO
5. 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?	NO
6. 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?	NO
7. 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?	NO

Explanations:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Bar Code:



**Consumers Life Insurance Company**  
**Overflow Page for Write-Ins**

**NONE**

Consumers Life Insurance Company

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Current year change in encumbrances.....		
4. Total gain (loss) on disposals.....		
5. Deduct amounts received on disposals.....		
6. Total foreign exchange change in book/adjusted carrying value.....		
7. Deduct current year's other than temporary impairment recognized.....		
8. Deduct current year's depreciation.....		
9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....		
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and mortgage interest points and commitment fees.....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....		
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....		
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....		
2.2 Additional investment made after acquisition.....		
3. Capitalized deferred interest and other.....		
4. Accrual of discount.....		
5. Unrealized valuation increase (decrease).....		
6. Total gain (loss) on disposals.....		
7. Deduct amounts received on disposals.....		
8. Deduct amortization of premium and depreciation.....		
9. Total foreign exchange change in book/adjusted carrying value.....		
10. Deduct current year's other than temporary impairment recognized.....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Deduct total nonadmitted amounts.....		
13. Statement value at end of current period (Line 11 minus Line 12).....	0	0

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	17,785,355	16,084,903
2. Cost of bonds and stocks acquired.....	367,622	3,941,563
3. Accrual of discount.....	735	2,335
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration for bonds and stocks disposed of.....	1,925,000	1,875,000
7. Deduct amortization of premium.....	215,792	368,446
8. Total foreign exchange change in book/adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	16,012,920	17,785,355
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	16,012,920	17,785,355

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

	1	2	3	4	5	6	7	8
NAIC Designation	Book/Adjusted Carrying Value Beginning of Current Quarter	Acquisitions During Current Quarter	Dispositions During Current Quarter	Non-Trading Activity During Current Quarter	Book/Adjusted Carrying Value End of First Quarter	Book/Adjusted Carrying Value End of Second Quarter	Book/Adjusted Carrying Value End of Third Quarter	Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a).....	18,092,834	1,986,684	2,070,496	(106,157)	18,092,834	17,902,865		20,335,123
2. NAIC 2 (a).....								
3. NAIC 3 (a).....								
4. NAIC 4 (a).....								
5. NAIC 5 (a).....								
6. NAIC 6 (a).....								
7. Total Bonds.....	18,092,834	1,986,684	2,070,496	(106,157)	18,092,834	17,902,865	0	20,335,123
PREFERRED STOCK								
8. NAIC 1.....								
9. NAIC 2.....								
10. NAIC 3.....								
11. NAIC 4.....								
12. NAIC 5.....								
13. NAIC 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	18,092,834	1,986,684	2,070,496	(106,157)	18,092,834	17,902,865	0	20,335,123

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation:  
NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999.....	.....1,889,944	.....XXX.....	.....1,889,944	.....15	.....

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	.....49,768	.....199,160
2. Cost of short-term investments acquired.....	.....1,840,176	.....
3. Accrual of discount.....	.....	.....
4. Unrealized valuation increase (decrease).....	.....	.....
5. Total gain (loss) on disposals.....	.....	.....
6. Deduct consideration received on disposals.....	.....	.....149,392
7. Deduct amortization of premium.....	.....	.....
8. Total foreign exchange change in book/adjusted carrying value.....	.....	.....
9. Deduct current year's other than temporary impairment recognized.....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	.....1,889,944	.....49,768
11. Deduct total nonadmitted amounts.....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11).....	.....1,889,944	.....49,768



Sch. DB-Pt A-Verification  
NONE

Sch. DB-Pt B-Verification  
NONE

Sch. DB-Pt C-Sn 1  
NONE

Sch. DB-Pt C-Sn 2  
NONE

Sch. DB-Verification  
NONE

SCHEDULE E- VERIFICATION

Cash Equivalents

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,500,000	5,000,000
2. Cost of cash equivalents acquired.....		2,500,000
3. Accrual of discount.....		
4. Unrealized valuation increase (decrease).....		
5. Total gain (loss) on disposals.....		
6. Deduct consideration received on disposals.....	2,500,000	5,000,000
7. Deduct amortization of premium.....		
8. Total foreign exchange change in book/ adjusted carrying value.....		
9. Deduct current year's other than temporary impairment recognized.....		
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	0	2,500,000
11. Deduct total nonadmitted amounts.....		
12. Statement value at end of current period (Line 10 minus Line 11).....	0	2,500,000

Sch. A-Pt 2  
NONE

Sch. A-Pt 3  
NONE

Sch. B-Pt 2  
NONE

Sch. B-Pt 3  
NONE

Sch. BA-Pt 2  
NONE

Sch. BA-Pt 3  
NONE

SCHEDULE D - PART 3

Show all Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Government									
912828 HZ 6	U.S. TREASURY NOTES.....		....04/02/2014	ANCORA SECURITIES.....		.....367,622	.....335,000	.....4,985	1.....
05999999. Total Bonds - U.S Government.....						.....367,622	.....335,000	.....4,985	.....XXX.....
83999997. Total Bonds - Part 3.....						.....367,622	.....335,000	.....4,985	.....XXX.....
83999999. Total Bonds.....						.....367,622	.....335,000	.....4,985	.....XXX.....
99999999. Total Bonds, Preferred and Common Stocks.....						.....367,622	.....XXX.....	.....4,985	.....XXX.....

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2		3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
											11	12	13	14	15							
CUSIP Identification	Description		F o r e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value At Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Desig- nation or Market Indicator (a)
Bonds - U.S. Government																						
912828	CJ	7		05/15/2014	MATURITY.....		.....1,700,000	.....1,700,000	.....1,897,086	.....1,716,558	.....	.....(16,558)	.....	.....(16,558)	.....	.....1,700,000	.....	.....	.....0	.....40,375	05/15/2014	1.....
912828	KN	9		04/30/2014	MATURITY.....		.....225,000	.....225,000	.....214,769	.....224,266	.....	.....734	.....	.....734	.....	.....225,000	.....	.....	.....0	.....2,109	04/30/2014	1.....
0599999. Total Bonds - U.S Government.....							.....1,925,000	.....1,925,000	.....2,111,855	.....1,940,824	.....0	.....(15,824)	.....0	.....(15,824)	.....0	.....1,925,000	.....0	.....0	.....0	.....42,484	....XXX...	....XXX...
8399997. Total Bonds - Part 4.....							.....1,925,000	.....1,925,000	.....2,111,855	.....1,940,824	.....0	.....(15,824)	.....0	.....(15,824)	.....0	.....1,925,000	.....0	.....0	.....0	.....42,484	....XXX...	....XXX...
8399999. Total Bonds.....							.....1,925,000	.....1,925,000	.....2,111,855	.....1,940,824	.....0	.....(15,824)	.....0	.....(15,824)	.....0	.....1,925,000	.....0	.....0	.....0	.....42,484	....XXX...	....XXX...
9999999. Total Bonds, Preferred and Common Stocks.....							.....1,925,000	.....XXX.....	.....2,111,855	.....1,940,824	.....0	.....(15,824)	.....0	.....(15,824)	.....0	.....1,925,000	.....0	.....0	.....0	.....42,484	....XXX...	....XXX...

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues:.....0.

**Sch. DB-Pt A-Sn 1**  
**NONE**

**Sch. DB-Pt A-Sn 1-Footer A**  
**NONE**

**Sch. DB-Pt A-Sn 1-Footer B**  
**NONE**

**Sch. DB-Pt B-Sn 1**  
**NONE**

**Sch. DB-Pt B-Sn 1-Footer A**  
**NONE**

**Sch. DB-Pt B-Sn 1-Footer B**  
**NONE**

**Sch. DB-Pt B-Sn 1B-Broker List**  
**NONE**

**Sch. DB-Pt D-Sn 1**  
**NONE**

**Sch. DB-Pt D-Sn 2**  
**NONE**

**Sch. DL-Pt. 1**  
**NONE**

**Sch. DL-Pt. 2**  
**NONE**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1  Depository	2  Code	3  Rate of Interest	4  Amount of Interest Received During Current Quarter	5  Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9  *
					6  First Month	7  Second Month	8  Third Month	
Open Depositories								
FIFTH THIRD BANK..... CINCINNATI, OHIO.....		N/A.....			.....1		.....1	XXX..
HUNTINGTON BANK..... CLEVELAND, OHIO.....		.....0.100	.....63		.....252,678	.....252,700	.....252,721	XXX..
PNC BANK..... CLEVELAND, OHIO.....		N/A.....			.....5,740,020	.....3,910,819	.....10,869,944	XXX..
0199999. Total Open Depositories.....	...XXX.....	...XXX.....	.....63	.....0	.....5,992,699	.....4,163,519	.....11,122,666	XXX..
0399999. Total Cash on Deposit.....	...XXX.....	...XXX.....	.....63	.....0	.....5,992,699	.....4,163,519	.....11,122,666	XXX..
0599999. Total Cash.....	...XXX.....	...XXX.....	.....63	.....0	.....5,992,699	.....4,163,519	.....11,122,666	XXX..

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1	2	3	4	5	6	7	8
Description	Code	Date Acquired	Rate of Interest	Maturity Date	Book/Adjusted Carrying Value	Amount of Interest Due & Accrued	Amount Received During Year

NONE