



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

United Benefit Life Insurance Company

NAIC Group Code.....0901, 0901
(Current Period) (Prior Period)

NAIC Company Code..... 65269

Employer's ID Number..... 75-2305400

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... June 26, 1957

Commenced Business..... August 13, 1957

Statutory Home Office

1300 East Ninth Street..... Cleveland OH US 44114
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224

(Area Code) (Telephone Number)

Mail Address

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

11200 Lakeline Blvd Ste 100..... Austin TX US 78717

512-451-2224

(Area Code) (Telephone Number)

Internet Web Site Address

Jesse Navarrete
(Name)
CSBFinRpt@cigna.com
(E-Mail Address)

512-807-4801

(Area Code) (Telephone Number) (Extension)

512-467-1399

(Fax Number)

Statutory Statement Contact

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko #	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Actuary

Maureen Hardiman Ryan	Assistant Treasurer	Jessika Kierulff Tutwiler #	Chief Financial Officer
David Lawrence Chambers #	Vice President	Man-Kit Simon Tang #	Chief Actuary
Eric Paul Palmer	Vice President	Mark Fleming #	Assistant Treasurer
Joanne Ruth Hart #	Assistant Treasurer	Scott Ronald Lambert #	Assistant Treasurer
Patricia Julie Walsh #	Assistant Vice President		

OTHER

Brian Case Evanko #
James Yablecki #

Jessica Kierulff Tutwiler #

Eric Paul Palmer

Frank Sataline, Jr.

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

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

(Signature)	(Signature)	(Signature)
Brian Case Evanko	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of February 2015

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

Yes [X] No []

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds (Schedule D).....	2,958,529		2,958,529	1,727,152
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
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 (\$....77,633, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....945, Schedule DA).....	78,578		78,578	1,381,619
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	3,037,107	0	3,037,107	3,108,771
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	13,182		13,182	4,501
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
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.....			0	
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.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....	123		123	
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,050,412	0	3,050,412	3,113,272
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	3,050,412	0	3,050,412	3,113,272

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.....			0	
2502.....			0	
2503.....			0	
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).....	0	0	0	0

United Benefit Life Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
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 \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		
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.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....	47,618	50,163
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	3,176	
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 (Exhibit 3, Line 9, Col. 5).....	2,462	1,927
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....		
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.....	.35	
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	3	1,075
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.....	819	.391
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
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.....	0	0
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	54,113	53,556
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	54,113	53,556
29. Common capital stock.....	1,500,000	1,500,000
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 (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	18,820,665	18,820,665
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(17,324,366)	(17,260,949)
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).....	1,496,299	1,559,716
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	2,996,299	3,059,716
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	3,050,412	3,113,272

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

United Benefit Life Insurance Company

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	11,158	5,689
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5).....	2,709	2,478
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
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.....	.8,886	8,066
9. Totals (Lines 1 to 8.3).....	22,753	16,233
10. Death benefits.....		
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8).....		
13. Disability benefits and benefits under accident and health contracts.....		
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.....		
20. Totals (Lines 10 to 19).....	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1).....		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1).....		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4).....	37,618	33,742
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3).....	50,435	42,226
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.....	0	50
28. Totals (Lines 20 to 27).....	88,053	76,018
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(65,300)	(59,785)
30. Dividends to policyholders.....		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(65,300)	(59,785)
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....		
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).....	(65,300)	(59,785)
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).....	(65,300)	(59,785)
35. Net income (Line 33 plus Line 34).....	(65,300)	(59,785)
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2).....	3,059,716	3,120,250
37. Net income (Line 35).....	(65,300)	(59,785)
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.....		
41. Change in nonadmitted assets.....	.811	(494,697)
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	1,072	(1,000)
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
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.....		
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.....	0	0
53. Aggregate write-ins for gains and losses in surplus.....	(63,417)	(60,534)
54. Net change in capital and surplus for the year (Lines 37 through 53).....	2,996,299	3,059,716

DETAILS OF WRITE-INS

08.301. Miscellaneous Income.....	.8,886	8,066
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	.8,886	8,066
2701. Penalties.....		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	50
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above).....	0	0

United Benefit Life Insurance Company

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	9,842	19,405
3. Miscellaneous income.....	8,886	8,066
4. Total (Lines 1 through 3).....	18,728	27,471
5. Benefit and loss related payments.....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	84,037	74,091
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(107)	5,054
10. Total (Lines 5 through 9).....	83,930	79,145
11. Net cash from operations (Line 4 minus Line 10).....	(65,202)	(51,674)
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	475,110	1,100,000
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).....	475,110	1,100,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	1,713,686	833,977
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).....	1,713,686	833,977
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(1,238,576)	266,023
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.....		
16.3 Borrowed funds.....	35	
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	702	407
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	737	407
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).....	(1,303,041)	214,756
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,381,619	1,166,863
19.2 End of year (Line 18 plus Line 19.1).....	78,578	1,381,619

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

20,0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	..0											
2. Considerations for supplementary contracts with life contingencies.....	..0											
3. Net investment income.....	11,158											11,158
4. Amortization of Interest Maintenance Reserve (IMR).....	2,709											2,709
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	..0											
6. Commissions and expense allowances on reinsurance ceded.....	..0											
7. Reserve adjustments on reinsurance ceded.....	..0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	..0											
8.2 Charges and fees for deposit-type contracts.....	..0											
8.3 Aggregate write-ins for miscellaneous income.....	8,886	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	8,886
9. Totals (Lines 1 to 8.3).....	22,753	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	22,753
10. Death benefits.....	..0											
11. Matured endowments (excluding guaranteed annual pure endowments).....	..0											
12. Annuity benefits.....	..0											
13. Disability benefits and benefits under accident and health contracts.....	..0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	..0											
15. Surrender benefits and withdrawals for life contracts.....	..0											
16. Group conversions.....	..0											
17. Interest and adjustments on contract or deposit-type contract funds.....	..0											
18. Payments on supplementary contracts with life contingencies.....	..0											
19. Increase in aggregate reserves for life and accident and health contracts.....	..0											
20. Totals (Lines 10 to 19).....	..0	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	..0											
22. Commissions and expense allowances on reinsurance assumed.....	..0											37,618
23. General insurance expenses.....	37,618											37,618
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	50,435											50,435
25. Increase in loading on deferred and uncollected premiums.....	..0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	..0											
27. Aggregate write-ins for deductions.....	..0	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	..0
28. Totals (Lines 20 to 27).....	88,053	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	88,053
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(65,300)	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	(65,300)
30. Dividends to policyholders.....	..0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(65,300)	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	(65,300)
32. Federal income taxes incurred (excluding tax on capital gains).....	..0											
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).....	(65,300)	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	(65,300)

DETAILS OF WRITE-INS

08.301. Miscellaneous Income.....	8,886											8,886
08.302.	0											
08.303.	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	..0	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	0
08.399. Total (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	8,886	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	8,886
2701.	0											
2702.	0											
2703.	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	..0	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	0
2799. Total (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	..0	0	..0	..0	..0	..0	..0	..0	..0	..0	..0	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
Involving Life or Disability Contingencies (Reserves)											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year.....	0										
2. Tabular net premiums or considerations.....	0										
3. Present value of disability claims incurred.....	0				XXX.....						
4. Tabular interest.....	0										
5. Tabular less actual reserve released.....	0										
6. Increase in reserve on account of change in valuation basis.....	0										
7. Other increases (net).....	0										
8. Totals (Lines 1 to 7).....	0	.0	0	0	0	0	0	0			
9. Tabular cost.....	0				XXX.....						
10. Reserves released by death.....	0			XXX.....	XXX.....			XXX.....			
11. Reserves released by other terminations (net).....	0										
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0										
13. Net transfers to or (from) Separate Accounts.....	0										
14. Total deductions (Lines 9 to 13).....	0	.0	0	0	0	0	0	0			
15. Reserve December 31, current year.....	0	.0	0	0	0	0	0	0			

NONE

United Benefit Life Insurance Company

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....4,565	13,246
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....1,476	1,476
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	.....0	0
10. Total gross investment income.....	.....6,041	14,722
11. Investment expenses.....	(g).....3,564	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	0
15. Aggregate write-ins for deductions from investment income.....	.....0	0
16. Total deductions (Lines 11 through 15).....	.....3,564	.....
17. Net investment income (Line 10 minus Line 16).....	.....11,158	.....

DETAILS OF WRITE-INS

0901.....	.....	.....
0902.....	.....	.....
0903.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	.....0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	0
1501.....	.....	.....
1502.....	.....	.....
1503.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.....0	0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....0	0

- (a) Includes \$....1,081 accrual of discount less \$....8,446 amortization of premium and less \$....992 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	164	.....	164	.....	.....
1.1 Bonds exempt from U.S. tax.....	0	.....	.....
1.2 Other bonds (unaffiliated).....	0	.....	.....
1.3 Bonds of affiliates.....	0	.....	.....
2.1 Preferred stocks (unaffiliated).....	0	.....	.....
2.11 Preferred stocks of affiliates.....	0	.....	.....
2.2 Common stocks (unaffiliated).....	0	.....	.....
2.21 Common stocks of affiliates.....	0	.....	.....
3. Mortgage loans.....	0	.....	.....
4. Real estate.....	0	.....	.....
5. Contract loans.....	0	.....	.....
6. Cash, cash equivalents and short-term investments.....	0	.....	.....
7. Derivative instruments.....	0	.....	.....
8. Other invested assets.....	0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	0	0	0	0	0
10. Total capital gains (losses).....	164	0	164	0	0

DETAILS OF WRITE-INS

0901.....	.....	0	.....	.....
0902.....	.....	0	.....	.....
0903.....	.....	0	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page.....	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	0	0	0	0

Ex. 1-Pt. 1-Premiums & Annuity Considerations
NONE

Ex. 1-Pt. 2-Dividends & Coupons Applied
NONE

United Benefit Life Insurance Company
EXHIBIT 2 - GENERAL EXPENSES

	1 Life	Insurance			5 Investment	6 Total		
		Accident and Health		4 All Other Lines of Business				
		2 Cost Containment	3 All Other					
1. Rent.....				715		715		
2. Salaries and wages.....				13,413		13,413		
3.11 Contributions for benefit plans for employees.....				2,330		2,330		
3.12 Contributions for benefit plans for agents.....						0		
3.21 Payments to employees under non-funded benefit plans.....						0		
3.22 Payments to agents under non-funded benefit plans.....						0		
3.31 Other employee welfare.....				184		184		
3.32 Other agent welfare.....						0		
4.1 Legal fees and expenses.....						0		
4.2 Medical examination fees.....						0		
4.3 Inspection report fees.....						0		
4.4 Fees of public accountants and consulting actuaries.....				8,300		8,300		
4.5 Expense of investigation and settlement of policy claims.....						0		
5.1 Traveling expenses.....				62		62		
5.2 Advertising.....						0		
5.3 Postage, express, telegraph and telephone.....				111		111		
5.4 Printing and stationery.....				1,567		1,567		
5.5 Cost or depreciation of furniture and equipment.....				3		3		
5.6 Rental of equipment.....				704		704		
5.7 Cost or depreciation of EDP equipment and software.....				3,526		3,526		
6.1 Books and periodicals.....				.29		.29		
6.2 Bureau and association fees.....						0		
6.3 Insurance, except on real estate.....						0		
6.4 Miscellaneous losses.....						0		
6.5 Collection and bank service charges.....				6,401		6,401		
6.6 Sundry general expenses.....				273		273		
6.7 Group service and administration fees.....						0		
6.8 Reimbursements by uninsured plans.....						0		
7.1 Agency expense allowance.....						0		
7.2 Agents' balances charged off (less \$..... 0 recovered).....						0		
7.3 Agency conferences other than local meetings.....						0		
9.1 Real estate expenses.....						0		
9.2 Investment expenses not included elsewhere.....					3,564	3,564		
9.3 Aggregate write-ins for expenses.....	0	0	0	0	0	0		
10. General expenses Incurred.....	0	0	0	37,618	3,564	(a) 41,182		
11. General expenses unpaid December 31, prior year.....						0		
12. General expenses unpaid December 31, current year.....				3,176		3,176		
13. Amounts receivable relating to uninsured plans, prior year.....						0		
14. Amounts receivable relating to uninsured plans, current year.....						0		
15. General expenses paid during year (Lines 10+11-12-13+14).....	0	0	0	34,442	3,564	38,006		

DETAILS OF WRITE-INS

09.301.						0
09.302.						0
09.303.						0
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	0	0	0	0	0	0

(a) Includes management fees of \$..... 0 to affiliates and \$..... 0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	1 Life	Insurance			4 Investment	5 Total
		2 Accident and Health	3 All Other Lines of Business	Investment		
1. Real estate taxes.....						0
2. State insurance department licenses and fees.....				41,410		41,410
3. State taxes on premiums.....				5,544		5,544
4. Other state taxes, including \$..... 0 for employee benefits.....				.110		.110
5. U.S. Social Security taxes.....				.984		.984
6. All other taxes.....				2,387		2,387
7. Taxes, licenses and fees incurred.....	0	0		50,435	0	50,435
8. Taxes, licenses and fees unpaid December 31, prior year.....				1,927		1,927
9. Taxes, licenses and fees unpaid December 31, current year.....				2,462		2,462
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	0	0		49,900	0	49,900

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums.....		
2. Applied to shorten the endowment or premium-paying period.....		
3. Applied to provide paid-up additions.....		
4. Applied to provide paid-up annuities.....		
5. Total Lines 1 through 4.....	0	0
6. Paid-in cash.....		
7. Left on deposit.....		
8. Aggregate write-ins for dividend or refund options.....	0	0
9. Total Lines 5 through 8.....	0	0
10. Amount due and unpaid.....		
11. Provision for dividends or refunds payable in the following calendar year.....		
12. Terminal dividends.....		
13. Provision for deferred dividend contracts.....		
14. Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15. Total Lines 10 through 14.....	0	0
16. Total from prior year.....		
17. Total dividends or refunds (Lines 9 + 15 - 16).....	0	0

DETAILS OF WRITE-INS

0801.					
0802.					
0803.					
0898. Summary of remaining write-ins for Line 8 from overflow page.....				0	0
0899. Totals (Line 0801 thru 0803 plus 0898)(Line 8 above).....				0	0

NONE

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
-------------------------	------------	-----------------	---------------	--	------------

NONE

United Benefit Life Insurance Company
EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?
 1.2 If not, state which kind is issued

Yes [] No [X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?
 2.2 If not, state which kind is issued

Yes [] No [X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes [] No [X]



4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:
 4.1 Amount of insurance: \$.....
 4.2 Amount of reserve: \$.....
 4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year: \$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
 Attach statement of methods employed in their valuation. \$.....

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business: \$.....
 7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$.....
 8.2 State the amount of reserves established for this business: \$.....
 8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$.....
 9.2 State the amount of reserves established for this business: \$.....
 9.3 Identify where the reserves are reported in the blank.

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due To Change
	2 Changed From	3 Changed To	

NONE

Ex. 6-Aggregate Reserves for A&H Policies
NONE

Ex. 7-Deposit-Type Contracts
NONE

Ex. 8-Pt. 1-Claims-Liability End of Current Year
NONE

Ex. 8-Pt. 2-Claims-Incurred During the Year
NONE

United Benefit Life Insurance Company
EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			0
2.2 Common stocks.....			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale.....			0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			0
6. Contract loans.....			0
7. Derivatives (Schedule DB).....			0
8. Other invested assets (Schedule BA).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	.0	.0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.0	.0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
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.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....			0
25. Aggregate write-ins for other than invested assets.....	.0	.809	.809
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.0	.809	.809
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	.0	.809	.809

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
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	0
2501. Premium Tax Refund.....		.809	.809
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.0	.809	.809

NOTES TO FINANCIAL STATEMENTS**1. Summary of Significant Accounting Policies****a. Accounting Practices and Procedures**

The financial statements of United Benefit Life Insurance Company ("UBLIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only Statutory Accounting Principles prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

			State of Domicile	2014	2013
Net Income					
1)	United Benefit Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 3)	OH	\$	(65,300)	\$ (59,785)
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)	OH	\$	(65,300)	\$ (59,785)
Surplus					
5)	United Benefit Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2)	OH	\$	2,996,299	\$ 3,059,716
6)	State Prescribed Practices that increase/decrease NAIC SAP			-	-
7)	State Permitted Practices that increase/decrease NAIC SAP			-	-
5)	NAIC SAP (5 – 6 – 7 = 8)	OH	\$	2,996,299	\$ 3,059,716

b. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

c. Accounting Policy

The company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans, rated 1 through 5 are stated at amortized cost using the interest method; those rated 6 are stated at lower of cost or market.
- (3) – (13) -- Not applicable

2. Accounting Changes and Corrections of Errors -- Not applicable**3. Business Combinations and Goodwill -- Not applicable****4. Discontinued Operations -- Not applicable**

NOTES TO FINANCIAL STATEMENTS**5. Investments**

- a. --g. -- Not applicable
- h. Restricted Assets

Restricted Asset Category	Gross Restricted					Total Gross Restricted From Prior Year	Increase/(Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Percentage	
	Current Year								8	9
	1	2	3	4	5				7	10
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets (b)	Protected Cell Account Assets Supporting G/A Activity (b)	Total (1 plus 3)					
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0%	0%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0%	0%
h. Letter stock or securities restricted as to sale excluding FLBY capital stock	-	-	-	-	-	-	-	-	0%	0%
i. FHLB Capital Stock	-	-	-	-	-	-	-	-	0%	0%
j. On deposit with states	1,728,348	-	-	-	1,728,348	1,727,152	1,196	1,728,348	1%	1%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0%	0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-	-	0%	0%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0%	0%
n. Other restricted assets	-	-	-	-	-	-	-	-	0%	0%
o. Total Restricted Assets	\$ 1,728,348	\$ -	\$ -	\$ -	\$ 1,728,348	\$ 1,727,152	\$ 1,196	\$ 1,728,348	1%	1%

(a) Subset of Column 1

(b) Subset of Column 3

6. Joint Ventures, Partnerships and Limited Liability Companies -- Not applicable**7. Investment Income -- Not applicable****8. Derivative Instruments -- Not applicable****9. Income Taxes**

The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a balance sheet approach by comparing statutory and tax basis balance sheets for the Company.

- a. The components of the net deferred tax asset (DTA)/liability (DTL) at December 31 are as follows:

1.

December 31, 2014			December 31, 2013			Change		
Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
539,840	-	539,840	516,383	-	516,383	23,457	-	23,457
(539,840)	-	(539,840)	(516,383)	-	(516,383)	(23,457)	-	(23,457)
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

NOTES TO FINANCIAL STATEMENTS

2.

SSAP 101, paragraphs 11a, 11b, and 11c	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	-	▲	-	-	▲	-	-	-	-
(b) Admitted pursuant to ¶11.b. (realization)	-	▲	-	-	▲	-	-	-	-
1. Realization per ¶11.b.i.	-	-	-	-	-	-	-	-	-
2. Limitation per ¶11.b.ii.	-	-	449,105	-	-	458,957	-	-	(9,852)
(c) Admitted pursuant to ¶11.c.	-	-	-	-	-	-	-	-	-
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	-	-	-	-	-	-	-	-	-

3.

	2014 Percentage	2013 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	35653.00%	23193.00%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	2,996,302	3,060,791

4. Impact of tax planning strategies (TPS) on adjusted gross DTAs and net admitted DTAs:

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies									
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c) Do TPS include a reinsurance strategy?		No			No				

b. Unrecognized DTLs

All deferred tax liabilities have been properly recognized.

c. Current tax and change in deferred tax

(1) Current Income Tax

	2014	2013	Change
(a) Current federal income tax expense/(benefit)	-	-	-
(b) Foreign income tax expense/(benefit)	-	-	-
(c) Subtotal	-	-	-
(d) Tax expense/(benefit) on realized capital gains/(losses)	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual/(overaccrual)	-	-	-
Federal and foreign income taxes incurred	-	-	-

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

(2) Deferred tax assets:

	December 31, 2014	December 31, 2013	Change
Other insurance & contract holder liability			
Goodwill & Intangibles	413,778	446,445	(32,667)
Nonadmitted assets	-	283	(283)
Investment, net	7	405	(398)
Net Operating Loss	126,055	69,250	56,805
Gross DTA	539,840	516,383	23,457
Valuation allowance	(539,840)	(516,383)	(23,457)
Adjusted gross DTA	-	-	-
Nonadmitted DTA	-	-	-
Admitted DTA	-	-	-

4. Net Deferred Tax Assets/Liabilities

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in the surplus section of the annual statement):

	December 31, 2014	December 31, 2013	Change
Total deferred tax assets	539,840	516,383	23,457
Total deferred tax liabilities	0	0	0
Net Deferred tax asset/liabilities	539,840	516,383	23,457
Statutory valuation allowance adjustment	(539,840)	(516,383)	(23,457)
Net deferred tax assets/liabilities after SVA	0	0	0
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			0

d. Reconciliation of federal income tax rate to actual effective rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains/losses. The significant items causing this difference are as follows:

NOTES TO FINANCIAL STATEMENTS

	<u>December 31, 2014</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate (BFIT@35%)	(23,056)	35.00%
Nondeductible Penalties & Fines	23,457	-35.61%
Other, net	(401)	-0.01%
Total	-	0.00%
 Federal and foreign income taxes incurred	-	0.00%
Change in deferred income taxes	-	0.00%
Total statutory income taxes	-	0.00%

e. Operating loss and tax credit carryforwards

(1) At December 31, 2014, the Company has \$360,276 net operating loss forward and no capital loss carryforward. The losses originate from the periods as follows:

<u>Year</u>	<u>Net Operating Loss</u>	<u>Capital Loss</u>
2014	162,419	-
2013	158,789	-
2012	39,068	-
Total	360,276	-

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include: NONE

(3) Deposits under IRS Code Section 6603 - not applicable

f. Federal or foreign income tax loss contingencies

(1) In the third quarter of 2014, the Internal Revenue Service began an examination of the 2011 and 20112 tax years, which is expected to continue through 2015. As of December 31, 2014, the examination has not resulted in any adjustments that would materially impact the Company's financial condition.

g. Consolidated Federal Income Tax Return

(1) The Company's federal income tax return is filed on a stand alone basis.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

a. - c. -- Not applicable

d. At December 31, 2014, the Company reported \$820 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.

e. Not applicable

f. Management or service contracts and all cost sharing arrangements involving the Company:

- (1) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The Company paid \$3,385 in 2014, related to those services.
- (2) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$ 18,937 in 2014.
- (3) On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which UBLIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. UBLIC did not borrow under this agreement in 2014.
- (4) On February 19, 2013, the Company also entered into a line of credit agreement with Cigna under which Cigna can borrow up to \$10,000,000 from UBLIC. Borrowing terms under this agreement are identical to the terms under the UBLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2014.

g. All of The Company's outstanding shares are owned by Provident American Life & Health Insurance Company, an Ohio domiciled insurance company, whose ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.

h. - i. -- Not applicable

11. Debt -- Not applicable

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans

a. -f. -- Not applicable

g. Consolidated/Holding Company Plans

NOTES TO FINANCIAL STATEMENTS**(1) Employees' Retirement Plan**

- a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$507 in 2014.
- b) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans.

The People Resources Committee of the Board of Directors of Cigna (the Committee) determines awards under these plans, including grants of restricted stock and stock options and strategic performance shares to certain employees of Cigna and its indirect subsidiaries.

In 2013, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans. There was no cost allocated to the Company under these plans in 2014.

(2) Deferred Compensation Plans

- a) The Company offers the Cigna Deferred Compensation Plan to officers and key employees pursuant to which they may defer receipt of all or part of their compensation. The amount of compensation deferred is not funded but represents a general liability of Cigna and participating affiliates including the Company. Currently, deferred cash compensation is credited with interest at the rate paid on contributions to the Fixed Income Fund of the Savings Plan. Certain officers and key employees also have the option of selecting to have deferred cash compensation credited with interest at the rate paid under the Savings Plan's other investment funds. Deferred compensation which would have otherwise been payable in Cigna Common Stock is hypothetically invested in the same number of Common Stock equivalent units as the number of shares which would have been paid if such compensation had not been deferred. An amount equal to cash dividends that would have been paid on such hypothetically invested Common Stock is deemed to have been paid and hypothetically invested in the same way as deferred cash compensation. At a future date or dates selected by each participant, the aggregate of amounts deferred and hypothetical investment results is distributed either in a lump sum or in installments, in which case unpaid installments continue to be credited with interest. Compensation deferred by officers and key employees that was otherwise payable in Common Stock is distributed in Common Stock.

Effective January 25, 1995, the Committee approved a special program to postpone payments to senior executive officers as needed to avoid payments to these officers which would not qualify for a tax deduction because of the provisions of Internal Revenue Code section 162(m), which limits the deductibility of compensation paid to each officer to \$1 million, unless certain exceptions apply.

The Company has not incurred any obligation under the Plan as of December 31, 2014.

h. –i. -- Not applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.

- a. The Company has 1,000 shares authorized and 1,000 shares issued and outstanding which are Class A shares.
- b. – d. -- Not applicable
- e. The maximum amount of dividends which can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of dividends payable in 2015 without prior approval is \$0, as the Company has no earned surplus.
- f. – m. -- Not applicable

14. Contingencies

- a. Contingent Commitments -- Not applicable
- b. Assessments

From time to time, insurance companies may be assessed by various state insurance guaranty funds to help pay for the cost of other insurance companies' insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. At December 31, 2014, the Company had a \$123 guaranty fund receivable.

c. – e. -- Not applicable

15. Leases -- Not applicable**16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk -- Not applicable**

NOTES TO FINANCIAL STATEMENTS

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities -- Not applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans -- Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators -- Not applicable

20. Fair Value Measurements

- The Company does not have any assets or liabilities carried at fair value.
- Not applicable.
- The Company's financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. The Company's financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset's or a liability's classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument's fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment that becomes significant with increasingly complex instruments or pricing models.

Fair Value Measurements at Reporting Date

As of December 31, 2014 and December 31, 2013, the Company had no bonds reported at fair value in the financial statements.

Disclosures about Fair Values of Financial Instruments Not Carried at Fair Value

The following tables provide the fair value, carrying value and classification in the fair value hierarchy of the Company's bonds not recorded at fair value as of December 31, 2014 and December 31, 2013.

December 31, 2014

	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
<i>Financial assets</i>						
Bonds	\$ 2,964,997	\$ 2,958,529	\$ 2,964,997	\$ -	\$ -	\$ -

December 31, 2013

	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
<i>Financial assets</i>						
Bonds	\$ 1,728,679	\$ 1,727,152	\$ -	\$ 1,728,679	\$ -	\$ -

d. Not applicable

21. Other Items

- b. -- Not applicable
- Other disclosures

Assets in the amount of \$1,728,348 and \$1,727,152 at December 31, 2014 and 2013, respectively, were on deposit with government authorities or trustees as required by law.

NOTES TO FINANCIAL STATEMENTS

d. – h. -- Not Applicable

22. Events Subsequent - Management has evaluated the financial statements for subsequent events through February 23, 2015, the date financial statements were available to be issued.

23. Reinsurance

a. Ceded Reinsurance Report

(1) Section 1 - General Interrogatories

(a) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?
Yes () No (X)
If yes, give full details.

(b) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
Yes () No (X)
If yes, give full details.

(2) Section 2 - Ceded Reinsurance Report - Part A

(a) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes () No (X)
(i) If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____
(ii) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ _____

(b) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?
Yes () No (X)
If yes, give full details.

(3) Section 3 - Ceded Reinsurance Report - Part B

(a) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ None
(b) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (X)

b. – d. -- Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination -- Not applicable

25. Change in Incurred Losses and Loss Adjustment Expenses -- Not applicable

26. Intercompany Pooling Arrangements -- Not applicable

27. Structured Settlements -- Not applicable

28. Health Care Receivables -- Not applicable

29. Participating Policies -- Not applicable

NOTES TO FINANCIAL STATEMENTS

30. Premium Deficiency Reserves -- Not applicable
31. Reserves for Life Contracts and Annuity Contracts -- Not applicable
32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics -- Not applicable
33. Premium and Annuity Considerations Deferred and Uncollected -- Not applicable
34. Separate Accounts -- Not applicable
35. Loss/Claim Adjustment Expenses -- Not applicable

United Benefit Life Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

1.1 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?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]						
If yes, complete Schedule Y, Parts 1, 1A and 2.							
1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input type="checkbox"/>]						
1.3 State regulating? <u>Ohio</u>							
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
2.2 If yes, date of change:	12/31/2013						
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made.	12/31/2013						
3.2 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.	12/31/2011						
3.3 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).	12/21/2012						
3.4 By what department or departments? <u>Ohio Department of Insurance</u>							
3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
3.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>] N/A [<input checked="" type="checkbox"/>]						
4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
4.1.1 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
4.1.2 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:							
4.2.1 sales of new business?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
4.2.2 renewals?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
5.2 If yes, provide the name of the 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.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">1 Name of Entity</td> <td style="width: 33%; text-align: center;">2 NAIC Co. Code</td> <td style="width: 33%; text-align: center;">3 State of Domicile</td> </tr> </table>		1 Name of Entity	2 NAIC Co. Code	3 State of Domicile			
1 Name of Entity	2 NAIC Co. Code	3 State of Domicile					
6.1 Has the 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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
6.2 If yes, give full information:							
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
7.2 If yes,							
7.2.1 State the percentage of foreign control%						
7.2.2 State the nationality(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 Nationality</td> <td style="width: 50%; text-align: center;">2 Type of Entity</td> </tr> </table>		1 Nationality	2 Type of Entity				
1 Nationality	2 Type of Entity						
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
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 [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
8.4 If response to 8.3 is yes, please provide the names and locations (city and state of the main office) of any affiliates regulated by a federal financial 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.							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.66%; text-align: center;">1 Affiliate Name</td> <td style="width: 16.66%; text-align: center;">2 Location (City, State)</td> <td style="width: 16.66%; text-align: center;">3 FRB</td> <td style="width: 16.66%; text-align: center;">4 OCC</td> <td style="width: 16.66%; text-align: center;">5 FDIC</td> <td style="width: 16.66%; text-align: center;">6 SEC</td> </tr> </table>		1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		
9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit? <u>PriceWaterhouseCoopers LLP, Two Commerce Square, 2001 Market Square, Philadelphia, PA 19103-7041</u>							
10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
10.2 If the response to 10.1 is yes, provide information related to this exemption:							
10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
10.4 If the response to 10.3 is yes, provide information related to this exemption:							
10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?	Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>] N/A [<input type="checkbox"/>]						
10.6 If the answer to 10.5 is no or n/a, please explain. <u>The Audit Committee of Connecticut General Corporation serves the Company's Audit Committee for the purposes of compliance with Ohio insurance law.</u>							
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification? <u>James Monroe Garvin, III, FSA, MAAA, Vice President, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717</u>							

United Benefit Life Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
 12.11 Name of real estate holding company _____

12.12 Number of parcels involved
 12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation.

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]
 14.1 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? Yes [X] No []
 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.
 14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 14.21 If the response to 14.2 is yes, provide information related to amendment(s).

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [X] No []
 17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [X] No []
 18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
 20.11 To directors or other officers
 20.12 To stockholders not officers
 20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
 20.21 To directors or other officers
 20.22 To stockholders not officers
 20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
 21.2 If yes, state the amount thereof at December 31 of the current year:
 21.21 Rented from others
 21.22 Borrowed from others
 21.23 Leased from others
 21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
 22.2 If answer is yes:
 22.21 Amount paid as losses or risk adjustment
 22.22 Amount paid as expenses
 22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)? Yes [X] No []

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.02 If no, give full and complete information relating thereto.

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes No N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs.

24.06 If answer to 24.04 is no, report amount of collateral for other programs.

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes No N/A [X]24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes No N/A [X]24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes No N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

24.103 Total payable for securities lending reported on the liability page.

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03) Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements \$.....0

25.22 Subject to reverse repurchase agreements \$.....0

25.23 Subject to dollar repurchase agreements \$.....0

25.24 Subject to reverse dollar repurchase agreements \$.....0

25.25 Placed under option agreements \$.....0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock \$.....0

25.27 FHLB Capital Stock \$.....0

25.28 On deposit with states \$.....1,728,348

25.29 On deposit with other regulatory bodies \$.....0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB \$.....0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements \$.....0

25.32 Other \$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes []

If no, attach a description with this statement.

..... Yes [] No [X] Yes [] No [X]27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year:

28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A.	4 Chase Metro Tech Center, Brooklyn, New York 11245

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JP Morgan Chase Bank, N.A.	JP Morgan Chase Bank, N.A.	12/31/2012	Address change

28.05 Identify all investment advisors, brokers/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 Number(s)	2 Name	3 Address
105811	Cigna Investment, Inc.	900 Cottage Grove Road, Hartford, CT

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999. TOTAL		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from the above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to Holding	4 Date of Valuation

PART 1 - COMMON INTERROGATORIES - INVESTMENT

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	2,959,474	2,965,942	6,468
30.2 Preferred stocks.....			0
30.3 Totals.....	2,959,474	2,965,942	6,468

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which become significant with increasingly complex instrument or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]
 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []
 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
 32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
	0

34.1 Amount of payments for legal expenses, if any?

\$.....0

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
	0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?

\$.....0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
	0

NONE

GENERAL INTERROGATORIES**PART 2 - LIFE INTERROGATORIES**

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes [] No [X]
 \$.....0

1.2 If yes, indicate premium earned on U.S. business only
0

1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?
0

1.31 Reason for excluding

1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.
0

1.5 Indicate total incurred claims on all Medicare Supplement insurance.
 \$.....0

1.6 Individual policies:
 Most current three years:
 1.61 Total premium earned0
 1.62 Total incurred claims0
 1.63 Number of covered lives0

All years prior to most current three years:
 1.64 Total premium earned0
 1.65 Total incurred claims0
 1.66 Number of covered lives0

1.7 Group policies:
 Most current three years:
 1.71 Total premium earned0
 1.72 Total incurred claims0
 1.73 Number of covered lives0

All years prior to most current three years:
 1.74 Total premium earned0
 1.75 Total incurred claims0
 1.76 Number of covered lives0

2. Health test:

1 Current Year	2 Prior Year
2.1 Premium Numerator.....	.....
2.2 Premium Denominator.....	.....
2.3 Premium Ratio (2.1/2.2).....	.....0.0
2.4 Reserve Numerator.....	.....
2.5 Reserve Denominator.....	.....
2.6 Reserve Ratio (2.4/2.5).....	.....0.0

3.1 Does this reporting entity have Separate Accounts? Yes [] No [X]
 3.2 If yes, has a Separate Accounts statement been filed with this Department? Yes [] No [] N/A [X]
 3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?
0

3.4 State the authority under which Separate Accounts are maintained:

3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31? Yes [] No []
 3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? Yes [] No []
 3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?
0

4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)? Yes [X] No []
 4.2 Net reimbursement of such expenses between reporting entities:
 4.21 Paid18,397
 4.22 Received0

5.1 Does the reporting entity write any guaranteed interest contracts? Yes [] No [X]
 5.2 If yes, what amount pertaining to these items is included in:
 5.21 Page 3, Line 10
 5.22 Page 4, Line 10

6. For stock reporting entities only:
 6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity:18,820,665

7. Total dividends paid stockholders since organization of the reporting entity:
 7.11 Cash1,505,235
 7.12 Stock284,132

GENERAL INTERROGATORIES**PART 2 - LIFE INTERROGATORIES**8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:

Yes [] No [X]

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement?

Yes [] No []

8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium.....
8.32 Paid claims.....
8.33 Claim liability and reserve (beginning of year).....
8.34 Claim liability and reserve (end of year).....
8.35 Incurred claims.....

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and

8.34 for Col. (1) are:

1 Earned Premium	2 Claim Liability and Reserve
8.41 < \$25,000.....
8.42 \$25,000 -- 99,999.....
8.43 \$100,000 -- 249,999.....
8.44 \$250,000 -- 999,999.....
8.45 \$1,000,000 or more.....

8.5 What portion of earned premium reported in 8.31, Col. 1 was assumed from pools?

.....

9.1 Does the company have variable annuities with guaranteed benefits?

Yes [] No [X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3 Waiting Period Remaining	4 Account Value Related to Col. 3	5 Total Related Account Values	6 Gross Amount of Reserve	7 Location of Reserve	8 Portion Reinsured	9 Reinsurance Reserve Credit
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit							

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

11.1 Do you act as a custodian for health savings account?

Yes [] No [X]

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

.....

11.3 Do you act as an administrator for health savings accounts?

Yes [] No [X]

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

.....

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?

Yes [] No [] N/A [X]

12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

13. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

13.1 Direct Premium Written..... \$.....0

13.2 Total incurred claims \$.....0

13.3 Number of covered lives..... \$.....0

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

United Benefit Life Insurance Company

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2014	2 2013	3 2012	4 2011	5 2010
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	0	0	0	0	0
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	0	0	0	0
Premium Income - Lines of Business (Exhibit 1-Part 1)					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	0	0	0	0	0
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	3,050,412	3,113,272	3,178,254	3,193,476	3,184,659
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	54,113	53,556	58,004	58,223	59,287
23. Aggregate life reserves (Page 3, Line 1).....					
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	3	1,075	75	75	75
27. Capital (Page 3, Lines 29 & 30).....	1,500,000	1,500,000	1,500,000	1,500,000	2,500,000
28. Surplus (Page 3, Line 37).....	1,496,299	1,559,716	1,620,250	1,635,253	625,372
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	(65,202)	(51,674)	15,070	38,468	27,579
Risk-Based Capital Analysis					
30. Total adjusted capital.....	2,996,302	3,060,791	3,120,325	3,135,328	3,125,447
31. Authorized control level risk-based capital.....	8,404	13,197	8,290	8,206	8,381
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1).....	97.4	55.6	63.2	62.7	63.7
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	2.6	44.4	36.8	37.3	36.3
37. Contract loans (Line 6).....					
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

United Benefit Life Insurance Company
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....		809	495,757	1,309	
53. Total admitted assets (Page 2, Line 28, Col. 3).....	3,050,412	3,113,272	3,178,254	3,193,476	3,184,659
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	11,158	5,689	21,079	40,204	40,391
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....			(3,510)		(305)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
57. Total of above Lines 54, 55 and 56.....	11,158	5,689	17,569	40,204	40,086
Benefits and Reserve Increase (Page 6)					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....					
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....					
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....					
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....					
62. Dividends to policyholders (Line 30, Col 1).....					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....					
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....					
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
A&H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....					
74. Ordinary - individual annuities (Col. 4).....					
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12).....	(65,300)	(59,785)	(14,605)	10,732	(7,326)
83. Total (Col. 1).....	(65,300)	(59,785)	(14,605)	10,732	(7,326)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

Ex. of Life Ins.- (Lines 1-23)
NONE

Ex. of Life Ins.- (Lines 24-52)
NONE

Ex. of Policies
NONE

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	Active Status	Life Insurance Premiums	Direct Business Only				Deposit-Type Contracts	
			Life Contracts		Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations		
			2	3				
1. Alabama.....	.AL	L.....					0.....	
2. Alaska.....	AK	N.....					0.....	
3. Arizona.....	.AZ	L.....					0.....	
4. Arkansas.....	AR	N.....					0.....	
5. California.....	CA	L.....					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.....					0.....	
12. Hawaii.....	.HI	N.....					0.....	
13. Idaho.....	.ID	L.....					0.....	
14. Illinois.....	.IL	L.....					0.....	
15. Indiana.....	.IN	L.....					0.....	
16. Iowa.....	.IA	N.....					0.....	
17. Kansas.....	KS	L.....					0.....	
18. Kentucky.....	KY	L.....					0.....	
19. Louisiana.....	.LA	L.....					0.....	
20. Maine.....	ME	N.....					0.....	
21. Maryland.....	MD	N.....					0.....	
22. Massachusetts.....	MA	N.....					0.....	
23. Michigan.....	.MI	N.....					0.....	
24. Minnesota.....	MN	N.....					0.....	
25. Mississippi.....	MS	N.....					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	N.....					0.....	
32. New Mexico.....	NM	N.....					0.....	
33. New York.....	NY	N.....					0.....	
34. North Carolina.....	NC	N.....					0.....	
35. North Dakota.....	ND	L.....					0.....	
36. Ohio.....	OH	L.....					0.....	
37. Oklahoma.....	OK	L.....					0.....	
38. Oregon.....	OR	L.....					0.....	
39. Pennsylvania.....	PA	L.....					0.....	
40. Rhode Island.....	.RI	N.....					0.....	
41. South Carolina.....	SC	N.....					0.....	
42. South Dakota.....	SD	L.....					0.....	
43. Tennessee.....	.TN	L.....					0.....	
44. Texas.....	.TX	L.....					0.....	
45. Utah.....	UT	L.....					0.....	
46. Vermont.....	.VT	N.....					0.....	
47. Virginia.....	.VA	N.....					0.....	
48. Washington.....	WA	N.....					0.....	
49. West Virginia.....	WV	L.....					0.....	
50. Wisconsin.....	.WI	N.....					0.....	
51. Wyoming.....	WY	N.....					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.....	
59. Subtotal.....		(a) 27	0.....	0.....	0.....	0.....	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.....	
95. Totals (Direct Business).....		XXX.....	0.....	0.....	0.....	0.....	0.....	
96. Plus reinsurance assumed.....		XXX.....					0.....	
97. Totals (All Business).....		XXX.....	0.....	0.....	0.....	0.....	0.....	
98. Less reinsurance ceded.....		XXX.....					0.....	
99. Totals (All Business) less reinsurance ceded.....		XXX.....	0.....	0.....	(b) 0.....	0.....	0.....	

DETAILS OF WRITE-INS

58001.....		XXX.....					0.....
58002.....		XXX.....					0.....
58003.....		XXX.....					0.....
58998. Summ. of remaining write-ins for line 58 from overflow page.....		XXX.....	0.....	0.....	0.....	0.....	0.....
58999. Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....		XXX.....	0.....	0.....	0.....	0.....	0.....
9401.....		XXX.....					0.....
9402.....		XXX.....					0.....
9403.....		XXX.....					0.....
9498. Summ. of remaining write-ins for line 94 from overflow page.....		XXX.....	0.....	0.....	0.....	0.....	0.....
9499. Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....		XXX.....	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.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.

There is no premium to be allocated.

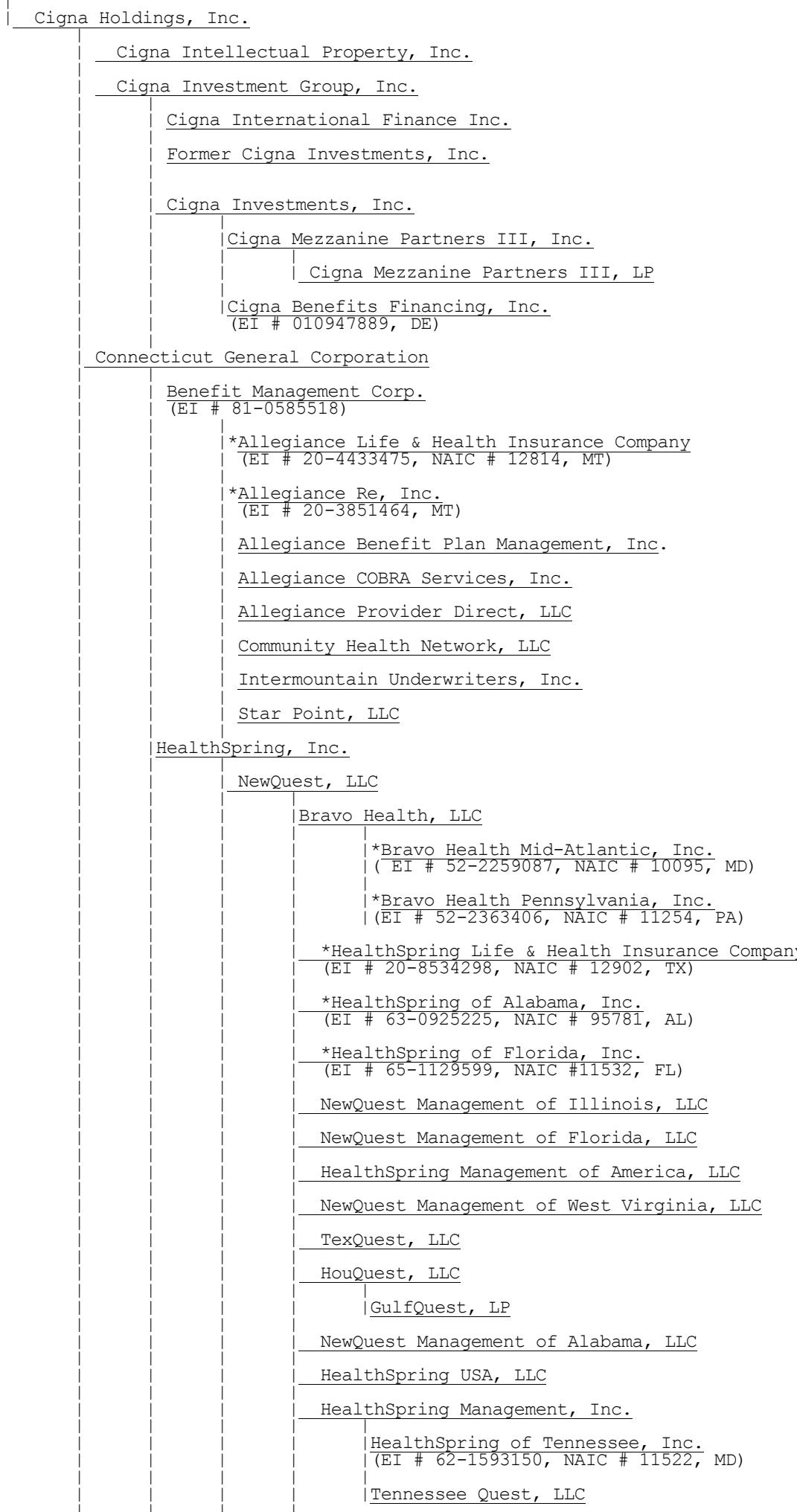
(a) Insert the number of "L" responses except for Canada and Other Alien.

(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which: Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10

PART 1 -- ORGANIZATION CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2014:

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)



United Benefit Life Insurance Company

		<u>HealthSpring Pharmacy Services, LLC</u>
		<u>HealthSpring Pharmacy of Tennessee, LLC</u>
		<u>Home Physicians Management, LLC</u>
	<u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT)	
	<u>Cigna Behavioral Health, Inc.</u>	
		<u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309)
		<u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090)
		<u>MCC Independent Practice Association of New York, Inc.</u>
	<u>Cigna Dental Health, Inc.</u>	
		<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
		<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
		<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
		<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
		<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
		<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
		<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
		<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
		<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
		<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
		<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
		<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
		<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
		<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
		<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
		<u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
	<u>Cigna Health Corporation</u>	
		<u>Healthsource, Inc.</u>
		<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
		<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
		<u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
		<u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
		<u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
		<u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)
		<u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
		<u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
		<u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
		<u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)

Cigna HealthCare of New Jersey, Inc.
(EI# 22-2720890, NAIC # 95500, NJ)

Cigna HealthCare of Pennsylvania, Inc.
(EI# 23-2301807, NAIC # 95121, PA)

Cigna HealthCare of St. Louis, Inc.
(EI# 36-3359925, NAIC # 95635, MO)

Cigna HealthCare of Utah, Inc.
(EI# 62-1230908, NAIC # 95518, UT)

Cigna HealthCare of Georgia, Inc.
(EI# 58-1641057, NAIC # 96229, GA)

Cigna HealthCare of Texas, Inc.
(EI# 74-2767437, NAIC # 95383, TX)

Cigna HealthCare of Indiana, Inc.
(EI# 35-1679172, NAIC # 95525, IN)

Cigna HealthCare of New York, Inc.
(EI# 11-2758941, NAIC # 95488, NY)

Cigna HealthCare of Tennessee, Inc.
(EI# 62-1218053, NAIC # 95606, TN)

Cigna HealthCare of North Carolina, Inc.
(EI# 56-1479515, NAIC# 95132, NC)

Cigna HealthCare of South Carolina, Inc.
(EI# 06-1185590, NAIC # 95708, SC)

*Temple Insurance Company Limited

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Choicelinx Corporation

Sagamore Health Network, Inc.

Cigna Healthcare Holdings, Inc.
(EI# 84-0985843)

Great-West Healthcare of Illinois, Inc.
(EI# 93-1174749, NAIC 95388, IL)

Cigna Healthcare, Inc.

*Cigna Life Insurance Company of New York
(EI# 13-2556568, NAIC # 64548, NY)

*Connecticut General Life Insurance Company
(EI# 06-0303370, NAIC # 62308, CT)

CG Gillette Ridge, LLC

 | Gillette Ridge Apartments LLC

CG Merrick, LLC

 | Merrick Park LLC

 | Merrick Park Parking LLC

CG Mystic Center LLC

 | Station Landing Holding LLC

CG Mystic Land LLC

 | ND/CG Holding LLC

CG Skyline, LLC

 | Skyline ND/CG LLC

 | ND Mystic Center Note LLC

 | Skyline Mezzanine Borrower, LLC

 | Skyline at Station Landing, LLC

Careallies, LLC

Carson Bayport 1 LP

CG Bayport LLC

 | Bayport Colony Apartments LLC

CG-LINA Bayport I LLC

 | Cigna Onsite Health, LLC

CR Longwood Investors, LP

 | ND/CR Longwood LLC

 | ARE/ND/CR Longwood LLC

Gillette Ridge Community Council, Inc.

Gillette Ridge Golf LLC
Hazard Center Investment Company LLC
Secon Properties, LP.
Teal Rock 501 Grant Street GP, LLC
Teal Rock 501 Grant Street, LP
Tel-Drug of Pennsylvania, LLC
CG-LINA Realty Investors LLC
| 115 Sansome Street Associates, LLC
| 121 Tasman Apartments LLC
| Alto Apartments LLC
| CG-LINA Paper Box LLC
GRG Acquisitions LLC
Cigna Affiliates Realty Investment Group, LLC
(EI# 27-5402196, DE)
| Market Street Residential Holdings LLC
| | Arborpoint at Market Street LLC
Market Street Retail Holdings LLC
| | Market Street South LLC
Diamondview Tower CM-CG LLC
CR Washington Street Investors LP
Civic Holding LLC
Dulles Town Center Mall, LLC
AEW/FDG, LP
ND/CR Unicorn LLC
Union Wharf Apartments LLC
AMD Apartments Limited Partnership
SP Newport Crossing LLC
PUR Arbors Apartments Venture LLC
CG Seventh Street, LLC
Ideal Properties II LLC
Allesandro Partners, LLC
Mallory Square Partners I, LLC
Houston Briar Forest Apartments Limited Partnership
Newtown Partners II, LP
Newtown Square GP LLC
AFA Apartments Limited Partnership
SB-SNH LLC
| | 680 Investors LLC
| | 685 New Hampshire LLC
CGGL 18301 LLC
Unico/CG Commonwealth LLC
| | Commonwealth Acquisition LLC
Unico-CG Lovejoy LLC
222 Main Street Caring GP LLC
222 Main Street Investors LP
Notch 8 Residential, L.L.C.
UVL, LLC
Agua Mansa Partners LLC
3601 North Fairfax Drive Associates, LLC
CORAC LLC
| | Bridgepoint Office Park Associates, LLC
(EI# 27-3923999, DE)
| | Fairway Center Associates, LLC
(EI# 27-3126102, DE)

United Benefit Life Insurance Company

		<u>Henry on the Park Associates, LLC</u> (EI 27-3582688, DE)
		* <u>Cigna Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)
		<u>CarePlexus, LLC</u> (EI# 45-2681649; DE)
		<u>Cigna Corporate Services, LLC</u> (EI 27-3396038, DE)
		<u>Cigna Insurance Agency, LLC</u> (EI # 27-1903785, CT)
		<u>Ceres Sales of Ohio, LLC</u> (EI # 34-1970892, OH)
		<u>Central Reserve Life Insurance Company</u> (EI # 34-0970995, NAIC # 61727, OH)
		<u>Provident American Life & Health Insurance Company</u> (EI # 23-1335885, NAIC # 67903, OH)
		<u>United Benefit Life Insurance Company</u> (EI # 75-2305400, NAIC # 65269, OH)
		<u>Loyal American Life Insurance Company</u> (EI # 63-0343428, NAIC # 65722, OH)
		<u>American Retirement Life Insurance Company</u> (EI # 59-2760189, NAIC # 88366, OH)
		<u>Cigna Health Management, Inc.</u> (EI# 23-1728483, DE)
		<u>Kronos Optimal Health Company</u> (20-8064696, AZ)
		* <u>Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)
		* <u>Cigna & CMC Life Insurance Company Limited</u> (remaining interest owned by an unaffiliated party)
		<u>Cigna Direct Marketing Company, Inc.</u>
		<u>Tel-Drug, Inc.</u>
		<u>Vielfife Holdings Limited</u>
		<u>Vielfife Limited</u> <u>Vielfife Services, Inc.</u> <u>Businesshealth UK Limited</u>
		<u>CG Individual Tax Benefit Payments, Inc.</u>
		<u>CG Life Pension Benefits Payments, Inc.</u>
		<u>CG LINA Pension Benefits Payments, Inc.</u>
		<u>Cigna Federal Benefits, Inc.</u>
		<u>Cigna Healthcare Benefits, Inc.</u>
		<u>Cigna Integratedcare, Inc.</u>
		<u>Cigna Managed Care Benefits Company</u>
		<u>Cigna Re Corporation</u>
		<u>Blodget & Hazard Limited</u>
		<u>Cigna Resource Manager, Inc.</u>
		<u>Connecticut General Benefit Payments, Inc.</u>
		<u>Healthsource Benefits, Inc.</u>
		<u>IHN, Inc.</u>
		<u>LINA Benefit Payments, Inc.</u>
		<u>Mediversal, Inc.</u>
		<u>Universal Claims Administration</u>
		<u>Cigna Global Holdings, Inc.</u>
		<u>Cigna International Corporation, Inc.</u>
		<u>Cigna International Services, Inc.</u>
		<u>Cigna International Marketing (Thailand) Limited</u>
		<u>CGO Participatos LTDA</u>
		<u>YCFM Servicos LTDA</u>
		* <u>Cigna Global Reinsurance Company, Ltd.</u>
		<u>Cigna Holdings Overseas, Inc.</u>
		<u>Cigna Bellevue Alpha LLC</u>
		<u>CignaTurkey Consultancy Services, A.S.</u>

		<u>Cigna Linden Holdings, Inc.</u>
		| <u>Cigna Laurel Holdings, Ltd.</u>
		| <u>Cigna Palmetto Holdings, Ltd.</u>
		| <u>Cigna Magnolia Holdings, Ltd.</u>
		<u>Cigna Nederland Alpha Cooperatief U.A.</u>
		| <u>Cigna Nederland Beta B.V.</u>
		| <u>Cigna Nederland Gamma B.V.</u>
		| <u>Cigna Finans Emeklilik Ve Hayat A.S.</u>
		<u>Cigna Health Solution India Pvt. Ltd.</u>
		<u>Cigna Apac Holdings Limited</u>
		| <u>Cigna Alder Holdings, LLC</u>
		| <u>Cigna Walnut Holdings, Ltd.</u>
Limited		| <u>Cigna Chestnut Holdings, Ltd.</u>
Limited		| <u>*LINA Life Insurance Company of Korea</u>
Limited		| <u>LINA Financial Service</u>
Limited		| <u>Cigna Korea Foundation</u>
Limited		| <u>Cigna International Services Australia Pty Ltd.</u>
Limited		| <u>*Cigna Life Insurance New Zealand Limited</u>
Limited		| <u>Cigna Hong Kong Holdings Company Limited</u>
Limited		| <u>Cigna Data Services (Shanghai) Company Limited</u>
Limited		| <u>Cigna HLA Technology Services Limited</u>
Limited		| <u>*Cigna Worldwide General Insurance Company</u>
Limited		| <u>*Cigna Worldwide Life Insurance Company</u>
Limited		| <u>Vanbreda International Sdn. Bhd.</u>
Limited		| <u>*Cigna Life Insurance Company of Canada</u>
Limited		| (AA-1560515)
		<u>RHP (Thailand) Limited</u>
		| <u>*Cigna Brokerage & Marketing (Thailand) Limited</u>
		| <u>KDM (Thailand) Limited</u>
		| <u>*Cigna Insurance Public Company Limited</u>
		<u>Cigna Taiwan Life Assurance Company Limited</u>
		<u>Cigna Myrtle Holdings, Ltd</u>
		| <u>Cigna Elmwood Holdings, SPRL</u>
		| <u>Cigna Beechwood Holdings</u>
		| <u>*Cigna Life Insurance Company of Europe S.A.-N.V.</u>
		| <u>*Cigna Europe Insurance Company S.A.-N.V.</u>
		| <u>Cigna European Services (UK) Limited</u>
		| <u>Cigna 2000 UK Pension LTD</u>
		| <u>FirstAssist Group Holdings Limited</u>
		| <u>FirstAssist Group Limited</u>
		| <u>FirstAssist Administration Limited</u>
		| <u>First Assist Legal Protection Limited</u>
		| <u>Cigna Insurance Services (Europe) Ltd.</u>
		| <u>Cigna International Health Services, BVBA</u>
		| <u>Vanbreda International, LLC</u>
		<u>Cigna Poplar Holdings, Inc.</u>
		<u>Cigna Sequoia Holdings, SPRL</u>
		| <u>PT GAR Indonesia</u>
		| <u>PT PGU Indonesia</u>
		<u>*Cigna Global Insurance Company Limited</u>
		<u>Cigna TTK Health Insurance Company Limited</u>
		| <u>Cigna Saico Benefits Services W.L.L.</u>
		<u>*Cigna Worldwide Insurance Company</u>
		(EI# 23-2088429, NAIC # 90859, DE)
		<u>*PT. Asuransi Cigna</u>
		<u>Cigna Teak Holdings, LLC</u>

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