



ANNUAL STATEMENT

For the Year Ended December 31, 2014  
of the Condition and Affairs of the

Family Heritage Life Insurance Company of America

NAIC Group Code.....0290, 0290  
(Current Period) (Prior Period)

NAIC Company Code..... 77968

Employer's ID Number..... 34-1626521

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... August 22, 1989

Commenced Business..... November 17, 1989

Statutory Home Office

6001 East Royalton Road, Suite 200..... Cleveland ..... OH ..... US ..... 44147-3529  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

6001 East Royalton Road, Suite 200..... Cleveland ..... OH ..... US..... 44147-3529 440-922-5200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address

P. O. Box 470608..... Cleveland ..... OH ..... US ..... 44147-3529  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

6001 East Royalton Road, Suite 200..... Cleveland ..... OH ..... US ..... 44147-3529 440-922-5200  
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address

www.FamilyHeritageLife.com

Statutory Statement Contact

John A. Wise  
(Name)

440-922-5200  
(Area Code) (Telephone Number) (Extension)

acctdept@familyheritagelife.com  
(E-Mail Address)

440-922-5120  
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Kenneth J. Matson #	President	2. Ronald L. Sarosy	Treasurer/Chief Financial Officer
3. Edward J. Rocheck	Secretary	4. Jeffrey S. Morris	Actuary

OTHER

Howard L. Lewis	Chief Executive Officer	Jeffrey S. Morris	Senior Vice President
Edward J. Rocheck	Senior Vice President	Alan S. Hintz	Senior Vice President
Douglas B. Kelly	Vice President	Henry G. Grendell	Vice President
Ronald L. Sarosy	Vice President	W. Michael Pressley	Vice President
Joel P. Scarborough	Vice President, Assistant Secretary	David K. Carlson	Vice President
John A. Wise	Assistant Vice President	Carol A. McCoy	Assistant Secretary
Eric W. Shanaberger	Vice President	Travis W. Korth #	Assistant Vice President
Bret D. Mottl #	Assistant Vice President	Barbara S. Emig #	Appointed Actuary
Daniel T. Shelton #	Vice President	David Cochrane #	Senior Vice President

DIRECTORS OR TRUSTEES

Howard L. Lewis	Ben W. Lutek	Kenneth J. Matson	Jeffrey S. Morris
R. Brian Mitchell	Edward J. Rocheck	Frank M. Svoboda	

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

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

(Signature)

Kenneth J. Matson

1. (Printed Name)

President

(Title)

(Signature)

Ronald L. Sarosy

2. (Printed Name)

Treasurer/Chief Financial Officer

(Title)

(Signature)

Edward J. Rocheck

3. (Printed Name)

Secretary

(Title)

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_ 2015

\_\_\_\_\_

a. Is this an original filing?

Yes [ X ] No [ ]

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	689,604,804		689,604,804	615,251,173
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 (\$.....(6,351,549), Schedule E-Part 1), cash equivalents (\$.....6,443,902, Schedule E-Part 2) and short-term investments (\$.....5,826, Schedule DA).....	98,179		98,179	4,449,470
6. Contract loans (including \$.....0 premium notes).....	12,086		12,086	3,354
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....	7,851,524		7,851,524	177,313
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).....	697,566,593	0	697,566,593	619,881,310
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	4,698,640		4,698,640	3,173,370
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	3,857,686		3,857,686	3,410,225
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....	4,444,571		4,444,571	313,794
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	702,859		702,859	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	45,770,945		45,770,945	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	510,662		510,662	61,985
18.2 Net deferred tax asset.....	61,339,000	43,887,000	17,452,000	14,398,000
19. Guaranty funds receivable or on deposit.....	86,835		86,835	52,000
20. Electronic data processing equipment and software.....	314,218	169,720	144,498	248,090
21. Furniture and equipment, including health care delivery assets (\$.....0).....	17,637	17,637	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.....	12,609,444	12,609,444	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	831,919,090	56,683,801	775,235,289	641,538,774
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	831,919,090	56,683,801	775,235,289	641,538,774

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. Agent Balances.....	11,989,781	11,989,781	0	
2502. Prepaid Expenses.....	579,166	579,166	0	
2503. Other Assets Non-Admitted.....	40,497	40,497	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).....	12,609,444	12,609,444	0	0

Family Heritage Life Insurance Company of America

LIABILITIES, SURPLUS AND OTHER FUNDS

	1	2
	Current Year	Prior Year
1. Aggregate reserve for life contracts \$.....7,191,809 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....4,746,516 Modco Reserve).....	7,191,809	1,837,436
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	625,782,538	543,598,121
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).....	1,127,859	81,500
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....	15,149,604	15,276,357
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).....	15,637	
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 \$....17,357,477 ceded.....	17,357,477	78,477
9.4 Interest Maintenance Reserve (IMR, Line 6).....	3,826,065	5,236,629
10. Commissions to agents due or accrued - life and annuity contracts \$....23,700, accident and health \$....792,200 and deposit-type contract funds \$.....0.....	815,900	718,200
11. Commissions and expense allowances payable on reinsurance assumed.....	28,201,160	
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	3,914,054	3,733,319
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).....	1,040,282	1,081,260
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.....	440,930	495,702
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	2,376,040	1,860,460
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....		
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	589,168	636,611
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	707,828,523	574,634,072
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	707,828,523	574,634,072
29. Common capital stock.....	2,556,950	2,556,950
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).....	32,646,050	32,646,050
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	32,203,766	31,701,702
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).....	64,849,816	64,347,752
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	67,406,766	66,904,702
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	775,235,289	641,538,774

DETAILS OF WRITE-INS

2501. Unclaimed Property.....	589,168	636,611
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).....	589,168	636,611
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

Family Heritage Life Insurance Company of America  
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)	237,029,155	192,735,008
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	29,174,877	26,097,364
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	1,316,924	677,018
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)	66,560,186	711,459
7. Reserve adjustments on reinsurance ceded	531,958	
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	12,973	103,503
9. Totals (Lines 1 to 8.3)	334,626,073	220,324,352
10. Death benefits	391,859	124,011
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	49,874,848	51,443,816
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts	43,439	37,486
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds	3	278
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts	87,538,790	70,838,263
20. Totals (Lines 10 to 19)	137,848,939	122,443,854
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	48,199,766	45,099,827
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	65,656,965	
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	23,361,981	19,903,902
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	4,830,829	4,378,107
25. Increase in loading on deferred and uncollected premiums	25,487,723	66,051
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions	0	0
28. Totals (Lines 20 to 27)	305,386,203	191,891,741
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	29,239,870	28,432,611
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	29,239,870	28,432,611
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	11,257,986	11,648,588
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)	17,981,884	16,784,023
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.... (75,694) (excluding taxes of \$.... 79,031 transferred to the IMR)	75,694	174,525
35. Net income (Line 33 plus Line 34)	18,057,578	16,958,548
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	66,904,702	62,144,284
37. Net income (Line 35)	18,057,578	16,958,548
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.... (6,000)	(9,322)	(84,670)
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax	2,374,000	(70,000)
41. Change in nonadmitted assets	(2,446,612)	4,717,000
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	(515,580)	(260,460)
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	(16,958,000)	(16,500,000)
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	502,064	4,760,418
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	67,406,766	66,904,702
DETAILS OF WRITE-INS		
08.301. Misc Income	12,973	103,503
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)	12,973	103,503
2701.		
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	0
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

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	207,002,862	192,502,184
2. Net investment income.....	12,873,619	8,354,524
3. Miscellaneous income.....	38,585,271	763,262
4. Total (Lines 1 through 3).....	258,461,752	201,619,970
5. Benefit and loss related payments.....	50,083,721	49,184,600
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	113,649,842	70,131,398
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	11,710,000	13,755,000
10. Total (Lines 5 through 9).....	175,443,563	133,070,998
11. Net cash from operations (Line 4 minus Line 10).....	83,018,189	68,548,972
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	73,043,057	113,138,179
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.....		8,600,000
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	73,043,057	121,738,179
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	132,631,961	171,892,195
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....	7,137,410	185,682
13.6 Miscellaneous applications.....		10,068,902
13.7 Total investments acquired (Lines 13.1 to 13.6).....	139,769,371	182,146,779
14. Net increase (decrease) in contract loans and premium notes.....	8,732	1,949
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(66,735,046)	(60,410,549)
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.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....	16,958,000	16,500,000
16.6 Other cash provided (applied).....	(3,676,434)	1,592,449
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(20,634,434)	(14,907,551)
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).....	(4,351,291)	(6,769,128)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	4,449,470	11,218,598
19.2 End of year (Line 18 plus Line 19.1).....	98,179	4,449,470

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	2	Ordinary			6	Group		Accident and Health			12
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts	Credit Life (Group and Individual)	7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	Aggregate of All Other Lines of Business
1. Premiums and annuity considerations for life and accident and health contracts.....	237,029,155		31,464,827						6,410,436		199,153,892	
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	29,174,877		143,153						105,958		28,925,766	
4. Amortization of Interest Maintenance Reserve (IMR).....	1,316,924										1,316,924	
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	66,560,186		65,817,105						17,573		725,508	
7. Reserve adjustments on reinsurance ceded.....	531,958		531,958									
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.....	12,973	0	0	0	0	0	0	0	0	0	12,973	0
9. Totals (Lines 1 to 8.3).....	334,626,073	0	97,957,043	0	0	0	0	0	6,533,967	0	230,135,063	0
10. Death benefits.....	391,859		391,859									
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	49,874,848								701,089		49,173,759	
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	43,439		43,439									
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	3		3									
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	87,538,790		5,354,373						2,116,852		80,067,565	
20. Totals (Lines 10 to 19).....	137,848,939	0	5,789,674	0	0	0	0	0	2,817,941	0	129,241,324	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	48,199,766		702,720						2,135,468		45,361,578	
22. Commissions and expense allowances on reinsurance assumed.....	65,656,965		65,656,965									
23. General insurance expenses.....	23,361,981		283,733						719,685		22,358,563	
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	4,830,829		35,200						149,550		4,646,079	
25. Increase in loading on deferred and uncollected premiums.....	25,487,723		25,487,723									
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).....	305,386,203	0	97,956,015	0	0	0	0	0	5,822,644	0	201,607,544	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	29,239,870	0	1,028	0	0	0	0	0	711,323	0	28,527,519	0
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	29,239,870	0	1,028	0	0	0	0	0	711,323	0	28,527,519	0
32. Federal income taxes incurred (excluding tax on capital gains).....	11,257,986		396						273,875		10,983,715	
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).....	17,981,884	0	632	0	0	0	0	0	437,448	0	17,543,804	0

**DETAILS OF WRITE-INS**

08.301. Misc Income.....	12,973										12,973	
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).....	12,973	0	0	0	0	0	0	0	0	0	12,973	0
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
<b>Involving Life or Disability Contingencies (Reserves)</b>								
(Net of Reinsurance Ceded)								
1. Reserve December 31, prior year.....	1,837,436		1,837,436					
2. Tabular net premiums or considerations.....	9,833,129		9,833,129					
3. Present value of disability claims incurred.....	0				XXX			
4. Tabular interest.....	188,786		188,786					
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).....	11,859,351	0	11,859,351	0	0	0	0	0
9. Tabular cost.....	2,801,426		2,801,426		XXX			
10. Reserves released by death.....	27,428		27,428	XXX	XXX			XXX
11. Reserves released by other terminations (net).....	1,838,688		1,838,688					
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).....	4,667,542	0	4,667,542	0	0	0	0	0
15. Reserve December 31, current year.....	7,191,809	0	7,191,809	0	0	0	0	0

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....3,283,890	.....3,283,890
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....24,940,972	.....26,382,102
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.....	.....957	.....957
6.	Cash, cash equivalents and short-term investments.....	(e).....9,488	.....9,089
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....196,050	.....280,590
9.	Aggregate write-ins for investment income.....	.....704,165	.....714,165
10.	Total gross investment income.....	.....29,135,522	.....30,670,793
11.	Investment expenses.....		(g).....1,458,504
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
15.	Aggregate write-ins for deductions from investment income.....		.....37,412
16.	Total deductions (Lines 11 through 15).....		.....1,495,916
17.	Net investment income (Line 10 minus Line 16).....		.....29,174,877

DETAILS OF WRITE-INS

0901.	Agent Balances.....	.....704,147	.....714,147
0902.	Policy Reinstatement Interest.....	.....18	.....18
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).....	.....704,165	.....714,165
1501.	Amortization of Tax Credit Fund.....		.....37,412
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....		.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....		.....37,412

- (a) Includes \$.....15,148,333 accrual of discount less \$.....368,997 amortization of premium and less \$.....928,895 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	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....		.....0		
1.1	Bonds exempt from U.S. tax.....		.....0		
1.2	Other bonds (unaffiliated).....	.....(14,609)	.....(14,609)		
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	.....(15,322)	
9.	Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0
10.	Total capital gains (losses).....	.....(14,609)	.....(14,609)	.....(15,322)	.....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



**EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

	1	2	Ordinary		5	Group		Accident and Health			11
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	Credit Life (Group and Individual)	6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	Aggregate of All Other Lines of Business
<b>FIRST YEAR (other than single)</b>											
1. Uncollected.....	2,258,267		1,676,867					41,460		539,940	
2. Deferred and accrued.....	28,330,295		28,330,295								
3. Deferred, accrued and uncollected:											
3.1 Direct.....	1,140,651		550,345					41,826		548,480	
3.2 Reinsurance assumed.....	29,456,817		29,456,817								
3.3 Reinsurance ceded.....	8,906							366		8,540	
3.4 Net (Line 1 + Line 2).....	30,588,562	0	30,007,162	0	0	0	0	41,460	0	539,940	0
4. Advance.....	15,637		15,637								
5. Line 3.4 - Line 4.....	30,572,925	0	29,991,525	0	0	0	0	41,460	0	539,940	0
6. Collected during year:											
6.1 Direct.....	37,204,114		811,805					2,306,248		34,086,061	
6.2 Reinsurance assumed.....	31,968,948		31,968,948								
6.3 Reinsurance ceded.....	32,552,335		31,975,273					13,779		563,283	
6.4 Net.....	36,620,727	0	805,480	0	0	0	0	2,292,469	0	33,522,778	0
7. Line 5 + Line 6.4.....	67,193,652	0	30,797,005	0	0	0	0	2,333,929	0	34,062,718	0
8. Prior year (uncollected + deferred and accrued - advance)....	790,578		258,854					28,679		503,045	
9. First year premiums and considerations:											
9.1 Direct.....	37,548,559		1,103,296					2,319,302		34,125,961	
9.2 Reinsurance assumed.....	61,410,128		61,410,128								
9.3 Reinsurance ceded.....	32,555,613		31,975,273					14,052		566,288	
9.4 Net (Line 7 - Line 8).....	66,403,074	0	30,538,151	0	0	0	0	2,305,250	0	33,559,673	0
<b>SINGLE</b>											
10. Single premiums and considerations:											
10.1 Direct.....	0										
10.2 Reinsurance assumed.....	0										
10.3 Reinsurance ceded.....	0										
10.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
<b>RENEWAL</b>											
11. Uncollected.....	3,037,815		26,430					75,067		2,936,318	
12. Deferred and accrued.....	477,343		477,343								
13. Deferred, accrued and uncollected:											
13.1 Direct.....	3,528,249		504,889					75,269		2,948,091	
13.2 Reinsurance assumed.....	0										
13.3 Reinsurance ceded.....	13,091		1,116					202		11,773	
13.4 Net (Line 11 + Line 12).....	3,515,158	0	503,773	0	0	0	0	75,067	0	2,936,318	0
14. Advance.....	0										
15. Line 13.4 - Line 14.....	3,515,158	0	503,773	0	0	0	0	75,067	0	2,936,318	0
16. Collected during year:											
16.1 Direct.....	171,343,001		874,861					4,115,362		166,352,778	
16.2 Reinsurance assumed.....	6,760		6,760								
16.3 Reinsurance ceded.....	991,658		71,220					21,534		898,904	
16.4 Net.....	170,358,103	0	810,401	0	0	0	0	4,093,828	0	165,453,874	0
17. Line 15 + Line 16.4.....	173,873,261	0	1,314,174	0	0	0	0	4,168,895	0	168,390,192	0
18. Prior year (uncollected + deferred and accrued - advance)....	3,247,180		387,498					63,709		2,795,973	
19. Renewal premiums and considerations:											
19.1 Direct.....	171,611,163		991,019					4,126,644		166,493,500	
19.2 Reinsurance assumed.....	6,760		6,760								
19.3 Reinsurance ceded.....	991,842		71,103					21,458		899,281	
19.4 Net (Line 17 - Line 18).....	170,626,081	0	926,676	0	0	0	0	4,105,186	0	165,594,219	0
<b>TOTAL</b>											
20. Total premiums and annuity considerations:											
20.1 Direct.....	209,159,722	0	2,094,315	0	0	0	0	6,445,946	0	200,619,461	0
20.2 Reinsurance assumed.....	61,416,888	0	61,416,888	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	33,547,455	0	32,046,376	0	0	0	0	35,510	0	1,465,569	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	237,029,155	0	31,464,827	0	0	0	0	6,410,436	0	199,153,892	0

**EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND  
EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)**

	1  Total	2  Industrial Life	Ordinary		5  Credit Life (Group and Individual)	Group		Accident and Health			11  Aggregate of All Other Lines of Business
			3  Life Insurance	4  Individual Annuities		6  Life Insurance	7  Annuities	8  Group	9  Credit (Group & Individual)	10  Other	
<b>DIVIDENDS AND COUPONS APPLIED (included in Part 1)</b>											
21. To pay renewal premiums.....	0										
22. All other.....	0										
<b>REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED</b>											
23. First year (other than single):											
23.1 Reinsurance ceded.....	66,279,298		65,761,404					12,319		505,575	
23.2 Reinsurance assumed.....	65,601,557		65,601,557								
23.3 Net ceded less assumed.....	677,741	0	159,847	0	0	0	0	12,319	0	505,575	0
24. Single:											
24.1 Reinsurance ceded.....	0										
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	280,888		55,701					5,254		219,933	
25.2 Reinsurance assumed.....	55,408		55,408								
25.3 Net ceded less assumed.....	225,480	0	293	0	0	0	0	5,254	0	219,933	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	66,560,186	0	65,817,105	0	0	0	0	17,573	0	725,508	0
26.2 Reinsurance assumed (Page 6, Line 22).....	65,656,965	0	65,656,965	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	903,221	0	160,140	0	0	0	0	17,573	0	725,508	0
<b>COMMISSIONS INCURRED (direct business only)</b>											
27. First year (other than single).....	28,319,548		613,520					1,653,064		26,052,964	
28. Single.....	0										
29. Renewal.....	19,880,218		89,200					482,404		19,308,614	
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	48,199,766	0	702,720	0	0	0	0	2,135,468	0	45,361,578	0

Family Heritage Life Insurance Company of America  
EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6
		1	Accident and Health		4		
			2	3			
		Life	Cost Containment	All Other	All Other Lines of Business	Investment	Total
1.	Rent.....	3,600		806,447			810,047
2.	Salaries and wages.....	49,000		10,994,780			11,043,780
3.11	Contributions for benefit plans for employees.....	7,900		1,772,952			1,780,852
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.....			402,088			402,088
3.32	Other agent welfare.....						0
4.1	Legal fees and expenses.....			62,123			62,123
4.2	Medical examination fees.....						0
4.3	Inspection report fees.....	56,650					56,650
4.4	Fees of public accountants and consulting actuaries.....			223,308			223,308
4.5	Expense of investigation and settlement of policy claims.....			90,873			90,873
5.1	Traveling expenses.....	661		1,030,312			1,030,973
5.2	Advertising.....			121,764			121,764
5.3	Postage, express, telegraph and telephone.....	8,675		488,278			496,953
5.4	Printing and stationery.....	1,143		985,800			986,943
5.5	Cost or depreciation of furniture and equipment.....			8,153			8,153
5.6	Rental of equipment.....			169,842			169,842
5.7	Cost or depreciation of EDP equipment and software.....			569,084			569,084
6.1	Books and periodicals.....	42		83,052			83,094
6.2	Bureau and association fees.....			13,795			13,795
6.3	Insurance, except on real estate.....			43,866			43,866
6.4	Miscellaneous losses.....						0
6.5	Collection and bank service charges.....					186,504	186,504
6.6	Sundry general expenses.....	84		255,472			255,556
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).....			28,249			28,249
7.3	Agency conferences other than local meetings.....			731,228			731,228
9.1	Real estate expenses.....						0
9.2	Investment expenses not included elsewhere.....					1,272,000	1,272,000
9.3	Aggregate write-ins for expenses.....	155,978	0	4,196,782	0	0	4,352,760
10.	General expenses Incurred.....	283,733	0	23,078,248	0	1,458,504	(a) 24,820,485
11.	General expenses unpaid December 31, prior year.....	11,075		3,688,044		34,200	3,733,319
12.	General expenses unpaid December 31, current year.....	14,050		3,876,204		23,800	3,914,054
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).....	280,758	0	22,890,088	0	1,468,904	24,639,750
DETAILS OF WRITE-INS							
09.301.	Consultant Fees.....	16		85,120			85,136
09.302.	Agency Conf - Local.....			449,878			449,878
09.303.	Recruiting Expenses.....			241,280			241,280
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page.....	155,962	0	3,420,504	0	0	3,576,466
09.399.	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	155,978	0	4,196,782	0	0	4,352,760
(a) Includes management fees of \$....4,188,000 to affiliates and \$.....0 to non-affiliates.							

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

		Insurance			4	5
		1	2	3	Investment	Total
		Life	Accident and Health	All Other Lines of Business		
1.	Real estate taxes.....					0
2.	State insurance department licenses and fees.....	3,300	250,381			253,681
3.	State taxes on premiums.....	29,200	3,764,968			3,794,168
4.	Other state taxes, including \$.....0 for employee benefits.....					0
5.	U.S. Social Security taxes.....	2,700	598,697			601,397
6.	All other taxes.....		181,583			181,583
7.	Taxes, licenses and fees incurred.....	35,200	4,795,629	0	0	4,830,829
8.	Taxes, licenses and fees unpaid December 31, prior year.....	5,000	1,076,260			1,081,260
9.	Taxes, licenses and fees unpaid December 31, current year.....	8,000	1,032,282			1,040,282
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	32,200	4,839,607	0	0	4,871,807

EXHIBIT 4 - DIVIDENDS OR REFUNDS


		1	2
		Life	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

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. 80 CSO 4.50% NLP IDB 01-06.....	.....122,126	.....	.....122,126	.....	.....
0100002. 01 CSO 4.00% NLP, IDB 07-NB.....	.....290,503	.....	.....290,503	.....	.....
0100003. 01 CSO 4.00% CRVM, IDB 07-12.....	.....1,000,488	.....	.....1,000,488	.....	.....
0100004. 01 CSO 4.25% CRVM, IDB 07-12.....	.....658,770	.....	.....658,770	.....	.....
0100005. 01 CSO 3.50% CRVM, IDB NB.....	.....185,898	.....	.....185,898	.....	.....
0100006. 01 CSO 3.75% CRVM, IDB NB.....	.....116,227	.....	.....116,227	.....	.....
0100007. 01 CSO 3.50% CRVM ALB 13-14.....	.....2,325,759	.....	.....2,325,759	.....	.....
0100008. 01 CSO 3.50% NLP ALB 13-14.....	.....206,315	.....	.....206,315	.....	.....
0100009. 01 CSO 4.00% CRVM ALB 06-14.....	.....660	.....	.....660	.....	.....
0100010. 01 CSO 4.50% NLP ALB 13-14.....	.....756	.....	.....756	.....	.....
0199997. Totals (Gross).....	.....4,907,502	.....0	.....4,907,502	.....0	.....0
0199998. Reinsurance ceded.....	.....12,890	.....	.....12,890	.....	.....
0199999. Totals (Net).....	.....4,894,612	.....0	.....4,894,612	.....0	.....0
Accidental Death Benefits:					
0400001. 59 ADB 4.50% NLP IDB 01-06.....	.....5,052	.....	.....5,052	.....	.....
0400002. 59 ADB 4.00% NLP IDB 07.....	.....16,550	.....	.....16,550	.....	.....
0400003. 59 ADB 3.00% ALB NLP IDB NB 07-NB.....	.....30,905	.....	.....30,905	.....	.....
0400004. 59 ADB & 80 CSO ANB 3.00% NLP.....	.....1,083,045	.....	.....1,083,045	.....	.....
0400005. UNEARNED PREMIUM.....	.....5,751	.....	.....5,751	.....	.....
0499997. Totals (Gross).....	.....1,141,303	.....0	.....1,141,303	.....0	.....0
0499999. Totals (Net).....	.....1,141,303	.....0	.....1,141,303	.....0	.....0
Disability - Active Lives:					
0500001. 52 INTERCOMPANY DISABILITY.....	.....315,676	.....	.....315,676	.....	.....
0599997. Totals (Gross).....	.....315,676	.....0	.....315,676	.....0	.....0
0599999. Totals (Net).....	.....315,676	.....0	.....315,676	.....0	.....0
Miscellaneous Reserves:					
0700001. DEFICIENCY RESERVES.....	.....59,590	.....	.....59,590	.....	.....
0700002. GIO.....	.....261,083	.....	.....261,083	.....	.....
0700003. NON-DEDUCTION OF DEFERRED FRACTIONAL PREMIUMS.....	.....1,697	.....	.....1,697	.....	.....
0700004. SUBSTANDARD.....	.....517,848	.....	.....517,848	.....	.....
0799997. Totals (Gross).....	.....840,218	.....0	.....840,218	.....0	.....0
0799999. Totals (Net).....	.....840,218	.....0	.....840,218	.....0	.....0
9999999. Totals (Net) - Page 3, Line 1.....	.....7,191,809	.....0	.....7,191,809	.....0	.....0

**Family Heritage Life Insurance Company of America**

## EXHIBIT 5 - INTERROGATORIES

- |  |  |         |        |
|--|--|---------|--------|
| 1.1  | Has the reporting entity ever issued both participating and non-participating contracts?   | Yes [ ] | No [X] |
| 1.2  | If not, state which kind is issued<br>Non-Participating  |         |        |
| 2.1  | Does the reporting entity at present issue both participating and non-participating contracts?   | Yes [ ] | No [X] |
| 2.2  | If not, state which kind is issued<br>Non-Participating  |         |        |
| 3.   | Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?<br>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] |
| <div><br/>* 7 7 9 6 8 2 0 1 4 3 7 0 0 0 0 0 *</div> |  |         |        |
| 4.   | Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:  | Yes [ ] | No [X] |
| 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?  | Yes [ ] | No [X] |
| 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:<br>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?  | Yes [ ] | No [X] |
| 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?   | Yes [ ] | No [X] |
| 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?   | Yes [ ] | No [X] |
| 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**

**EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS**

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non- Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
<b>ACTIVE LIFE RESERVE</b>									
1. Unearned premium reserves.....	9,503,889	403,568			22,035	9,078,286			
2. Additional contract reserves (a).....	615,081,952	2,352,060			58,303	612,671,589			
3. Additional actuarial reserves - Asset/Liability analysis.....	0								
4. Reserve for future contingent benefits.....	0								
5. Reserve for rate credits.....	0								
6. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
7. Totals (Gross).....	624,585,841	2,755,628	0	0	80,338	621,749,875	0	0	0
8. Reinsurance ceded.....	671,117	16,597			10,295	644,225			
9. Totals (Net).....	623,914,724	2,739,031	0	0	70,043	621,105,650	0	0	0
<b>CLAIM RESERVE</b>									
10. Present value of amounts not yet due on claims.....	1,867,814	70,158			5,780	1,791,876			
11. Additional actuarial reserves - Asset/Liability analysis.....	0								
12. Reserve for future contingent benefits.....	0								
13. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
14. Totals (Gross).....	1,867,814	70,158	0	0	5,780	1,791,876	0	0	0
15. Reinsurance ceded.....	0								
16. Totals (Net).....	1,867,814	70,158	0	0	5,780	1,791,876	0	0	0
17. TOTALS (Net).....	625,782,538	2,809,189	0	0	75,823	622,897,526	0	0	0
18. TABULAR FUND INTEREST.....	0								

**DETAILS OF WRITE-INS**

0601. ....									
0602. ....									
0603. ....									
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0	0	0	0
1301. ....									
1302. ....									
1303. ....									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 + 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

**EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS**

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance.....	.....0					
2. Deposits received during the year.....	.....0					
3. Investment earnings credited to the account.....	.....0					
4. Other net change in reserves.....	.....0					
5. Fees and other charges assessed.....	.....0					
6. Surrender charges.....	.....0					
7. Net surrender or withdrawal payments.....	.....0					
8. Other net transfers to or (from) Separate Accounts.....	.....0					
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....0	.....0	.....0	.....0	.....0	.....0
10. Reinsurance balance at the beginning of the year.....	.....0					
11. Net change in reinsurance assumed.....	.....0					
12. Net change in reinsurance ceded.....	.....0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of the current year after reinsurance (Lines 9 + 13).....	.....0	.....0	.....0	.....0	.....0	.....0

NONE

**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

**PART 1 - Liability End of Current Year**

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct.....	1,521,246								1,010		1,520,236
1.2 Reinsurance assumed.....	702,859		702,859								
1.3 Reinsurance ceded.....	0										
1.4 Net.....	2,224,105	0	702,859	0	0	0	0	0	1,010	0	1,520,236
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	0	0	0
2.2 Other:											
2.21 Direct.....	504,574										504,574
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	0										
2.24 Net.....	504,574	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....504,574
3. Incurred but unreported:											
3.1 Direct.....	14,098,430		634,000						514,495		12,949,935
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	549,646		209,000								340,646
3.4 Net.....	13,548,784	0	(b).....425,000	(b).....0	0	(b).....0	(b).....0	0	(b).....514,495	(b).....0	(b).....12,609,289
4. Totals:											
4.1 Direct.....	16,124,250	0	634,000	0	0	0	0	0	515,505	0	14,974,745
4.2 Reinsurance assumed.....	702,859	0	702,859	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	549,646	0	209,000	0	0	0	0	0	0	0	340,646
4.4 Net.....	16,277,463	(a).....0	(a).....1,127,859	0	0	0	(a).....0	0	515,505	0	14,634,099

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).



**EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS**

PART 2 - Incurred During the Year

	1	2  Industrial Life  (a)	Ordinary			6  Credit Life (Group and Individual)	Group		Accident and Health		
			3  Life Insurance  (b)	4  Individual Annuities	5  Supplementary Contracts		7  Life Insurance  (c)	8  Annuities	9  Group	10  Credit (Group and Individual)	11  Other
1. Settlements during the year:	Total										
1.1 Direct.....	50,207,655		73,015						547,790		49,586,850
1.2 Reinsurance assumed.....	1,230,921		1,230,921								
1.3 Reinsurance ceded.....	1,388,616		1,255,577						250		132,789
1.4 Net.....(d)	50,049,960	0	48,359	0	0	0	0	0	547,540	0	49,454,061
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	16,124,250	0	634,000	0	0	0	0	0	515,505	0	14,974,745
2.2 Reinsurance assumed.....	702,859	0	702,859	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	549,646	0	209,000	0	0	0	0	0	0	0	340,646
2.4 Net.....	16,277,463	0	1,127,859	0	0	0	0	0	515,505	0	14,634,099
3. Amounts recoverable from reinsurers Dec. 31, current year.....	702,859		702,859								
4. Liability December 31, prior year:											
4.1 Direct.....	15,684,769		163,000						361,956		15,159,813
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	326,912		81,500								245,412
4.4 Net.....	15,357,857	0	81,500	0	0	0	0	0	361,956	0	14,914,401
5. Amounts recoverable from reinsurers Dec. 31, prior year.....	0										
6. Incurred benefits:											
6.1 Direct.....	50,647,136	0	544,015	0	0	0	0	0	701,339	0	49,401,782
6.2 Reinsurance assumed.....	1,933,780	0	1,933,780	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	2,314,209	0	2,085,936	0	0	0	0	0	250	0	228,023
6.4 Net.....	50,266,707	0	391,859	0	0	0	0	0	701,089	0	49,173,759

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

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).....		604,643	.....604,643
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	.....604,643	.....604,643
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.....	.....43,887,000	.....44,561,000	.....674,000
19. Guaranty funds receivable or on deposit.....			.....0
20. Electronic data processing equipment and software.....	.....169,720	.....187,034	.....17,314
21. Furniture and equipment, including health care delivery assets.....	.....17,637	.....13,662	.....(3,975)
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.....	.....12,609,444	.....8,870,850	.....(3,738,594)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....56,683,801	.....54,237,189	.....(2,446,612)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0
28. TOTALS (Lines 26 and 27).....	.....56,683,801	.....54,237,189	.....(2,446,612)

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. Other Assets Non-Admitted.....	.....40,497	.....40,497	.....0
2502. Agent Balances.....	.....11,989,781	.....8,216,289	.....(3,773,492)
2503. Prepaid Expenses.....	.....579,166	.....614,064	.....34,898
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).....	.....12,609,444	.....8,870,850	.....(3,738,594)

NOTES TO FINANCIAL STATEMENTS

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

This is a statement of the accounting principles and methods applied in preparing these statutory financial statements.

A. Accounting Practices

The Company presents these financial statements on the basis of accounting principles prescribed or permitted by the Ohio Insurance Department. 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.

	<u>12-31-2014</u>	<u>12-31-2013</u>
<b>Net Income - Ohio Basis</b>	\$18,057,578	\$16,958,548
State Prescribe Practices - None	-0-	-0-
State Permitted Practices - None	<u>-0-</u>	<u>-0-</u>
<b>Net Income - NAIC SAP</b>	<b>\$18,057,578</b>	<b>\$16,958,548</b>
<b>Statutory Surplus - Ohio Basis</b>	\$67,406,766	\$66,904,702
State Prescribe Practices - None	-0-	-0-
State Permitted Practices - None	<u>-0-</u>	<u>-0-</u>
<b>Statutory Surplus - NAIC SAP</b>	<b>\$67,406,766</b>	<b>\$66,904,702</b>

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

Life premiums are recognized as income over the premium paying period of the related policies. Health premiums are earned ratably over the terms of the related insurance policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds not backed by other loans are stated at amortized cost using yield to worst.
3. Liabilities for losses and loss/claim adjustment expenses for accident and health contracts are estimated by the Company's valuation actuary using statistical claim development models and tabular reserves employing mortality/morbidity tables.
4. The Company has a 50% ownership interest in the joint venture which owns the Company's home office site. This investment is carried at equity at December 31, 2014. The Company's liability is limited to its amount invested.

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

Not applicable

**Note 3 - Business Combinations and Goodwill**

Not applicable

**Note 4 - Discontinued Operations**

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 5 - Investments

- A. Mortgage Loans - Not applicable
- B. Debt Restructuring - Not applicable
- C. Reverse Mortgages - Not applicable
- D. Loan-Backed Securities

Investments in other structured securities consist of trust preferred securities issued by financial institutions and reported as hybrids.

1) Call, redemption, and sinking fund information for other structured securities were obtained from Bloomberg and bond prospectuses.

2) None

3) None

4) The following table shows other structured securities that have an unrealized loss as of 12/31/2014

- a. The aggregate amount of unrealized losses

1. Less than 12 Months: (3,576)

2. 12 Months or Longer: -0-
- b. The aggregate related fair value of securities with unrealized losses

1. Less than 12 Months: 2,225,373

2. 12 Months or Longer: -0-

5) Several sources of information are considered when determining impairments are, or are not, other-than-temporary. These include, but are not limited to, the following. Credit rating agency information related to the security is reviewed, in addition to direct discussions with the rating analyst as needed. Reports from third party research providers and sell-side research analysts are reviewed. Market and trading information on the securities and other-like securities is monitored to assess trends impacting the securities. Market liquidity is analyzed to gauge how much it is impacting prices versus actual credit quality changes. Some sources of information will not be available for all securities. Where applicable, additional information is gathered for collateralized investments such as CDO's. This includes analysis of the individual underlying collateral and estimates of potential future collateral performance. Multiple cash flow scenarios are calculated based on various loss rate assumptions and used to assess the likelihood of future possible impairment.

- E. Repurchase Agreements and/or Securities Lending Transactions - Not applicable
- F. Real Estate - Not applicable
- G. Low Income Housing Tax Credits

1) There are 3 years of remaining unexpired tax credits for low-incoming housing investments, with a required holding period of 8 years.

2) Currently the LIHTC property is not subject to any regulatory reviews

3) Not applicable

4) Not applicable

5) Not applicable

**NOTES TO FINANCIAL STATEMENTS**

H. Restricted Assets

		Gross Restricted								Percentage	Percentage
	Restricted Asset Category	Current Year									
		1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)	3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1 plus 3)	6 Total From Prior Year	7 Increase/ (Decrease) (5 minus 6)	8 Total Current Year Admitted Restricted	9 Gross Restricted to Total Assets	10 Admitted Restricted to Total Admitted Assets
A	Subject to contractual obligation for which liability is not shown									0.000	0.000
B	Collateral held under security lending agreements									0.000	0.000
C	Subject to repurchase agreements									0.000	0.000
D	Subject to reverse repurchase agreements									0.000	0.000
E	Subject to dollar repurchase agreements									0.000	0.000
F	Subject to dollar reverse repurchase agreements									0.000	0.000
G	Placed upon option contracts									0.000	0.000
H	Letter stock or securities restricted as to sale - excluding FHLB capital stock									0.000	0.000
I	FHLB capital stock									0.000	0.000
J	On deposit with States	8,414,322	-	-	-	8,414,322	9,138,141	(723,819)	8,414,322	1.011	1.085
K	On deposit with other regulatory bodies									0.000	0.000
L	Pledged as collateral to FHLB (including assets backing funding agreements)									0.000	0.000
M	Pledged as collateral not captured in other categories									0.000	0.000
N	Other restricted assets									0.000	0.000
O	Total Restricted Assets	8,414,322	-	-	-	8,414,322	9,138,141	(723,819)	8,414,322	1.011	1.085

I. Working capital finance investments - Not applicable

J. Offsetting and netting of assets and liabilities - Not applicable

K. Structured notes - Not applicable

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

A. The Company has no investment in joint ventures, partnerships, or limited liability companies that exceeds 10% of its admitted assets.

B. There was no impairment to the Company's only investment in a joint venture.

**Note 7 - Investment Income**

No investment income due or accrued was nonadmitted as December 31, 2014.

**Note 8 - Derivative Instruments**

Not applicable

**Note 9 - Income Taxes**

A. Deferred Tax Assets/(Liabilities)

1. Components of Net Deferred Tax Asset/(Liability)

	12/31/2014			12/31/2013			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
a. Gross deferred tax assets	42,836,000	20,471,000	63,307,000	37,263,000	21,970,000	59,233,000	5,573,000	(1,499,000)	4,074,000
b. Statutory valuation allowance adjustment	0	0	0	0	0	0	0	0	0
c. Adjusted gross deferred tax assets (1a-1b)	42,836,000	20,471,000	63,307,000	37,263,000	21,970,000	59,233,000	5,573,000	(1,449,000)	4,074,000
d. Deferred tax assets nonadmitted	28,104,000	15,783,000	43,887,000	26,739,000	17,822,000	44,561,000	1,365,000	(2,039,000)	(674,000)
e. Subtotal net admitted deferred tax asset (1c-1d)	14,732,000	4,688,000	19,420,000	10,524,000	4,148,000	14,672,000	4,208,000	540,000	4,748,000
f. Deferred tax liabilities	1,889,000	79,000	1,968,000	189,000	85,000	274,000	1,700,000	(6,000)	1,694,000
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	12,843,000	4,609,000	17,452,000	10,335,000	4,063,000	14,398,000	2,508,000	546,000	3,054,000

The company has not established a statutory valuation allowance in determining its adjusted gross deferred tax assets as management believes that it is more likely than not that all of its gross deferred tax assets will be realized.

**NOTES TO FINANCIAL STATEMENTS**

2. Admission Calculation Components

	12/31/2014			12/31/2013			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	12,843,000	12,000	12,855,000	9,635,000	4,063,000	13,698,000	3,208,000	(4,051,000)	(843,000)
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:	-	4,597,000	4,597,000	700,000	-	700,000	(700,000)	4,597,000	3,897,000
1. Adjusted gross deferred tax assets expected to be realized following the balance sheet date		4,597,000	4,597,000	700,000	-	700,000	(700,000)	4,597,000	3,897,000
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,472,000	XXX	XXX	7,838,000	XXX	XXX	(366,000)
c.Adjusted gross deferrd tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities	1,889,000	79,000	1,968,000	189,000	85,000	274,000	1,700,000	(6,000)	1,694,000
d. Deferred tax assets admitted as the result of application of SSAP 101.									
Total 2(a)+2(b)+2(c)	14,732,000	4,688,000	19,420,000	10,524,000	4,148,000	14,672,000	4,208,000	540,000	4,748,000

3. Other Admissibility Criteria

		2014	2013
a.	Ratio percentage used to determine recovery period and threshold limitation amount	989%	1173%
b.	Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	52,330,806	54,367,162

4. Impact of Tax Planning Strategies

(a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	12/31/2014		12/31/2013		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	42,836,000	20,471,000	37,263,000	21,970,000	5,573,000	(1,499,000)
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.000	0.000	0.000	0.000	0.000	0.000
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	14,732,000	4,688,000	10,524,000	4,148,000	4,208,000	540,000
4 Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	6.000	11.000	0.000	0.000	6.000	11.000

(b) Does the company's tax planning strategies include the use of reinsurance? - NO

NOTES TO FINANCIAL STATEMENTS

B. There are no temporary differences for which deferred tax liabilities are not recognized.

The change in deferred income taxes reported in surplus before consideration of nonadmitted asset is comprised of the following components

	12/31/2014			12/31/2013			Change		
	1	2	3	4	5	6	7	8	9
	Ordinary	Capital	(Col 1+2) Total	Ordinary	Capital	(Col 4+5) Total	(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
Net deferred tax asset (liability)	40,947,000	20,392,000	61,339,000	37,074,000	21,885,000	58,959,000	3,873,000	(1,493,000)	2,380,000
- Tax - effect of unrealized gains and losses	0	(79,000)	(79,000)	0	(85,000)	(85,000)	0	6,000	6,000
- Tax - effect of other surplus gains and losses	0	0	0	0	0	0	0	0	0
- Prior period adjustment, unrealized gain and losses	0	0	0	0	0	0	0	0	0
Net tax effect without unrealized gains and losses and prior period adjustments	40,947,000	20,471,000	61,418,000	37,074,000	21,970,000	59,044,000	3,873,000	(1,499,000)	2,374,000

C. Current and Deferred Income Taxes

1. Current Income Tax

	1	2	3
	12/31/2014	12/31/2013	(Col 1-2) Change
a. Federal	11,257,986	11,648,588	(390,602)
b. Foreign	-	-	-
c. Subtotal	11,257,986	11,648,588	(390,602)
d. Federal income tax on net capital gains	3,337	9,230	(5,893)
e. Utilization of capital loss carry-forwards	-	-	-
f. Other	-	-	-
g. Federal and Foreign income taxes incurred	11,261,323	11,657,818	(396,495)

2. Deferred Tax Assets

	1	2	3
	12/31/2014	12/31/2013	(Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	-	-	-
2. Unearned premium reserve	-	-	-
3. Policyholder reserves	12,155,000	10,385,000	1,770,000
4. Investments	-	-	-
5. Deferred acquisition costs	17,608,000	14,502,000	3,106,000
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	-	-	-
8. Compensation and benefits accrual	-	-	-
9. Pension accrual	-	-	-
10. Receivables - nonadmitted	-	-	-
11. Net operating loss carry-forward	-	-	-
12. Tax credit carry-forward	-	-	-
13. Agent Balances	4,196,000	2,876,000	1,320,000
14. Prepays	203,000	215,000	(12,000)
15. Intangible Assets	8,490,000	9,152,000	(662,000)
16. Other (including items <5% of total ordinary tax assets)	184,000	133,000	51,000
99. Subtotal	42,836,000	37,263,000	5,573,000
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	28,104,000	26,739,000	1,365,000
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	14,732,000	10,524,000	4,208,000
e. Capital:			
1. Investments	19,911,000	21,237,000	(1,326,000)
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other (including items <5% of total capital tax assets)	560,000	733,000	(173,000)
99. Subtotal	20,471,000	21,970,000	(1,499,000)
f. Statutory valuation allowance adjustment	-	-	-
g. Nonadmitted	15,783,000	17,822,000	(2,039,000)
h. Admitted capital deferred tax assets (2e99-2f-2g)	4,688,000	4,148,000	540,000
i. Admitted deferred tax assets (2d+2h)	19,420,000	14,672,000	4,748,000

**NOTES TO FINANCIAL STATEMENTS**

3. Deferred Tax Liabilities

	1	2	3
	12/31/2014	12/31/2013	(Col 1-2) Change
a. Ordinary:			
1. Investments	-	-	-
2. Fixed Assets	78,000	56,000	22,000
3. Deferred and uncollected premium	1,648,000	116,000	1,532,000
4. Policyholder reserves	-	-	-
5. Other (including items <5% of total ordinary tax assets)	163,000	17,000	146,000
99. Subtotal	1,889,000	189,000	1,700,000
b. Capital:			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other (including items <5% of total capital tax assets)	79,000	85,000	(6,000)
99. Subtotal	79,000	85,000	(6,000)
c. Deferred tax liabilities (3a99+3b99)	1,968,000	274,000	1,694,000

4.

Net Deferred Tax Assets (2i – 3c)	17,452,000	14,398,000	3,054,000
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D. Among the more significant book to tax adjustments were the following

	12/31/2014	12/31/2013	Change
(1) Current income taxes incurred	11,261,323	11,657,818	(396,495)
(2) Change in deferred income tax (without tax on unrealized gains and losses or foreign exchange gains and losses	(2,374,000)	70,000	(2,444,000)
(3) Total income tax reported	<u>8,887,323</u>	<u>11,727,818</u>	<u>(2,840,495)</u>
(4) Net gain from operations before federal income tax and realized gains	29,239,870	28,432,611	807,259
(5) Realized capital gains (losses) before federal income tax, after transfer to IMR	<u>79,032</u>	<u>183,755</u>	<u>(104,723)</u>
(6) Income before taxes	29,318,902	28,616,366	702,536
	35%	35%	35%
Expected income tax expense (benefit) at 35% statutory rate	<u>10,261,616</u>	<u>10,015,728</u>	<u>245,888</u>
Increase (decrease) in actual tax reported resulting from:			
a. Nondeductible expenses	213,000	179,000	34,000
b. Tax adjustment for IMR	(494,000)	1,769,000	(2,263,000)
c. Deferred tax benefit on nonadmitted assets	(1,092,000)	7,000	(1,099,000)
d. Tax credits	(37,000)	(37,000)	-0-
- e. Prior year adjustments	(719)	(203,482)	202,763
f. Other - Miscellaneous	36,426	(2,429)	38,854
(7) Total income tax reported	<u>8,887,323</u>	<u>11,727,818</u>	<u>(2,840,495)</u>

E. Operating Loss and Tax Credit Carryforwards and Protective Tax Deposits

- (1) As of 12/31/2014, the Company has no tax credit or operating loss carryforwards.
- (2) The amount of Federal income taxes incurred that are available for recoupment in the event of future net losses are:
- |               |          |
|---------------|----------|
| \$ 11,256,810 | for 2014 |
| \$ 11,864,592 | for 2013 |
| \$ 1,837,667  | for 2012 |
- (3) The aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Code - None

F. Consolidated Federal Income Tax Return - Not Applicable



**NOTES TO FINANCIAL STATEMENTS**

**Note 10 - Information Concerning Parent, Subsidiaries and Affiliates**

- A. Common stock ownership of the Company and affiliates is shown in the chart on Schedule Y. All companies are 100% owned except where indicated otherwise.
- B. During 2014, \$16,958,000 in dividends were paid to the Company's parent, TMK as detailed in note 13 below. Intercompany resinsurance agreements are noted in section F below.
- C. Nothing to report.
- D. Based on intercompany resinsurance agreements (described in section F) below,  
The Company reported \$11,636,057 as amounts due to American Income Life at December 31, 2014.  
The Company reported \$11,937,550 as amounts due from United American at December 31, 2014.

E. There are no guarantees or undertakings for the benefit of affiliated party, other than that disclosed in these Notes.

F. Effective January 1, 2014, the Company entered into reinsurance agreements with two affiliates:

- 1) Coinsurance agreement - The Company assumes from American Income Life, on a 50% quota share basis, the risks on life policies issued in the United States (excluding New York) on or after the effective date.
- 2) Modified coinsurance agreement - The Company cedes to United American, on a 100% quota share basis, the life policies that were assumed from American Income Life as noted above. The company will retain, control, and own all assets for the modified coinsurance reserve.

The Company's investment management function is managed by Torchmark Corp. under the master services agreement with Torchmark discussed below. The fee for these services is based on the total value of the securities managed. For the 2014 reporting period, Investment fees paid to Torchmark totaled \$1,272,000.

The Company has a separate service agreement with Torchmark Corporation to provide a wide variety of possible services. The Torchmark agreement is a master service agreement with the Company and the other insurance affiliates. The fee is based on the ratio of certain expenses at the affiliate level to comparable Torchmark consolidated expenses applied to Torchmark's total operating expenses for the prior year. For the 2014 reporting period, management fees paid to Torchmark Corp totaled \$2,916,000.

These fees are paid on a monthly basis.

- G. All outstanding shares of the Company are held by Torchmark Corporation.
- H., I., J, K. and L. - Not applicable

**Note 11 - Debt**

A & B - None.

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

- A., B, C, & D - Not applicable
- E. Defined Contribution Plan

The Company participates in a defined contribution thrift plan covering substantially all employees. The liability for the plan is maintained at the holding company level. The thrift plan is funded by employee contributions that are matched by the Company based on a percentage of such contributions. Company contributions approximated \$191,000 and \$27,000 for the years ended December 31, 2014 and 2013, respectively.

- F. Multiemployer Plans - Not applicable
- G. Consolidated/Holding Company Plans - Not applicable
- H. Compensated absences/vacation pay is recorded in accordance with SSAP No. 11.
- I. Impact of Medicare Modernization Act on Postretirement Benefits - Not applicable

**NOTES TO FINANCIAL STATEMENTS**

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

- 1. The Company's capital is common stock; 2000 shares are authorized: 1,000 shares are Class A stock at \$12,000 per share and another 1,000 shares are Class B Stock at \$1.00 per share. 213 Class A shares (\$12,000 per share par value) and 950 Class B shares (\$1.00 per share par value) are issued and outstanding at 12/31/2014. There are no other classes of capital stock.
- 2. The Company has no preferred stock.
- 3., 4. and 5. Dividends on company stock are paid as declared by its Board of Directors and are subject to regulations of the State of Ohio.

	<u>DECLARED</u>	<u>PAID</u>
\$1,458,000 ordinary dividend	03/31/2014	04/11/2014
\$5,200,000 extraordinary dividend	05/02/2014	06/04/2014
\$5,200,000 extraordinary dividend	08/01/2014	09/02/2014
\$5,100,000 ordinary dividend	12/01/2014	12/29/2014

- 6., 7., 8., & 9. Not applicable
- 10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and (losses) is as follows:  
Unrealized Gain on Joint Venture - \$226,821
- 11, 12 and 13. - Not applicable

**Note 14 - Liabilities, Contingencies, and Assessments**

- A. Contingent Commitments - None
- B. Assessments - None
- C. Gain Contingencies - None
- D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits - Not applicable
- E. Joint and Several liabilities - None
- F. All Other Contingencies

Various liabilities arise in the normal course of the Company's business and have been recorded. We believe that any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position

**Note 15 - Leases**

A. Lessee Leasing Arrangements

The Company leases office space, furniture and equipment under various noncancelable operating leases that expire through 2017. Rental expense for 2014 and 2013 was approximately \$871,000 and \$853,000, respectively.

At January 1, 2015, the minimum aggregate rental commitments are as follows for the five succeeding years:

<u>Year Ending December 31</u>	<u>Operating Leases</u>
1. 2015	\$978,000
2. 2016	265,000
3. 2017	10,000
4. 2018	-0-
5. 2019+	-0-
6. Total	<u>\$1,253,000</u>

The Company has no sublease or sale-leaseback transactions.

- B. Lessor Leases - Not applicable

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

None.

NOTES TO FINANCIAL STATEMENTS

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

Not applicable

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

Not applicable

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

Not applicable

**Note 20 - Fair Value Measurements**

A & B - The company does not value any assets or liabilities at fair value.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	760,369,098	689,604,804	3,294,000	731,228,008	25,847,090	
Other invested asset - Guaranteed LIHTC	124,023	125,363			124,023	
Other invested asset - Surplus Notes	7,658,516	7,136,840		7,658,516		
Contract loans	12,086	12,086				12,086
Cash, cash equivalents, and short-term investments	98,179	98,179	98,179			
TOTALS	768,261,902	696,977,272	3,392,179	738,886,524	25,971,113	12,086

D. Not Practicable to Estimate Fair Value

Type of Class or Financial Instrument	Carrying Value	Effective Interest Rate	Maturity Date	Explanation
Contract loans	12,086	Various	-	Quoted market price not available

**Note 21 - Other Items**

- A. Extraordinary Items - Not applicable
- B. Troubled Debt Restructuring - Not applicable
- C. Other Disclosures and unusual items - Not applicable
- D. Business Interruption Insurance Recoveries - Not applicable
- E. State Transferable and Non-Transferable Tax Credits - Not applicable
- F. Subprime Mortgage Related Risk Exposure - Not applicable
- G. Retained Assets - Not applicable

**Note 22 - Events Subsequent**

None

NOTES TO FINANCIAL STATEMENTS

Note 23 - Reinsurance

A. Ceded Reinsurance Report

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 an representative, officer, trustee, or director of the company?  
Yes ( ) No (X)
- 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) which 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)

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)
- B.

Does the company 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 which, 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)

Section 3 - Ceded Reinsurance Report - Part B

- A.

What is the estimated amount of the aggregate reduction in surplus, for agreements, not 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.  
\$0
- B.

Have any new agreements been executed or existing agreements amended, since January 1of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the company as of the effective date of the agreement?  
Yes ( ) No (X)

B. Uncollectible Reinsurance - None

C. Commutation of the reinsurance reflected in income and expenses - None

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation - None

Note 24 - Retrospectively Rated Contracts & Contracts Subject to Redetermination

A, B, C, & D - Not applicable

NOTES TO FINANCIAL STATEMENTS

E. Risk Sharing Provisions of the Affordable Care Act

- (1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions
- NO
- The Company was only subject to the Transitional Reinsurance Fee Contributions.

- (2) Impact of Risk Sharing Provisions of the Affordable Care Act on admitted assets, liabilities and revenue for the current year:

a.	Permanent ACA Risk Adjustment Program		AMOUNT
	Assets		
1.	Premium adjustments receivable due to ACA Risk Adjustment		0
	Liabilities		
2.	Risk adjustment user fees payable for ACA Risk Adjustment		0
3.	Premium adjustments payable due to ACA Risk Adjustment		0
	Operations (Revenue & Expenses)		
4.	Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment		0
5.	Reported in expenses as ACA Risk Adjustment user fees (incurred/paid)		0
b.	Transitional ACA Reinsurance Program		
	Assets		
1.	Amounts recoverable for claims paid due to ACA Reinsurance		0
2.	Amounts recoverable for claims unpaid due to ACA Reinsurance (contra liability)		0
3.	Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance		0
	Liabilities		
4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium		0
5.	Ceded reinsurance premiums payable due to ACA Reinsurance		0
6.	Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance		12,474
	Operations (Revenue & Expenses)		
7.	Ceded reinsurance premiums due to ACA Reinsurance		0
8.	Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments		0
9.	ACA Reinsurance contributions – not reported as ceded premium		0
c.	Temporary ACA Risk Corridors Program		
	Assets		
1.	Accrued retrospective premium due to ACA Risk Corridors		0
	Liabilities		
2.	Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors		0
	Operations (Revenue & Expenses)		
3.	Effect of ACA Risk Corridors on net premium income (paid/received)		0
4.	Effect of ACA Risk Corridors on change in reserves for rate credits		0

- (3) Roll forward of prior year ACA Risk Sharing Provisions for the following asset (gross of any nonadmission) and liability balances along with the reasons for adjustments to prior year balance:

		Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
						Prior Year Accrued Less Payments (Col. 1-3)	Prior Year Accrued Less Payments (Col. 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col. 1-3+7)	Cumulative Balance from Prior Years (Col. 2-4+8)
						5	6	7	8	Ref	9	10
		1	2	3	4	Receivable	(Payable)	Receivable	(Payable)		Receivable	(Payable)
a.	Permanent ACA Risk Adjustment Program											
	1.	Premium adjustments receivable								A		
	2.	Premium adjustments (payable)								B		
	3.	Subtotal ACA Permanent Risk Adjustment Program										
b.	Transitional ACA Reinsurance Program											
	1.	Amounts recoverable for claims paid								C		
	2.	Amounts recoverable for claims unpaid (contra liability)								D		
	3.	Amounts receivable relating to uninsured plans								E		
	4.	Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premiums								F		
	5.	Ceded reinsurance premiums payable								G		
	6.	Liability for amounts held under uninsured plans		(12,474)			(12,474)			H		(12,474)
	7.	Subtotal ACA Transitional Reinsurance Program		(12,474)			(12,474)					(12,474)
c.	Temporary ACA Risk Corridors Program											
	1.	Accrued retrospective premium								I		
	2.	Reserve for rate credits or policy experience rating refunds								J		
	3.	Subtotal ACA Risk Corridors Program										
d.	Total for ACA Risk Sharing Provisions		(12,474)				(12,474)					(12,474)

NOTES TO FINANCIAL STATEMENTS

**Note 25 - Change in Incurred Losses and Loss Adjustment Expenses**

Reserves on accident and health contracts for incurred losses and loss adjustment expenses attributable to insured events or prior years developed as anticipated during 2014. See Schedule H - Part 3 and the Five Year Historical Data. Original estimates are increased or decreased as additional information becomes known regarding individual claims. However, no significant trends or unanticipated events were noted in 2014. None of the Company's accident and health contracts are subject to retrospective rating or experience refunds.

**Note 26 - Intercompany Pooling Arrangements**

Not applicable.

**Note 27 - Structured Settlements**

Not applicable.

**Note 28 - Health Care Receivables**

Not applicable.

**Note 29 - Participating Policies**

Not applicable.

**Note 30 - Premium Deficiency Reserves**

As of December 31, 2014 the Company had liabilities of \$0 related to premium deficiency reserves. The Company did consider anticipated investment income when calculating its premium deficiency reserves.

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

1. The company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
2. The Company does not currently issue substandard policies, and does not have any substandard policies in force.
3. There are no policies where the gross premiums are less than the net premiums.
4. Tabular Interest and Tabular Cost shown on Page 7 have been determined by formula as described in the instructions for Page 7.
5. None
6. None

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

Not applicable.

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

Deferred and uncollected life insurance premiums and annuity considerations as of December 31, 2014, were as follows

Type	Gross	Net of Loading
1) Industrial	-0-	-0-
2) Ordinary New Business	\$30,007,162	\$4,321,722
3) Ordinary Renewal	\$503,773	\$387,750
4) Credit Life	-0-	-0-
5) Group Life	-0-	-0-
6) Group Annuity	-0-	-0-
7) Total	\$30,510,935	\$4,709,472

**Note 34 - Separate Accounts**

Not applicable

NOTES TO FINANCIAL STATEMENTS

Note 35 - Loss/Claim Adjustment Expenses

	2014
Liability for Future Claim Adjustment Expenses, Prior Year	852,520
Liability for Future Claim Adjustment Expenses, Current Year	871,025
Claim Payments - Current Year	50,134,640
Claim Adjustment Expense Percentage	5.5%
Claim Adjustment Expenses Paid	2,757,405
Claim Expense Incurred (Paid + Change in Liability)	2,775,910
Claim Payments Current Year for Prior Year Incurrals	11,754,632
Claim Adjustment Expense Percentage	5.5%
Claim Adjustment Expenses Paid in Current Year for Prior Year Incurrals	646,505

The balance in the liability for unpaid accident and health claim adjustment expenses as of December 31, 2014 and December 31, 2013 was \$871,025 and \$852,520 respectively.

The Company incurred \$2,775,910 and paid \$2,757,405 of claim adjustment expenses in the current year, of which \$646,505 of the paid amount was attributable to insured or covered events of prior years.

The Company does not anticipate any salvage or subrogated amounts and therefore no such amounts are reflected in the liability for unpaid claims or losses.

**Family Heritage Life Insurance Company of America**

## 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 [ X ]              | No [ ]                      |                        |          |           |          |  |  |  |  |  |  |  |  |
|                     | 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 [ X ]              | No [ ]    N/A [ ]           |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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 [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 2.2                 | If yes, date of change:   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 3.1                 | State as of what date the latest financial examination of the reporting entity was made or is being made.   |                        | 12/31/2011                  |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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).   |                        | 06/03/2013                  |                        |          |           |          |  |  |  |  |  |  |  |  |
| 3.4                 | By what department or departments?<br><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 [ ]                | No [ ]    N/A [ X ]         |                        |          |           |          |  |  |  |  |  |  |  |  |
| 3.6                 | Have all of the recommendations within the latest financial examination report been complied with?  | Yes [ ]                | No [ ]    N/A [ X ]         |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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:  |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 4.11                | sales of new business?  | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 4.12                | renewals?   | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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:   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 4.21                | sales of new business?  | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 4.22                | renewals?   | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 5.1                 | Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?   | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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: 60%; text-align: center;">1<br/>Name of Entity</td> <td style="width: 20%; text-align: center;">2<br/>NAIC Co. Code</td> <td style="width: 20%; text-align: center;">3<br/>State of Domicile</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>   | 1<br>Name of Entity    | 2<br>NAIC Co. Code          | 3<br>State of Domicile |          |           |          |  |  |  |  |  |  |  |  |
| 1<br>Name of Entity | 2<br>NAIC Co. Code  | 3<br>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 [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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 [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 7.2                 | If yes,   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 7.21                | State the percentage of foreign control   |                        | .....%                      |                        |          |           |          |  |  |  |  |  |  |  |  |
| 7.22                | 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: 60%; text-align: center;">1<br/>Nationality</td> <td style="width: 40%; text-align: center;">2<br/>Type of Entity</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  | 1<br>Nationality       | 2<br>Type of Entity         |                        |          |           |          |  |  |  |  |  |  |  |  |
| 1<br>Nationality    | 2<br>Type of Entity   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
|                     |   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 8.1                 | Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?   | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 8.2                 | If response to 8.1 is yes, please identify the name of the bank holding company.  |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 8.3                 | Is the company affiliated with one or more banks, thrifts or securities firms?  | Yes [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 8.4                 | If 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: 16.6%; text-align: center;">1<br/>Affiliate Name</td> <td style="width: 16.6%; text-align: center;">2<br/>Location (City, State)</td> <td style="width: 16.6%; text-align: center;">3<br/>FRB</td> <td style="width: 16.6%; text-align: center;">4<br/>OCC</td> <td style="width: 16.6%; text-align: center;">5<br/>FDIC</td> <td style="width: 16.6%; text-align: center;">6<br/>SEC</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>  | 1<br>Affiliate Name    | 2<br>Location (City, State) | 3<br>FRB               | 4<br>OCC | 5<br>FDIC | 6<br>SEC |  |  |  |  |  |  |  |  |
| 1<br>Affiliate Name | 2<br>Location (City, State)   | 3<br>FRB               | 4<br>OCC                    | 5<br>FDIC              | 6<br>SEC |           |          |  |  |  |  |  |  |  |  |
|                     |   |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |
| 9.                  | What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?<br><u>Deloitte &amp; Touche, LLP, 2200 Ross Avenue, Suite 1600, Dallas, TX 75201</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 [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 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 [ ]                | No [ X ]                    |                        |          |           |          |  |  |  |  |  |  |  |  |
| 10.4                | If the response to 10.3 is yes, provide information related to this exemption:  |                        |                             |                        |          |           |          |  |  |  |  |  |  |  |  |



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [ X ]

No [   ]

N/A [   ]

10.6

If the answer to 10.5 is no or n/a, please explain.

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?  
Barbara S. Emig, Officer, Family Heritage Life Insurance Company of America, 6001 East Royalton Road Ste. 200, Broadview Heights OH 44147

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [ X ]

No [   ]

12.11

Name of real estate holding company

12.12

Number of parcels involved

.....0

12.13

Total book/adjusted carrying value

\$.....0

12.2

If yes, provide explanation.  
As described in the notes to this statement, the Company entered into a Joint Venture (50% owned) which owns the corporate home office.

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 [   ]

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

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 [   ]

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

\$.....0

20.12

To stockholders not officers

\$.....0

20.13

Trustees, supreme or grand (Fraternal only)

\$.....0

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

\$.....0

20.22

To stockholders not officers

\$.....0

20.23

Trustees, supreme or grand (Fraternal only)

\$.....0

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

.....

PART 1 - COMMON INTERROGATORIES - FINANCIAL

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 [ ☒ ]

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 [ ☒ ]

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 [ ☒ ]    No [ ☐ ]

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 [ ☒ ]

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 [ ☒ ]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [ ☐ ]    No [ ☐ ]    N/A [ ☒ ]

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 [ ☒ ]

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 [ ☒ ]    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

\$.....8,414,322

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 [ ☒ ]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

Yes [ ☐ ]    No [ ☐ ]    N/A [ ☒ ]

26.2

If no, attach a description with this statement.

.....

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 [ ☒ ]

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 [ ☒ ]    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
Bank of New York Mellon	One Wall Street, 14th Floor, New York, NY 10286

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 [ ☒ ]    No [ ☐ ]

28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
PNC Bank, National Association	Bank of New York Mellon	03/04-04/22	Converting to parent company's custodian

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
106442	Prudential Private Placement Investors, LP	Three Gateway, 18th Floor, Newark, NJ 07102
108928	BlackRock Investment Management, LLC	40 East 52nd Street, New York, NY 10022

Family Heritage Life Insurance Company of America

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

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

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

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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	.....689,610,630	.....760,374,924	.....70,764,294
30.2 Preferred stocks.....	.....	.....	.....0
30.3 Totals.....	.....689,610,630	.....760,374,924	.....70,764,294

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

The Company primarily used IDC, Reuters and Hub Data (which are third party vendors), and certain private placements were valued by a broker.

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 [X]No [ ]

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 [X]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?

\$.....10,253

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	2
Name	Amount Paid
Better Business Bureau	3,800

34.1 Amount of payments for legal expenses, if any?

\$.....43,620

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	2
Name	Amount Paid
Hartline, Dacus, Barger, Dreyer, & Kern LLP	13,503
McAfee and Taft	12,733

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	2
Name	Amount Paid
	0

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [ ] No [X]

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?

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.

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....0

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

1.62

Total incurred claims

1.63

Number of covered lives

All years prior to most current three years:

1.64

Total premium earned

1.65

Total incurred claims

1.66

Number of covered lives

1.7

Group policies:

Most current three years:

1.71

Total premium earned

1.72

Total incurred claims

1.73

Number of covered lives

All years prior to most current three years:

1.74

Total premium earned

1.75

Total incurred claims

1.76

Number of covered lives

2.

Health test:

	1	2
	Current Year	Prior Year
2.1	Premium Numerator.....	
2.2	Premium Denominator.....	237,029,155192,735,008
2.3	Premium Ratio (2.1/2.2).....	0.00.0
2.4	Reserve Numerator.....	24,653,49323,986,551
2.5	Reserve Denominator.....	648,411,592560,793,414
2.6	Reserve Ratio (2.4/2.5).....	3.84.3

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?

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)?"

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 [ ] No [X]

4.2

Net reimbursement of such expenses between reporting entities:

4.21

Paid

4.22

Received

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 1

5.22

Page 4, Line 1

6.

For stock reporting entities only:

6.1

Total amount paid in by stockholders as surplus funds since organization of the reporting entity:

\$.....0

7.

Total dividends paid stockholders since organization of the reporting entity:

7.11

Cash

\$.....183,657,999

7.12

Stock

\$.....0

21

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:  
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.

Yes [ ] No [X]

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	2	3
Reinsurance Assumed	Reinsurance Ceded	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:

Attachment Point	1	2
	Earned Premium	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	4	5	6	7	8	9
1	2	Waiting Period Remaining	Account Value Related to Col. 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
Guaranteed Death Benefit	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	2
P&C Insurance Company and Location	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	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	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.....

\$.....2,094,315

13.2 Total incurred claims .....

\$.....544,015

13.3 Number of covered lives .....

.....5,822

*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)

Family Heritage Life Insurance Company of America  
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).....	3,923,421	95,489	73,328	48,530	43,501
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....	6				
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).....	3,923,427	95,489	73,328	48,530	43,501
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....	131,970	43,460	38,787	17,865	19,008
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).....	131,970	43,460	38,787	17,865	19,008
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).....	31,464,827	1,185,859	894,609	576,503	547,936
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).....	6,410,436	4,944,915	3,601,235	1,575,095	188,758
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....	199,153,892	186,604,234	172,468,731	158,838,566	145,130,933
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	237,029,155	192,735,008	176,964,575	160,990,164	145,867,627
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	775,235,289	641,538,774	571,062,288	488,459,491	431,934,801
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	707,828,523	574,634,072	508,918,004	433,151,309	383,603,666
23. Aggregate life reserves (Page 3, Line 1).....	7,191,809	1,837,436	1,427,160	1,107,560	866,680
24. Aggregate A&H reserves (Page 3, Line 2).....	625,782,538	543,598,121	473,170,134	411,996,287	359,321,740
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	2,376,040	1,860,460	1,600,000	333,000	320,000
27. Capital (Page 3, Lines 29 & 30).....	2,556,950	2,556,950	2,556,950	2,556,950	2,556,000
28. Surplus (Page 3, Line 37).....	64,849,816	64,347,752	59,587,334	52,751,232	45,775,135
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	83,018,189	68,548,972	61,676,938	51,144,503	54,020,318
Risk-Based Capital Analysis					
30. Total adjusted capital.....	69,782,806	68,765,162	63,744,284	55,641,182	48,651,135
31. Authorized control level risk-based capital.....	5,289,747	4,636,674	3,976,688	3,351,418	3,169,832
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).....	98.9	99.3	96.3	95.6	98.2
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).....	0.0	0.7	2.0	4.3	1.7
37. Contract loans (Line 6).....	0.0	0.0			
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....	1.1	0.0	0.1	0.1	0.1
40. Receivables for securities (Line 9).....			1.6		
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

Family Heritage Life Insurance Company of America  
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
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.....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	56,683,801	54,237,189	58,954,189	26,332,592	22,959,863
53. Total admitted assets (Page 2, Line 28, Col. 3).....	775,235,289	641,538,774	571,062,288	488,459,491	431,934,801
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	29,174,877	26,097,364	25,082,691	23,679,225	20,833,507
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....	75,694	174,525			
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	(9,322)	(84,670)	38,836	(62,966)	83,052
57. Total of above Lines 54, 55 and 56.....	29,241,249	26,187,219	25,121,527	23,616,259	20,916,559
<b>Benefits and Reserve Increase (Page 6)</b>					
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).....	435,298	161,497	215,492	79,783	28,603
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....	49,874,848	51,443,816	45,390,696	41,505,940	32,199,575
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....	5,354,373	410,276	319,601	240,880	228,688
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....	82,184,417	70,427,987	61,173,847	52,674,547	52,226,291
62. Dividends to policyholders (Line 30, Col 1).....					
<b>Operating Percentages</b>					
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.....	29.8	33.4	34.9	36.8	37.6
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.....	1.8	24.2	21.4	27.5	28.8
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....	64.1	63.5	60.6	58.5	57.9
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).....	36.4	35.7	37.2	39.4	40.2
<b>A&amp;H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....	188,019	329,554	133,987	17,821	
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....	553,591	313,978	223,964	15,656	
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....	15,133,202	13,975,824	12,944,114	11,292,002	9,334,033
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....	16,452,818	14,110,548	12,991,666	12,767,098	10,576,394
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....	632	34,866	(86,748)	3,442	18,177
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).....	437,448	894,235	472,541	104,464	107
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....	17,543,804	15,854,922	16,151,537	15,472,929	14,023,229
82. Aggregate of all other lines of business (Col. 12).....					
83. Total (Col. 1).....	17,981,884	16,784,023	16,537,330	15,580,835	14,041,513

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:

**EXHIBIT OF LIFE INSURANCE**

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	Number of		9 Amount of Insurance (a)	
							7 Policies	8 Certificates		
1. In force end of prior year.....			1,707	95,489						95,489
2. Issued during year.....			5,152	131,970						131,970
3. Reinsurance assumed.....			127,130	3,734,101						3,734,101
4. Revived during year.....										0
5. Increased during year (net).....										0
6. Subtotals, Lines 2 to 5.....	0	0	132,282	3,866,071	0	0	0	0	0	3,866,071
7. Additions by dividends during year.....	XXX		XXX		XXX		XXX	XXX		0
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8).....	0	0	133,989	3,961,560	0	0	0	0	0	3,961,560
Deductions during year:										
10. Death.....			6	73			XXX			73
11. Maturity.....							XXX			0
12. Disability.....							XXX			0
13. Expiry.....				125						125
14. Surrender.....			86	4,430						4,430
15. Lapse.....			927	31,906						31,906
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....			18	1,599						1,599
18. Reinsurance.....										0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19).....	0	0	1,037	38,133	0	0	0	0	0	38,133
21. In force end of year (Line 9 minus Line 20).....	0	0	132,952	3,923,427	0	0	0	0	0	3,923,427
22. Reinsurance ceded end of year.....	XXX		XXX	3,770,848	XXX		XXX	XXX		3,770,848
23. Line 21 minus Line 22.....	XXX	0	XXX	152,579	XXX	(b)0	XXX	XXX	0	152,579

**DETAILS OF WRITE-INS**

0801. ....										0
0802. ....										0
0803. ....										0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0	0	0	0	0	0	0
1901. ....										0
1902. ....										0
1903. ....										0
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.



EXHIBIT OF LIFE INSURANCE (continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends.....	XXX		XXX	
25. Other paid-up insurance.....			78	570
26. Debit ordinary insurance.....	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	XXX		XXX	
30. Other term insurance.....	XXX		XXX	
31. Totals (Lines 27 to 30).....	0	0	0	0
Reconciliation to Lines 2 and 21:				
32. Term additions.....	XXX		XXX	
33. Totals, extended term insurance.....	XXX	XXX	1	6
34. Totals, whole life and endowment.....	5,152	131,970	132,951	3,923,421
35. Totals (Lines 31 to 34).....	5,152	131,970	132,952	3,923,427

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....	131,970		3,923,427	
38. Credit Life (Group and Individual).....				
39. Group.....				
40. Totals (Lines 36 to 39).....	131,970	0	3,923,427	0

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies.....	XXX		XXX	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a).....	3,571,749
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BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
47.1 _____
47.2 _____

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium.....			30,601	169,655				
49. Disability Income.....								
50. Extended Benefits.....			XXX	XXX				
51. Other.....								
52. Total.....	0	(b).....0	30,601	(b).....169,655	0	(b).....0	0	(b).....0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).  
(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE  
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,  
ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES**

**SUPPLEMENTARY CONTRACTS**

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	0	0	0	0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	0	0
9. In force end of year.....	0	0	0	0
10. Amount on deposit.....		(a)		(a)
11. Income now payable.....				
12. Amount of income payable.....	(a)	(a)	(a)	(a)

**ANNUITIES**

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year.....				
2. Issued during year.....				
3. Reinsurance assumed.....				
4. Increased during year (net).....				
5. Total (Lines 1 to 4).....	0	0	0	0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	0	0	0	0
9. In force end of year.....	0	0	0	0
Income now payable:				
10. Amount of income payable.....	(a)	XXX	XXX	(a)
Deferred fully paid:				
11. Account balance.....	XXX	(a)	XXX	(a)
Deferred not fully paid:				
12. Account balance.....	XXX	(a)	XXX	(a)

**ACCIDENT AND HEALTH INSURANCE**

	Group		Credit		Other	
	1 Certificates	2 Premiums in force	3 Policies	4 Premiums in force	5 Policies	6 Premiums in force
1. In force end of prior year.....	5,655	5,490,566			247,708	194,168,683
2. Issued during year.....	3,296	3,161,092			50,049	43,112,096
3. Reinsurance assumed.....						
4. Increased during year (net).....		XXX		XXX		XXX
5. Total (Lines 1 to 4).....	8,951	XXX	0	XXX	297,757	XXX
Deductions during year:						
6. Conversions.....		XXX	XXX	XXX	XXX	XXX
7. Decreased (net).....	1,345	XXX		XXX	34,512	XXX
8. Reinsurance ceded.....		XXX		XXX		XXX
9. Totals (Lines 6 to 8).....	1,345	XXX	0	XXX	34,512	XXX
10. In force end of year.....	7,606	(a) 7,387,700	0	(a)	263,245	(a) 208,650,640

**DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS**

	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year.....		
2. Issued during year.....		
3. Reinsurance assumed.....		
4. Increased during year (net).....		
5. Total (Lines 1 to 4).....	0	0
Deductions during year:		
6. Decreased (net).....		
7. Reinsurance ceded.....		
8. Totals (Lines 6 and 7).....	0	0
9. In force end of year.....	0	0
10. Amount of account balance.....	(a)	(a)

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

Family Heritage Life Insurance Company of America  
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only					
				Life Contracts		4	5	6	7
				2	3				
States, Etc.			Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL	L	20,739		2,862,591		2,883,330	
2.	Alaska.....	AK	L	109		44,897		45,006	
3.	Arizona.....	AZ	L	31,218		4,137,988		4,169,206	
4.	Arkansas.....	AR	L	67,083		7,120,516		7,187,599	
5.	California.....	CA	L	22,395		3,375,029		3,397,424	
6.	Colorado.....	CO	L	18,074		5,965,937		5,984,011	
7.	Connecticut.....	CT	L			10,713		10,713	
8.	Delaware.....	DE	L	524		168,492		169,016	
9.	District of Columbia.....	DC	L			15,609		15,609	
10.	Florida.....	FL	L	28,642		3,152,544		3,181,186	
11.	Georgia.....	GA	L	37,236		8,090,715		8,127,951	
12.	Hawaii.....	HI	L			34,577		34,577	
13.	Idaho.....	ID	L	1,320		868,414		869,734	
14.	Illinois.....	IL	L	38,368		10,692,248		10,730,616	
15.	Indiana.....	IN	L	8,423		8,671,749		8,680,172	
16.	Iowa.....	IA	L	3,257		3,034,232		3,037,489	
17.	Kansas.....	KS	L	14,060		6,103,498		6,117,558	
18.	Kentucky.....	KY	L	35,032		5,745,010		5,780,042	
19.	Louisiana.....	LA	L	3,553		4,309,702		4,313,255	
20.	Maine.....	ME	L			291,222		291,222	
21.	Maryland.....	MD	L	2,932		1,113,042		1,115,974	
22.	Massachusetts.....	MA	L	1,166		29,054		30,220	
23.	Michigan.....	MI	L	2,389		954,559		956,948	
24.	Minnesota.....	MN	L	4,429		5,636,477		5,640,906	
25.	Mississippi.....	MS	L	3,069		773,536		776,605	
26.	Missouri.....	MO	L	30,622		5,148,712		5,179,334	
27.	Montana.....	MT	L	8,543		1,936,014		1,944,557	
28.	Nebraska.....	NE	L	14,279		7,165,230		7,179,509	
29.	Nevada.....	NV	L	11,509		1,235,694		1,247,203	
30.	New Hampshire.....	NH	L	12,368		636,065		648,433	
31.	New Jersey.....	NJ	L	2,193		29,199		31,392	
32.	New Mexico.....	NM	L	16,479		1,996,872		2,013,351	
33.	New York.....	NY	N					0	
34.	North Carolina.....	NC	L	77,816		6,909,290		6,987,106	
35.	North Dakota.....	ND	L	4,271		1,241,515		1,245,786	
36.	Ohio.....	OH	L	70,737		18,752,922		18,823,659	
37.	Oklahoma.....	OK	L	3,517		3,081,547		3,085,064	
38.	Oregon.....	OR	L	2,354		723,809		726,163	
39.	Pennsylvania.....	PA	L	11,175		2,641,176		2,652,351	
40.	Rhode Island.....	RI	L			29,058		29,058	
41.	South Carolina.....	SC	L	14,392		2,242,455		2,256,847	
42.	South Dakota.....	SD	L	7,402		5,018,849		5,026,251	
43.	Tennessee.....	TN	L	57,346		4,047,174		4,104,520	
44.	Texas.....	TX	L	850,148		43,368,347		44,218,495	
45.	Utah.....	UT	L			3,433,655		3,433,655	
46.	Vermont.....	VT	L	6,048		48,300		54,348	
47.	Virginia.....	VA	L	34,262		4,408,730		4,442,992	
48.	Washington.....	WA	L	59,673		2,650,008		2,709,681	
49.	West Virginia.....	WV	L	35,878		2,495,345		2,531,223	
50.	Wisconsin.....	WI	L	4,518		1,820,925		1,825,443	
51.	Wyoming.....	WY	L	7,118		2,588,981		2,596,099	
52.	American Samoa.....	AS	N					0	
53.	Guam.....	GU	N					0	
54.	Puerto Rico.....	PR	L			8,226		8,226	
55.	US Virgin Islands.....	VI	N					0	
56.	Northern Mariana Islands.....	MP	N					0	
57.	Canada.....	CAN	N					0	
58.	Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0
59.	Subtotal.....	(a) 51		1,686,666	0	206,860,449	0	208,547,115	0
90.	Reporting entity contributions for employee benefit plans.....	XXX						0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						0	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						0	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX						0	
94.	Aggregate other amounts not allocable by State.....	XXX		0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX		1,686,666	0	206,860,449	0	208,547,115	0
96.	Plus reinsurance assumed.....	XXX		31,975,708				31,975,708	
97.	Totals (All Business).....	XXX		33,662,374	0	206,860,449	0	240,522,823	0
98.	Less reinsurance ceded.....	XXX		32,046,493		1,497,500		33,543,993	
99.	Totals (All Business) less reinsurance ceded.....	XXX		1,615,881	0	(b) 205,362,949	0	206,978,830	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	0
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX		0	0	0	0	0	0
9401.	.....	XXX						0	
9402.	.....	XXX						0	
9403.	.....	XXX						0	
9498.	Summ. of remaining write-ins for line 94 from overflow page.....	XXX		0	0	0	0	0	0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX		0	0	0	0	0	0

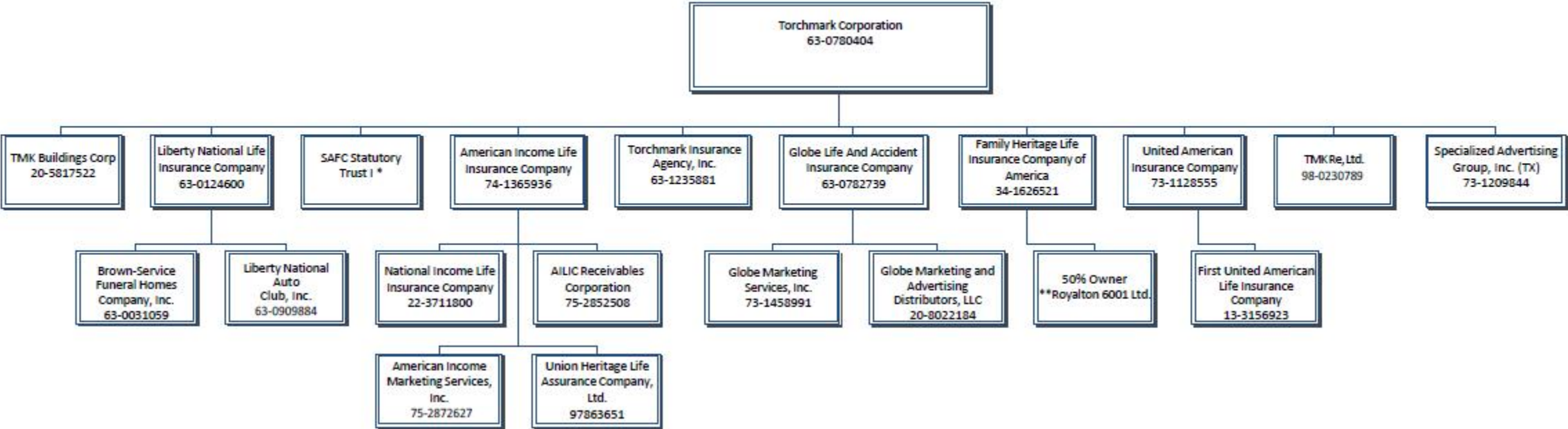
(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;  
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed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

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

Allocation based on residence of the policyholder

- (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

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



Company	State of Domicile
AILIC RECEIVABLES Corporation (ARC)	Indiana
American Income Life Insurance Company (AIL)	Indiana
American Income Marketing Services, Inc. (AIMS)	Texas
Brown-Service Funeral Homes Company, Inc. (Brown Service)	Alabama
Family Heritage Life Insurance Company of America	Ohio
First United American Life Insurance Company (First UA)	New York
Globe Life and Accident Insurance Company (Globe)	Nebraska
Globe Marketing Services, Inc. (Globe Marketing)	Oklahoma
Liberty National Auto Club, Inc. (Auto Club)	Alabama
Liberty National Life Insurance Company (LNL)	Nebraska
National Income Life Insurance Company (NILCO)	New York
Specialized Advertising Group, Inc.	Texas
TMK Buildings Corporation (TBC)	Texas
TMK Re, Ltd. (TMK Re)	Bermuda
Torchmark Corporation (TMK)	Delaware
Torchmark Insurance Agency, Inc. (TIA)	Alabama
Union Heritage Life Assurance Company Limited	Ireland
United American Life Insurance Company (UA)	Nebraska



\*Special purpose business trust whose obligations were assumed by Torchmark in the acquisition of Family Heritage, common securities of which are owned by Torchmark and preferred securities publicly held.  
\*\*Limited liability company, in which Family Heritage has a 50% interest, which leases home office property to Family Heritage; remaining 50% interest held by an unaffiliated entity.

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