



ANNUAL STATEMENT

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

American Retirement Life Insurance Company

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

Organized under the Laws of Ohio
Incorporated/Organized..... May 12, 1978
Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 88366

State of Domicile or Port of Entry Ohio
Commenced Business..... November 27, 1978

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

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

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

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

CignaSupplementalBenefits.com

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

Employer's ID Number..... 59-2760189

Country of Domicile US

512-451-2224
(Area Code) (Telephone Number)

512-451-2224
(Area Code) (Telephone Number)

512-807-4801
(Area Code) (Telephone Number) (Extension)
512-467-1399
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko #	President	2. Byron Keith Buescher	Treasuer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Appointed Actuary
OTHER			
Jessica Kierulf Tutwiler #	Chief Financial Officer	David Lawrence Chambers	Vice President
Mark Fleming #	Assistant Treasurer	Joanne Ruth Hart #	Assistant Treasurer
Scott Ronald Lambert #	Assistant Treasurer	Eric Paul Palmer	Vice President
Maureen Hardiman Ryan	Assistant Treasurer	Man-Kit Simon Tang #	Chief Actuary
Patricia Julie Walsh #	Assistant Vice President		

DIRECTORS OR TRUSTEES

Brian Case Evanko #	Eric Paul Palmer #	Frank Sataline Jr.	Jessica Kierulf Tutwiler #
James Yablecki #			

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

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

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

Subscribed and sworn to before me
This _____ day of February 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).....	55,707,003		55,707,003	3,502,480
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 (\$.....(3,555,466), Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....2,708,277, Schedule DA).....	(847,189)		(847,189)	14,072,232
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	200,000
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).....	54,859,814	0	54,859,814	17,774,712
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	460,341		460,341	12,662
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	205,309	7,535	197,774	16,029
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums.....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	166,846		166,846	229,633
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	9,363
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....	16,772		16,772	2
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....	7,351,344	7,351,344	0	
25. Aggregate write-ins for other than invested assets.....	23,794	23,794	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	63,084,220	7,382,673	55,701,547	18,042,401
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	63,084,220	7,382,673	55,701,547	18,042,401

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. Disallowed IMR.....	11,644	11,644	0	
2502. Premium Tax Refund Due.....	11,978	11,978	0	
2503. Reinstatement.....	172	172	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).....	23,794	23,794	0	0

LIABILITIES, SURPLUS AND OTHER FUNDS

		1	2
		Current Year	Prior Year
1.	Aggregate reserve for life contracts \$.....7,673 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....	7,673	318
2.	Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	3,790,899	1,500,888
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).....	16,159	1,166
4.2	Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....	14,460,715	4,521,939
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 \$.....1,518,231 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	1,518,231	616,085
9.	Contract liabilities not included elsewhere:		
9.1	Surrender values on canceled contracts.....		
9.2	Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3	Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4	Interest Maintenance Reserve (IMR, Line 6).....		
10.	Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....	129	
11.	Commissions and expense allowances payable on reinsurance assumed.....		
12.	General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	1,672,832	547,367
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).....	1,130,041	281,373
15.1	Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	951,635	1,083,251
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.....	193	347
19.	Remittances and items not allocated.....	277,050	627,252
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.....	194	
23.	Dividends to stockholders declared and unpaid.....		
24.	Miscellaneous liabilities:		
24.01	Asset valuation reserve (AVR Line 16, Col. 7).....	99,361	11,291
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.....	695,075	408,692
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.....	70,015	15,745
26.	Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	24,690,202	9,615,714
27.	From Separate Accounts Statement.....		
28.	Total liabilities (Line 26 and 27).....	24,690,202	9,615,714
29.	Common capital stock.....	2,500,000	2,500,000
30.	Preferred capital stock.....		
31.	Aggregate write-ins for other than special surplus funds.....	0	0
32.	Surplus notes.....		
33.	Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	57,731,601	16,731,602
34.	Aggregate write-ins for special surplus funds.....	0	0
35.	Unassigned funds (surplus).....	(29,220,256)	(10,804,915)
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).....	28,511,345	5,926,687
38.	Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	31,011,345	8,426,687
39.	Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	55,701,547	18,042,401

DETAILS OF WRITE-INS			
2501.	Escheat Liability.....	70,015	15,745
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).....	70,015	15,745
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

American Retirement Life Insurance Company
SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)	120,372,181	16,745,881
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	1,010,999	4,872
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	(943)	(929)
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)	22,123	44,979
7. Reserve adjustments on reinsurance ceded		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income	930,010	189,918
9. Totals (Lines 1 to 8.3)	122,334,370	16,984,721
10. Death benefits	24,993	1,166
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	87,751,548	10,375,223
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts	47	
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts	2,297,366	1,501,207
20. Totals (Lines 10 to 19)	90,073,954	11,877,596
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	25,835,799	3,692,223
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	25,371,603	6,707,408
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	3,366,978	545,949
25. Increase in loading on deferred and uncollected premiums	37,169	52,021
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)	144,685,503	22,875,197
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	(22,351,133)	(5,890,476)
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	(22,351,133)	(5,890,476)
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	(4,649,915)	(1,634,749)
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)	(17,701,218)	(4,255,727)
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)		
35. Net income (Line 33 plus Line 34)	(17,701,218)	(4,255,727)
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	8,426,687	5,436,804
37. Net income (Line 35)	(17,701,218)	(4,255,727)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0		
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax		(676,133)
41. Change in nonadmitted assets	(626,054)	(6,066,966)
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	(88,070)	(11,291)
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	41,000,000	14,000,000
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance		
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	22,584,658	2,989,883
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	31,011,345	8,426,687
DETAILS OF WRITE-INS		
08.301. Interest on Agent Balances	927,278	189,918
08.302. Other Income	2,732	
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)	930,010	189,918
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. SSAP 10R Additional Surplus		
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

American Retirement Life Insurance Company
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	121,047,878	17,291,865
2. Net investment income.....	574,652	12,370
3. Miscellaneous income.....	952,133	234,897
4. Total (Lines 1 through 3).....	122,574,663	17,539,132
5. Benefit and loss related payments.....	77,750,669	5,845,370
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	52,276,235	9,700,730
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	(4,518,299)	(2,797,192)
10. Total (Lines 5 through 9).....	125,508,605	12,748,908
11. Net cash from operations (Line 4 minus Line 10).....	(2,933,942)	4,790,224
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	75,000	500,000
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....	200,000	
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	275,000	500,000
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	52,290,857	2,839,758
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	52,290,857	2,839,758
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(52,015,857)	(2,339,758)
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.....	41,000,000	14,000,000
16.3 Borrowed funds.....	194	
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(969,816)	(6,332,199)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	40,030,378	7,667,801
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).....	(14,919,421)	10,118,267
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	14,072,232	3,953,965
19.2 End of year (Line 18 plus Line 19.1).....	(847,189)	14,072,232
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.0001 .....	.....	.....

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.....	120,372,181		181,380								120,190,801	
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	1,010,999		242								1,010,757	
4. Amortization of Interest Maintenance Reserve (IMR).....	(943)										(943)	
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	22,123		(9,218)	31,341								
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	930,010	0	0	0	0	0	0	0	0	0	930,010	0
9. Totals (Lines 1 to 8.3).....	122,334,370	0	172,404	31,341	0	0	0	0	0	0	122,130,625	0
10. Death benefits.....	24,993		24,993									
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	87,751,548										87,751,548	
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	47		47									
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	2,297,366		7,355								2,290,011	
20. Totals (Lines 10 to 19).....	90,073,954	0	32,395	0	0	0	0	0	0	0	90,041,559	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	25,835,799		195,709								25,640,090	
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	25,371,603		95,076								24,942,275	334,252
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	3,366,978		7,965								3,359,013	
25. Increase in loading on deferred and uncollected premiums.....	37,169		1,029								36,140	
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).....	144,685,503	0	332,174	0	0	0	0	0	0	0	144,019,077	334,252
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(22,351,133)	0	(159,770)	31,341	0	0	0	0	0	0	(21,888,452)	(334,252)
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(22,351,133)	0	(159,770)	31,341	0	0	0	0	0	0	(21,888,452)	(334,252)
32. Federal income taxes incurred (excluding tax on capital gains).....	(4,649,915)		(33,238)	6,520							(4,553,659)	(69,538)
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).....	(17,701,218)	0	(126,532)	24,821	0	0	0	0	0	0	(17,334,793)	(264,714)

DETAILS OF WRITE-INS

08.301. Interest on Agent Balance.....	927,278										927,278	
08.302. Other Income.....	2,732										2,732	
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).....	930,010	0	0	0	0	0	0	0	0	0	930,010	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	2	Ordinary			6	Group	
			3	4	5		7	8
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities
Involving Life or Disability Contingencies (Reserves)								
(Net of Reinsurance Ceded)								
1. Reserve December 31, prior year.....	318		318					
2. Tabular net premiums or considerations.....	50,250		50,250					
3. Present value of disability claims incurred.....	0				XXX			
4. Tabular interest.....	140		140					
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).....	50,708	0	50,708	0	0	0	0	0
9. Tabular cost.....	42,684		42,684		XXX			
10. Reserves released by death.....	16		16	XXX	XXX			XXX
11. Reserves released by other terminations (net).....	335		335					
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).....	43,035	0	43,035	0	0	0	0	0
15. Reserve December 31, current year.....	7,673	0	7,673	0	0	0	0	0

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....12,129	24,264
1.1	Bonds exempt from U.S. tax.....	(a).....	.....
1.2	Other bonds (unaffiliated).....	(a).....595,058	1,030,604
1.3	Bonds of affiliates.....	(a).....	.....
2.1	Preferred stocks (unaffiliated).....	(b).....	.....
2.11	Preferred stocks of affiliates.....	(b).....	.....
2.2	Common stocks (unaffiliated).....	.....	.....
2.21	Common stocks of affiliates.....	.....	.....
3.	Mortgage loans.....	(c).....	.....
4.	Real estate.....	(d).....	.....
5.	Contract loans.....	.....	.....
6.	Cash, cash equivalents and short-term investments.....	(e).....14,387	14,387
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	56	56
10.	Total gross investment income.....	621,630	1,069,311
11.	Investment expenses.....		(g).....58,312
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.....		0
16.	Total deductions (Lines 11 through 15).....		58,312
17.	Net investment income (Line 10 minus Line 16).....		1,010,999

DETAILS OF WRITE-INS

0901.	Commitment fee income.....	56	56
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	0	0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	56	56
1501.	.....		.....
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).....		0

- (a) Includes \$.....12,833 accrual of discount less \$.....24,165 amortization of premium and less \$.....44,917 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).....	.....	.....0	.....	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	.....	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	0	0	0	0
10.	Total capital gains (losses).....	0	0	0	0

DETAILS OF WRITE-INS

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

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
FIRST YEAR (other than single)											
1. Uncollected.....	295,029		2,443							292,586	
2. Deferred and accrued.....	0										
3. Deferred, accrued and uncollected:											
3.1 Direct.....	295,029		2,443							292,586	
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	0										
3.4 Net (Line 1 + Line 2).....	295,029	0	2,443	0	0	0	0	0	0	292,586	0
4. Advance.....	1,518,231									1,518,231	
5. Line 3.4 - Line 4.....	(1,223,202)	0	2,443	0	0	0	0	0	0	(1,225,645)	0
6. Collected during year:											
6.1 Direct.....	104,221,529		163,068	143						104,058,318	
6.2 Reinsurance assumed.....	0										
6.3 Reinsurance ceded.....	7,113			143						6,970	
6.4 Net.....	104,214,416	0	163,068	0	0	0	0	0	0	104,051,348	0
7. Line 5 + Line 6.4.....	102,991,214	0	165,511	0	0	0	0	0	0	102,825,703	0
8. Prior year (uncollected + deferred and accrued - advance)...	(546,880)		(4,560)							(542,320)	
9. First year premiums and considerations:											
9.1 Direct.....	103,539,981		164,845	143						103,374,993	
9.2 Reinsurance assumed.....	0										
9.3 Reinsurance ceded.....	1,887		(5,226)	143						6,970	
9.4 Net (Line 7 - Line 8).....	103,538,094	0	170,071	0	0	0	0	0	0	103,368,023	0
SINGLE											
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
RENEWAL											
11. Uncollected.....	(557)			(557)							
12. Deferred and accrued.....	0										
13. Deferred, accrued and uncollected:											
13.1 Direct.....	0										
13.2 Reinsurance assumed.....	0										
13.3 Reinsurance ceded.....	557			557							
13.4 Net (Line 11 + Line 12).....	(557)	0	0	(557)	0	0	0	0	0	0	0
14. Advance.....	0										
15. Line 13.4 - Line 14.....	(557)	0	0	(557)	0	0	0	0	0	0	0
16. Collected during year:											
16.1 Direct.....	16,837,958		11,588	3,591						16,822,779	
16.2 Reinsurance assumed.....	0										
16.3 Reinsurance ceded.....	4,467		876	3,591							
16.4 Net.....	16,833,491	0	10,712	0	0	0	0	0	0	16,822,779	0
17. Line 15 + Line 16.4.....	16,832,934	0	10,712	(557)	0	0	0	0	0	16,822,779	0
18. Prior year (uncollected + deferred and accrued - advance)...	(1,155)		(598)	(557)							
19. Renewal premiums and considerations:											
19.1 Direct.....	16,837,679		11,309	3,591						16,822,779	
19.2 Reinsurance assumed.....	0										
19.3 Reinsurance ceded.....	3,590		(1)	3,591							
19.4 Net (Line 17 - Line 18).....	16,834,089	0	11,310	0	0	0	0	0	0	16,822,779	0
TOTAL											
20. Total premiums and annuity considerations:											
20.1 Direct.....	120,377,660	0	176,154	3,734	0	0	0	0	0	120,197,772	0
20.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
20.3 Reinsurance ceded.....	5,477	0	(5,227)	3,734	0	0	0	0	0	6,970	0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	120,372,183	0	181,381	0	0	0	0	0	0	120,190,802	0

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND

EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1	2	Ordinary		5	Group		Accident and Health			11
			3	4		6	7	8	9	10	
	Total	Industrial Life	Life Insurance	Individual Annuities	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group & Individual)	Other	Aggregate of All Other Lines of Business
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums.....	0										
22. All other.....	0										
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded.....	(9,218)		(9,218)								
23.2 Reinsurance assumed.....	0										
23.3 Net ceded less assumed.....	(9,218)	0	(9,218)	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded.....	6,970			6,970							
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	6,970	0	0	6,970	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	24,371			24,371							
25.2 Reinsurance assumed.....	0										
25.3 Net ceded less assumed.....	24,371	0	0	24,371	0	0	0	0	0	0	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	22,123	0	(9,218)	31,341	0	0	0	0	0	0	0
26.2 Reinsurance assumed (Page 6, Line 22).....	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	22,123	0	(9,218)	31,341	0	0	0	0	0	0	0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single).....	22,457,453		194,352							22,263,101	
28. Single.....	0										
29. Renewal.....	3,378,347		1,357							3,376,990	
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	25,835,800	0	195,709	0	0	0	0	0	0	25,640,091	0

American Retirement Life Insurance Company
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.....	898		651,283			652,181
2.	Salaries and wages.....	20,318		9,297,743	126,585		9,444,646
3.11	Contributions for benefit plans for employees.....	430		1,553,285			1,553,715
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.....	3,832		110,079	98		114,009
3.32	Other agent welfare.....						0
4.1	Legal fees and expenses.....						0
4.2	Medical examination fees.....	24,341		446,184			470,525
4.3	Inspection report fees.....						0
4.4	Fees of public accountants and consulting actuaries.....	50		13,450			13,500
4.5	Expense of investigation and settlement of policy claims.....			621,883			621,883
5.1	Traveling expenses.....	350		231,909	5,960		238,219
5.2	Advertising.....	7,308		75,026			82,334
5.3	Postage, express, telegraph and telephone.....	1,841		1,272,667			1,274,508
5.4	Printing and stationery.....	12,653		670,620			683,274
5.5	Cost or depreciation of furniture and equipment.....	76		8,569	522		9,166
5.6	Rental of equipment.....	124		645,894	6,573		652,591
5.7	Cost or depreciation of EDP equipment and software.....	2,294		312,604	9,229		324,127
6.1	Books and periodicals.....	50		32,145			32,195
6.2	Bureau and association fees.....			1,070			1,070
6.3	Insurance, except on real estate.....						0
6.4	Miscellaneous losses.....	1,611		17,884	3,270		22,766
6.5	Collection and bank service charges.....	1,065		289,209			290,274
6.6	Sundry general expenses.....	1,962		1,424,174	1,962		1,428,098
6.7	Group service and administration fees.....						0
6.8	Reimbursements by uninsured plans.....						0
7.1	Agency expense allowance.....						0
7.2	Agents' balances charged off (less \$.....0 recovered).....						0
7.3	Agency conferences other than local meetings.....	286		505,414			505,700
9.1	Real estate expenses.....						0
9.2	Investment expenses not included elsewhere.....					58,312	58,312
9.3	Aggregate write-ins for expenses.....	15,588	0	6,761,183	180,053	0	6,956,824
10.	General expenses Incurred.....	95,078	0	24,942,273	334,252	58,312	(a) 25,429,916
11.	General expenses unpaid December 31, prior year.....	327		547,040			547,367
12.	General expenses unpaid December 31, current year.....			1,672,832			1,672,832
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).....	95,405	0	23,816,481	334,252	58,312	24,304,451
DETAILS OF WRITE-INS							
09.301.	Change in LAE.....			274,073			274,073
09.302.	TPA Service Fees.....			51,240			51,240
09.303.	Outside Sales Expense.....			4,408,411			4,408,411
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page..	15,588	0	2,027,459	180,053	0	2,223,100
09.399.	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above)....	15,588	0	6,761,183	180,053	0	6,956,824

(a) Includes management fees of \$.....0 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
1.	Real estate taxes.....					0
2.	State insurance department licenses and fees.....	3,950	377,507			381,457
3.	State taxes on premiums.....	4,015	2,330,206			2,334,221
4.	Other state taxes, including \$.....0 for employee benefits.....		20,343			20,343
5.	U.S. Social Security taxes.....		588,164			588,164
6.	All other taxes.....		42,793			42,793
7.	Taxes, licenses and fees incurred.....	7,965	3,359,013	0	0	3,366,978
8.	Taxes, licenses and fees unpaid December 31, prior year.....		281,373			281,373
9.	Taxes, licenses and fees unpaid December 31, current year.....		1,130,041			1,130,041
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	7,965	2,510,345	0	0	2,518,310

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 ALB MALE 5 % NET LEVEL.....	466,355	.....	.....466,355	.....	.....
0100002. 80 CSO ALB MALE 5.5 % NET LEVEL.....	166,564	.....	.....166,564	.....	.....
0100003. 80 CSO ALB MALE 6 % NET LEVEL.....	721	.....	.....721	.....	.....
0100004. 80 CSO ALB FEMALE 4% NET LEVEL.....	1,198	.....	.....1,198	.....	.....
0100005. 80 CET ALB MALE 5 % NET LEVEL.....	3,403	.....	.....3,403	.....	.....
0100006. 01 CSO ALB FEMALE 3.5% CRVM	4,909	.....	.....4,909	.....	.....
0100007. 01 CSO ALB MALE 3.5% CRVM	2,764	.....	.....2,764	.....	.....
0199997. Totals (Gross).....	645,914	0	645,914	0	0
0199998. Reinsurance ceded.....	638,241	.....	.....638,241	.....	.....
0199999. Totals (Net).....	7,673	0	7,673	0	0
Annuities (excluding supplementary contracts with life contingencies):					
0200001. 5.5% CARVM.....	3,232,051	XXX.....	3,232,051	XXX.....	.....
0200002. 5.75% CARVM.....	3,603,290	XXX.....	3,603,290	XXX.....	.....
0200003. 6.25% CARVM.....	2,580,742	XXX.....	2,580,742	XXX.....	.....
0200004. 6.5% CARVM.....	1,287,008	XXX.....	1,287,008	XXX.....	.....
0200005. 6.75% CARVM.....	1,791,049	XXX.....	1,791,049	XXX.....	.....
0200006. 7% CARVM.....	304,304	XXX.....	304,304	XXX.....	.....
0299997. Totals (Gross).....	12,798,444	XXX.....	12,798,444	XXX.....	0
0299998. Reinsurance ceded.....	12,798,444	XXX.....	12,798,444	XXX.....	.....
0299999. Totals (Net).....	0	XXX.....	0	XXX.....	0
Miscellaneous Reserves:					
0700001. IPC RESERVE.....	16,188	.....	.....16,188	.....	.....
0799997. Totals (Gross).....	16,188	0	16,188	0	0
0799998. Reinsurance ceded.....	16,188	.....	.....16,188	.....	.....
0799999. Totals (Net).....	0	0	0	0	0
9999999. Totals (Net) - Page 3, Line 1.....	7,673	0	7,673	0	0

Annual Statement for the year 2014 of the

American Retirement Life Insurance Company

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

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

Non-Participating

3.

Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [X]

No []

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

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:

\$.....

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

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
ACTIVE LIFE RESERVE									
1. Unearned premium reserves.....	3,790,899					3,790,899			
2. Additional contract reserves (a).....	.0								
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).....	3,790,899	.0	.0	.0	.0	3,790,899	.0	.0	.0
8. Reinsurance ceded.....	.0								
9. Totals (Net).....	3,790,899	.0	.0	.0	.0	3,790,899	.0	.0	.0
CLAIM RESERVE									
10. Present value of amounts not yet due on claims.....	.0								
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).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Reinsurance ceded.....	.0								
16. Totals (Net).....	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. TOTALS (Net).....	3,790,899	.0	.0	.0	.0	3,790,899	.0	.0	.0
18. TABULAR FUND INTEREST.....	100,169					100,169			

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
			Life Insurance	Individual Annuities	Supplementary Contracts		Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
	Total	Industrial Life				Credit Life (Group and Individual)					
1. Due and unpaid:											
1.1 Direct.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
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.....	773,294		1,454	48,804							723,036
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	48,804			48,804							
2.24 Net.....	724,490	0	(b).....1,454	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....723,036
3. Incurred but unreported:											
3.1 Direct.....	13,755,384		17,705								13,737,679
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	3,000		3,000								
3.4 Net.....	13,752,384	0	(b).....14,705	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....13,737,679
4. Totals:											
4.1 Direct.....	14,528,678	0	19,159	48,804	0	0	0	0	0	0	14,460,715
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	51,804	0	3,000	48,804	0	0	0	0	0	0	0
4.4 Net.....	14,476,874	(a).....0	(a).....16,159	0	0	0	(a).....0	0	0	0	14,460,715

(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	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	79,419,790		29,345	1,577,672							77,812,773
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	1,659,804		32,225	1,627,579							
1.4 Net..... (d)	77,759,985	0	(2,880)	(49,907)	0	0	0	0	0	0	77,812,773
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	14,528,678	0	19,159	48,804	0	0	0	0	0	0	14,460,715
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	51,804	0	3,000	48,804	0	0	0	0	0	0	0
2.4 Net.....	14,476,874	0	16,159	0	0	0	0	0	0	0	14,460,715
3. Amounts recoverable from reinsurers Dec. 31, current year.....	166,846			166,846							
4. Liability December 31, prior year:											
4.1 Direct.....	4,601,071		4,166	74,966							4,521,939
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	77,966		3,000	74,966							
4.4 Net.....	4,523,105	0	1,166	0	0	0	0	0	0	0	4,521,939
5. Amounts recoverable from reinsurers Dec. 31, prior year.....	229,633		12,880	216,753							
6. Incurred benefits:											
6.1 Direct.....	89,347,397	0	44,338	1,551,510	0	0	0	0	0	0	87,751,549
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	1,570,856	0	19,345	1,551,511	0	0	0	0	0	0	0
6.4 Net.....	87,776,541	0	24,993	(0)	0	0	0	0	0	0	87,751,549

(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).....			0
9. Receivables for securities.....			0
10. Securities lending reinvested collateral assets (Schedule DL).....			0
11. Aggregate write-ins for invested assets.....	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	0	0	0
13. Title plants (for Title insurers only).....			0
14. Investment income due and accrued.....			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	7,535		(7,535)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums.....			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			0
16.2 Funds held by or deposited with reinsured companies.....			0
16.3 Other amounts receivable under reinsurance contracts.....			0
17. Amounts receivable relating to uninsured plans.....			0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0
18.2 Net deferred tax asset.....			0
19. Guaranty funds receivable or on deposit.....			0
20. Electronic data processing equipment and software.....			0
21. Furniture and equipment, including health care delivery assets.....			0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0
23. Receivables from parent, subsidiaries and affiliates.....			0
24. Health care and other amounts receivable.....	7,351,344	6,740,406	(610,938)
25. Aggregate write-ins for other than invested assets.....	23,794	16,214	(7,580)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	7,382,673	6,756,620	(626,053)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	7,382,673	6,756,620	(626,053)

DETAILS OF WRITE-INS

1101.			0
1102.			0
1103.			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0	0
2501. Premium Tax Refund Due.....	11,644	963	(10,681)
2502. Disallowed IMR.....	11,978	12,587	609
2503. Reinstatement.....	172	2,664	2,492
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).....	23,794	16,214	(7,580)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

a. Accounting Practices and Procedures

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

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

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

	State of Domicile	2014	2013
Net Income			
1) American Retirement Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 2)	OH	\$ (17,701,218)	\$ (4,255,727)
2) State Prescribed Practices that increase/decrease NAIC SAP		-	-
3) State Permitted Practices that increase/decrease NAIC SAP		-	-
4) NAIC SAP (1 – 2 – 3 = 4)	OH	\$ (17,701,218)	\$ (4,255,727)
Surplus			
5) American Retirement Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2)	OH	\$ 31,011,345	\$ 8,426,687
6) State Prescribed Practices that increase/decrease NAIC SAP		-	-
7) State Permitted Practices that increase/decrease NAIC SAP		-	-
8) NAIC SAP (5 – 6 – 7 = 8)	OH	\$ 31,011,345	\$ 8,426,687

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. Annuity considerations are recognized as revenue when received. Health Premium are earned ratably over the terms of the related policies. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company does not pay dividends to policyholders.

The company uses the following accounting policies:

(1) – (2) Bonds and Short-term Investments. Investments in bonds and short-term investments are carried at amortized cost, except those in or near default, that are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).

(3) – (10) Not applicable

(11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

(12) – (13) -- Not applicable

2. Accounting Changes and Corrections of Errors – Not applicable

3. Business Combinations and Goodwill – Not applicable

4. Discontinued Operations – Not applicable

5. Investments

A.- G. Not applicable

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets:

Restricted Asset Category	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity (a)	Total Protected Cell Account Restricted Assets	Protected Cell Account Supporting G/A Activity (b)	Total (1 plus 3)	Total Gross Restricted From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Percent age Gross Restrict ed to Total Assets	Percenta ge Admitted Restrict ed to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0%	0%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0%	0%
h. Letter stock or securities restricted as to sale excluding FLBY capital stock	-	-	-	-	-	-	-	-	0%	0%
i. FHLB Capital Stock	-	-	-	-	-	-	-	-	0%	0%
j. On deposit with states	3,413,730	-	-	-	3,413,730	3,502,480	(88,750)	3,413,730	1%	1%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0%	0%
l. Pledged as collateral to FHLB (including assets backing funding agreements	-	-	-	-	-	-	-	-	0%	0%
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0%	0%
n. Other restricted assets		-	-	-	-		-	-	0%	0%
o. Total Restricted Assets	\$ 3,413,730	\$ -	\$ -	\$ -	\$ 3,413,730	\$ 3,502,480	\$ (88,750)	\$ 3,413,730	1%	1%

(a) Subset of Column 1
(b) Subset of Column 3

6. Joint Ventures, Partnerships and Limited Liability Companies – Not applicable

7. Investment Income

a. Due and accrued is excluded from investment income on the following basis:

1) Bonds – When investment income due and accrued exceeds 90 days past due.

b. No income was excluded for the years ended December 31, 2014 and 2013.

8. Derivative Instruments – Not applicable

9. Income Taxes (All amounts are in thousands)

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

NOTES TO FINANCIAL STATEMENTS

a. The components of the net deferred tax asset (DTA)/liability (DTL) at December 31, 2014 are as follows:

(1)

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	6,965,562	-	6,965,562	1,146,328	-	1,146,328	5,819,234	-	5,819,234
(b) Valuation allowance	(6,889,370)	-	(6,889,370)	(1,138,485)	-	(1,138,485)	(5,750,885)	-	(5,750,885)
(c) Adjusted gross DTA (1a - 1b)	76,192	-	76,192	7,843	-	7,843	68,349	-	68,349
(d) Nonadmitted DTA	-	-	-	-	-	-	-	-	-
(e) Subtotal Net Admitted DTA (1c - 1d)	76,192	-	76,192	7,843	-	7,843	68,349	-	68,349
(f) DTL	(76,192)	-	(76,192)	(7,843)	-	(7,843)	(68,349)	-	(68,349)
(g) Net admitted DTA (1e - 1f)	-	-	-	-	-	-	-	-	-

(2)

SSAP 101, paragraphs 11a, 11b, and 11c	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	-	-	-	-	-	-	-	-	-
(b) Admitted pursuant to ¶11.b. (realization)	-	-	-	-	-	-	-	-	-
1. Realization per ¶11.b.i.	-	-	-	-	-	-	-	-	-
2. Limitation per ¶11.b.ii.	-	-	4,655,978	-	-	1,264,003	-	-	3,391,975
(c) Admitted pursuant to ¶11.c.	76,192	-	76,192	7,843	-	7,843	68,349	-	68,349
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	76,192	-	76,192	7,843	-	7,843	68,349	-	68,349

(3)

	2014 Percentage	2013 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	914.17%	1632.00%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	31,110,706	8,437,978

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

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

b. Unrecognized DTLs

All deferred tax liabilities have been properly recognized.

c. Current tax and change in deferred tax

(1) Current Income Tax

	2014	2013	Change
(a) Current federal income tax expense/(benefit)	(4,691,366)	(1,634,750)	(3,056,616)
(b) Foreign income tax expense/(benefit)	-	-	-
(c) Subtotal	(4,691,366)	(1,634,750)	(3,056,616)
(d) Tax expense/(benefit) on realized capital gains/(losses)	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual/(overaccrual)	41,451	-	41,451
Federal and foreign income taxes incurred	(4,649,915)	(1,634,750)	(3,015,165)

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

(2) Deferred tax assets:

	December 31, 2014	December 31, 2013	Change
Other insurance & contract holder liability	103,261	26,051	77,210
Goodwill & Intangibles	576,333	621,833	(45,500)
Deferred acquisition costs	3,518,068	456,160	3,061,908
Nondeductible Liabilities	141,868	-	141,868
Nonadmitted assets	2,584,019	-	2,584,019
Investment, net	-	270	(270)
Net Operating Loss	42,014	42,014	-
Gross DTA	6,965,562	1,146,328	5,819,234
Valuation allowance	(6,889,370)	(1,138,485)	(570,885)
Adjusted gross DTA	76,192	7,843	68,349
Nonadmitted DTA	0	0	0
Admitted DTA	76,192	7,843	68,349

(3) Deferred tax liabilities:

NOTES TO FINANCIAL STATEMENTS

	December 31, 2014	December 31, 2013	Change
Other insurance & contract holder liability	72,044	-	72,044
Investment, net	-	-	-
Other	4,149	7,843	(3,694)
Gross DTL	76,192	7,843	68,349

4. Net Deferred Tax Assets/Liabilities

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

	December 31, 2014	December 31, 2013	Change
Total deferred tax assets	6,965,562	1,146,328	5,819,234
Total deferred tax liabilities	(76,192)	(7,843)	(68,349)
Net Deferred tax asset/liabilities	6,889,370	1,138,485	5,750,885
Statutory valuation allowance adjustment	(6,889,370)	(1,138,485)	(5,750,885)
Net deferred tax assets/liabilities after SVA	0	0	0
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			0

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

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

	December 31, 2014	Effective Tax Rate
Provision computed at statutory rate (BFIT@35%)	(7,822,763)	35.00%
Investment items		0.00%
Change in nonadmitted assets	(2,584,019)	11.56%
Nondeductible Penalties & Fines	5,750,885	-25.73%
IMR	247	0.00%
M&E	5,734	-0.02%
Ceding Commission		0.00%
Other, net	1	-0.01%
Total	(4,649,915)	20.80%
Federal and foreign income taxes incurred	(4,649,915)	20.80%
Change in deferred income taxes	0	0.00%
Total statutory income taxes	(4,649,915)	20.80%

e. Operating loss and tax credit carryforwards

(1) At December 31, 2014, the Company has \$120,040 net operating loss forward and no capital loss carryforward. The losses originate from the periods as follows:

	Year	Net Operating Loss	Capital Loss
	2014	-	-
	2013	-	-
	2012	120,040	-
Total		120,040	-

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

Year	Amount
2014	-
2013	-
2012	-

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

f. Federal or foreign income tax loss contingences

(1) In the third quarter of 2014, the Internal Revenue Service began an examination of the 2011 and 2012 tax years, which is expected to continue through 2015.As of December 31,2014, the examination has not resulted in any adjustments that would materially impact the Company’s financial condition.

g. Consolidated Federal Income Tax Return

(1) The Company elects to file a consolidated federal income tax return with its parent Loyal American Life Insurance Company.

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

a. - c. Not applicable

NOTES TO FINANCIAL STATEMENTS

- d. At December 31, 2014, the Company reported \$ 695,075 as amounts due to affiliate companies. The terms of the agreements require that these amounts be settled within 90 days.
- e. Not applicable
- f. Management or service contracts and all cost sharing arrangements involving the Company:
 - (1) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The Company paid \$57,870 in 2014, related to those services
 - (2) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$19,421,247 in 2014.
 - (3) Loyal American Life Insurance Company and its wholly owned domestic subsidiary American Retirement Life Insurance Company have entered into a Consolidated Federal Income Tax Agreement (the Agreement). The Agreement sets forth the method of allocation of federal income taxes for Loyal and ARLIC. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are utilized to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss, or investment tax credit carryovers actually utilized in the current consolidated return.
 - (4) On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which ARLIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. There were no amounts outstanding at December 31, 2014, and borrowings during the year were not material.
 - (5) On February 19, 2013, the Company also entered into a line of credit agreement with Cigna under which Cigna can borrow up to \$10,000,000 from ARLIC. Borrowing terms under this agreement are identical to the terms under the ARLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2014.
- g. All of the Company's outstanding common stock is directly owned by Loyal American Life Insurance Company, an Ohio domiciled insurance company, whose the ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.
- c. – l. Not applicable

11. Debt – Not applicable

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

a – f. Not applicable

g. Consolidated/Holding Company Plans:

(1) Employees' Retirement Plan:

- (a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$ 338,103 in 2014.
- (b) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans.

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

In 2013, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans. \$73,753 was allocated to the Company under the plan in 2014.

(2) Deferred Compensation Plans:

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

NOTES TO FINANCIAL STATEMENTS

which case unpaid installments continue to be credited with interest. Compensation deferred by officers and key employees that was otherwise payable in Common Stock is distributed in Common Stock.

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

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

h. Post-Employment Benefits and Compensated Absences:

The Company accrues obligations for post employment benefits and compensated absences in accordance with SSAP No. 11.

i. The Medicare Modernization Act

- (1)

In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (“the Act”) became law. Under the Act, starting in 2006, retirees will have the ability to obtain prescription drug benefits through a new Medicare Part D program and companies that continue to provide postretirement prescription drug benefits to their retirees may be eligible to receive a new federal subsidy.
- (2)

The Medicare Modernization Act had no impact on the Company’s postretirement benefits.

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

- a. The Company has 250,000 shares authorized, issued and outstanding. All shares are class A shares.
- b. – c. Not applicable
- d. On March 25, 2014, June 24, 2014, September 26,2014 and December 16, 2014, the Company received cash contributions from Loyal American Life Insurance Company (“LALIC”), its wholly-owned parents in the amount of \$20,000000; \$10,000,000; \$5,000,000 and \$6,000,000, respectively.
- e. The maximum amount of dividends which can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The maximum amount of dividends payable in 2015 without prior approval is \$0, as the Company has no earned surplus.
- f. – m. Not applicable

14. Contingencies

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

From time to time, insurance companies may be assessed by various state insurance guaranty funds to help pay for the cost of other insurance company insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. Management is not aware of any insolvencies that would require accrual in the accompanying financial statements. At December 31, 2014, the Company held a receivable from guaranty funds of \$14 representing amounts previously paid which will be offset against future premium taxes.

Assets recognized from paid and accrued tax offsets for the year ended December 31, 2014, are as follows:

Balance, beginning of year	\$	2
Premium tax offsets accrued		3,474
Premium tax offsets applied		-3,246
Allowance for unrealizability		16,541
		<u>\$ 16,771</u>

- c. – e. Not applicable

15. Leases – Not applicable

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

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

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

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

Fair Value Measurements at Reporting Date

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

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

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

December 31, 2014							
	Aggregate	Admitted	Quoted	Significant	Significant	Not	
	Fair Value	Assets	Prices in	Other	Unobservable	Practicable	
			Active	Observable	Inputs	(Carrying	
			Markets for	Inputs	(Level 3)	Value)	
			Identical	(Level 2)			
			Assets				
			(Level 1)				
<i>Financial assets</i>							
Bonds	\$ 56,653,978	\$ 55,707,004	\$ 5,669,994	\$ 50,983,984	\$ -	\$ -	
December 31, 2013							
	Aggregate	Admitted	Quoted	Significant	Significant	Not	
	Fair Value	Assets	Prices in	Other	Unobservable	Practicable	
			Active	Observable	Inputs	(Carrying	
			Markets for	Inputs	(Level 3)	Value)	
			Identical	(Level 2)			
			Assets				
			(Level 1)				
<i>Financial assets</i>							
Bonds	\$ 3,509,690	\$ 3,502,480	\$ 3,434,690	\$ -	\$ 75,000	\$ -	

Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None

21. Other Items

- a. – b. Not applicable
- c. Other disclosures

Assets in the amount of \$3,413,730 and \$3,502,480 at December 31, 2014 and 2013, respectively, were on deposit with government authorities or trustees as required by law.

- d. – h. Not applicable

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

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

a. Ceded Reinsurance Report

(1) Section 1 – General Interrogatories

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

If yes, give full details.

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

If yes, give full details.

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

- (a) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?
Yes () No (X)

(i) If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____

(ii) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ _____

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

If yes, give full details.

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

- (a) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____ 0 _____

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

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$ _____

b. – d. Not applicable

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

25. Change in Incurred Losses and Loss Adjustment Expenses

Reserves as of December 31, 2013 were \$4,521,939. As of December 31, 2014, \$3,019,872 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$11,076 as a result of re-estimation of unpaid claims and claim adjustment expenses principally on Medicare Supplement. Therefore, there has been a \$1,490,991 favorable prior year development since December 31, 2013 to December 31, 2014.The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

26. Intercompany Pooling Arrangements – Not applicable

27. Structured Settlements – Not applicable

28. Health Care Receivables – Not applicable

NOTES TO FINANCIAL STATEMENTS

29. Participating Policies – Not applicable

30. Premium Deficiency Reserves – Not applicable

31. Reserves for Life Contracts and Annuity Contracts

- a.

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.
- b.

Extra premiums are charged for substandard lives. Reserves are based on a combination of mean reserves for substandard lives and the gross premiums charged for such.
- c.

As of December 31, 2014, the Company had no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio.
- d. & e.

Tabular interest, tabular less actual reserves released, and tabular cost are performed using standard formulas except for the Interest Sensitive products and funds not involving life contingencies used basic data roll-forwards.
- f.

Not Applicable

32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics

	General Account	Separate Account with Guarantees	Separate Account Nonguaranteed	Total	% of Total
a. Subject to discretionary withdrawal:					
(1) With fair value adjustment	\$ -	\$ -	\$ -	\$ -	-
(2) At book value less current surrender charge of 5% or more	-	-	-	-	-
(3) At fair value	-	-	-	-	-
(4) Total with adjustment or at fair value (total of 1 through 3)	-	-	-	-	-
(5) At book value without adjustment	12,798,444	-	-	-	100.00%
b. Not subject to discretionary withdrawal	-	-	-	-	
c. Total (gross: direct + assumed)	12,798,444	-	-	-	100.00%
d. Reinsurance Ceded	(12,798,444)	-	-	-	
e. Total Net	\$ -	\$ -	\$ -	\$ -	

* Reconciliation of total annuity actuarial reserves and deposit fund liabilities.

f.		Amount
	Life & Accident & Health Annual Statement:	
	Exhibit 5, Annuities Section,	
1.	Total (net)	\$ -
	Exhibit 5, Supplementary Contracts with Life Contingencies Section,	
2.	Total (net)	-
	Exhibit 7, Deposit-Type Contracts, Line 14, Column	
3.	1	-
4.	Subtotal	-
	Exhibit 3, Line 0299999,	
5.	Column2	-
	Exhibit 3, Line 0399999,	
6.	Column2	-
7.	Policyholder divided and coupon accumulations	-
8.	Policyholder premiums	-
9.	Guaranteed interest contracts	-
10.	Other contract deposit funds	-
11.	Subtotal	-
12.	Combined Total	\$ -

g. Not applicable

NOTES TO FINANCIAL STATEMENTS

33. Premium and Annuity Considerations Deferred and Uncollected –

	Type	Gross	Net of Loading
a.	1. Industrial		
	2. Ordinary new business	\$ 2,443	\$ 635
	3. Ordinary renewal	\$ (387)	\$ (387)
	4. Credit Life		
	5. Group Life		
	6. Group Annuity		
	7. Totals	\$ 2,056	\$ 248

34. Separate Accounts – Not applicable

35. Loss/Claim Adjustment Expenses

At December 31, 2014 and December 31, 2013, reserves for LAE included in General Expense Due and Accrued totaled \$392,505 and \$118,432.

The Company incurred \$2,380,508 and paid \$2,106,435 of loss adjustment expenses in the current year of which \$81,968 of the paid amount was attributable to insured events of prior years.

The Company decreased the provision for LAE related to insured events of the prior year by \$35,084, mainly due to favorable claims development.

American Retirement Life Insurance Company

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

- | | | | | | | | | | | | | | | | |
|---------------------|---|------------------------|-----------------------------|------------------------|----------|-----------|----------|--|--|--|--|--|--|--|--|
| 1.1 | Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? | Yes [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. | | <u>12/31/2013</u> | | | | | | | | | | | | |
| 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. | | <u>12/31/2011</u> | | | | | | | | | | | | |
| 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). | | <u>12/21/2012</u> | | | | | | | | | | | | |
| 3.4 | By what department or departments?
<u>Ohio Department of Insurance</u> | | | | | | | | | | | | | | |
| 3.5 | Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? | Yes [] | 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
Name of Entity</td> <td style="width: 20%; text-align: center;">2
NAIC Co. Code</td> <td style="width: 20%; text-align: center;">3
State of Domicile</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> | 1
Name of Entity | 2
NAIC Co. Code | 3
State of Domicile | | | | | | | | | | | |
| 1
Name of Entity | 2
NAIC Co. Code | 3
State of Domicile | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 6.1 | Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? | Yes [] | 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
Nationality</td> <td style="width: 40%; text-align: center;">2
Type of Entity</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | 1
Nationality | 2
Type of Entity | | | | | | | | | | | | |
| 1
Nationality | 2
Type of Entity | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 8.1 | Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? | Yes [] | 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
Affiliate Name</td> <td style="width: 16.6%; text-align: center;">2
Location (City, State)</td> <td style="width: 16.6%; text-align: center;">3
FRB</td> <td style="width: 16.6%; text-align: center;">4
OCC</td> <td style="width: 16.6%; text-align: center;">5
FDIC</td> <td style="width: 16.6%; text-align: center;">6
SEC</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> | 1
Affiliate Name | 2
Location (City, State) | 3
FRB | 4
OCC | 5
FDIC | 6
SEC | | | | | | | | |
| 1
Affiliate Name | 2
Location (City, State) | 3
FRB | 4
OCC | 5
FDIC | 6
SEC | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| 9. | What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
<u>PriceWatershouseCoopers LLP; Two Commerce Square; 2001 Market Square; Philadelphia, PA 19103-7041</u> | | | | | | | | | | | | | | |
| 10.1 | Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? | Yes [] | 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: | | | | | | | | | | | | | | |
| 10.5 | Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? | Yes [] | No [X] N/A [] | | | | | | | | | | | | |
| 10.6 | If the answer to 10.5 is no or n/a, please explain.
<u>The Audit Committee of Connecticut General Corporation serves as the Company's Audit Committee for the purposes of compliance with Ohio insurance law.</u> | | | | | | | | | | | | | | |
| 11. | What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
<u>James Monroe Garvin, III, FSA, MAAA, Appointed Actuary, 11200 Lakeline Blvd., Suite 100, Austin, TX 78717</u> | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

12.1

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

Yes []

No [X]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

12.2

If yes, provide explanation.

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

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

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes []

No []

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes []

No []

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes []

No []

N/A [X]

14.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes [X]

No []

a.

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b.

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c.

Compliance with applicable governmental laws, rules and regulations;

d.

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e.

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes []

No [X]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

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

Yes []

No [X]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes []

No [X]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	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

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 [X]

No []

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$.....0

22.22

Amount paid as expenses

\$.....44,586

22.23

Other amounts paid

\$.....0

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes []

No [X]

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01

Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X]

No []

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

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

24.04 Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

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

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

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

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

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

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

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

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

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

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

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

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

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

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03)

Yes [X]No []

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

25.21 Subject to repurchase agreements

\$.....0

25.22 Subject to reverse repurchase agreements

\$.....0

25.23 Subject to dollar repurchase agreements

\$.....0

25.24 Subject to reverse dollar repurchase agreements

\$.....0

25.25 Placed under option agreements

\$.....0

25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$.....0

25.27 FHLB Capital Stock

\$.....0

25.28 On deposit with states

\$.....3,413,730

25.29 On deposit with other regulatory bodies

\$.....0

25.30 Pledged as collateral - excluding collateral pledged to an FHLB

\$.....0

25.31 Pledged as collateral to FHLB - including assets backing funding agreements

\$.....0

25.32 Other

\$.....0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes []No [X]

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

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

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes []No [X]

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

28. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X]No []

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

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [X]No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JP Morgan Chase Bank, N.A.	JP Morgan Chase Bank, N.A.	12/31/2013	Address change

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

1 Central Registration Depository Number(s)	2 Name	3 Address
105811	Cigna Investments, Inc.	900 Cottage Grove Road, Hartford, CT

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes []No [X]

29.2 If yes, complete the following schedule:

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

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

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

20.2

PART 1 - COMMON INTERROGATORIES - INVESTMENT

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

	1	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	58,415,281	59,362,255	946,974
30.2 Preferred stocks.....			0
30.3 Totals.....	58,415,281	59,362,255	946,974

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

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []

32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$.....19,000

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
AM Best	19,000

34.1 Amount of payments for legal expenses, if any? \$.....0

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

1	2
Name	Amount Paid
	0

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$.....0

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

1	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 [X] No []
- 1.2

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

\$.....117,907,757
- 1.3

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

\$.....0
- 1.31

Reason for excluding

- 1.4

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

\$.....0
- 1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....87,751,543
- 1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$.....117,907,757

1.62

Total incurred claims

\$.....87,751,543

1.63

Number of covered lives

.....95,913

All years prior to most current three years:

1.64

Total premium earned

\$.....0

1.65

Total incurred claims

\$.....0

1.66

Number of covered lives

.....0
- 1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$.....0

1.72

Total incurred claims

\$.....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$.....0

1.75

Total incurred claims

\$.....0

1.76

Number of covered lives

.....0

2. Health test:

	1	2
	Current Year	Prior Year
2.1 Premium Numerator.....	117,900,790	15,236,488
2.2 Premium Denominator.....	120,372,181	16,745,881
2.3 Premium Ratio (2.1/2.2).....	97.9	91.0
2.4 Reserve Numerator.....	18,251,614	6,022,827
2.5 Reserve Denominator.....	18,275,446	6,024,311
2.6 Reserve Ratio (2.4/2.5).....	99.9	100.0

- 3.1

Does this reporting entity have Separate Accounts?

Yes [] No [X]
- 3.2

If yes, has a Separate Accounts statement been filed with this Department?

Yes [] No [] N/A [X]
- 3.3

What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?

.....
- 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 [X] No []
- 4.2

Net reimbursement of such expenses between reporting entities:

4.21

Paid

\$.....19,421,247

4.22

Received

\$.....0

- 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:

\$.....57,731,601
7.

Total dividends paid stockholders since organization of the reporting entity:

7.11

Cash

\$.....13,887,480

7.12

Stock

\$.....1,500,000

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 [X] N/A []

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..... \$.....176,154

13.2 Total incurred claims \$.....44,338

13.3 Number of covered lives513

*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)

American Retirement Life Insurance Company
FIVE-YEAR HISTORICAL DATA

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

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

	1 2014	2 2013	3 2012	4 2011	5 2010
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	5,099	2,160	968	973	979
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....	30	31	50	50	50
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).....	5,129	2,191	1,018	1,023	1,029
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....	3,377	1,189			
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....		(1)			
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).....	3,377	1,189	0	0	0
Premium Income - Lines of Business (Exhibit 1-Part 1)					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....	181,381	8,505	(694,052)	2,329	2,329
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....	120,190,802	16,737,377			
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	120,372,183	16,745,881	(694,052)	2,329	2,329
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	55,701,547	18,042,401	5,669,908	6,371,316	6,375,253
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	24,690,202	9,615,714	233,104	853,513	847,638
23. Aggregate life reserves (Page 3, Line 1).....	7,673	318		632,141	628,605
24. Aggregate A&H reserves (Page 3, Line 2).....	3,790,899	1,500,888			
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	99,361	11,291			
27. Capital (Page 3, Lines 29 & 30).....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37).....	28,511,345	5,926,687	2,936,804	3,017,803	3,027,615
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	(2,933,942)	4,790,224	(702,325)	93,540	(22,547)
Risk-Based Capital Analysis					
30. Total adjusted capital.....	31,110,706	8,437,978	5,436,804	5,517,803	5,527,615
31. Authorized control level risk-based capital.....	3,403,171	516,057	62,573	63,378	78,921
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).....	101.5	19.7	22.9	60.6	64.3
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).....	(1.5)	79.2	77.1	39.3	35.6
37. Contract loans (Line 6).....				0.1	0.1
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....		1.1			
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

American Retirement Life Insurance Company
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	7,382,673	6,756,620	689,654	56,807	57,031
53. Total admitted assets (Page 2, Line 28, Col. 3).....	55,701,547	18,042,401	5,669,908	6,371,316	6,375,253
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	1,010,999	4,872	91,468	137,337	146,100
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....			169,898	(14,847)	(25,602)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....			(189,022)	5,171	9,348
57. Total of above Lines 54, 55 and 56.....	1,010,999	4,872	72,344	127,661	129,846
Benefits and Reserve Increase (Page 6)					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....	25,040	1,166	26,422	26,266	34,467
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....	87,751,548	10,375,224			
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....	7,355	318	(632,141)	3,536	(6,628)
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....	2,290,011	1,500,888			
62. Dividends to policyholders (Line 30, Col 1).....					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....	42.5	61.8	(17.8)	2,426.8	3,582.9
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.....	8.9	0.5		1.0	2.1
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....	74.4	68.1			
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).....	45.8	68.1			
A&H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....	3,030,948				
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....	4,521,939				
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....	(126,532)	(117,651)	1,303	19,780	(2,046)
74. Ordinary - individual annuities (Col. 4).....	24,821	25,836	258	(13,052)	743
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....	(17,334,793)	(3,861,623)			
82. Aggregate of all other lines of business (Col. 12).....	(264,714)	(302,288)	(72,348)		
83. Total (Col. 1).....	(17,701,218)	(4,255,726)	(70,787)	6,728	(1,303)

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.....			264	2,191						2,191
2. Issued during year.....			298	3,377						3,377
3. Reinsurance assumed.....										0
4. Revived during year.....										0
5. Increased during year (net).....				23						23
6. Subtotals, Lines 2 to 5.....	0	0	298	3,400	0	0	0	0	0	3,400
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	562	5,591	0	0	0	0	0	5,591
Deductions during year:										
10. Death.....			5	34			XXX			34
11. Maturity.....							XXX			0
12. Disability.....							XXX			0
13. Expiry.....										0
14. Surrender.....			2	23						23
15. Lapse.....			41	302						302
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....			1	103						103
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	49	462	0	0	0	0	0	462
21. In force end of year (Line 9 minus Line 20).....	0	0	513	5,129	0	0	0	0	0	5,129
22. Reinsurance ceded end of year.....	XXX		XXX	1,014	XXX		XXX	XXX		1,014
23. Line 21 minus Line 22.....	XXX	0	XXX	4,115	XXX	(b) 0	XXX	XXX	0	4,115

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.....			160	1,014
26. Debit ordinary insurance.....	XXX	XXX		

ADDITIONAL INFORMATION ON ORDINARY 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)
Term Insurance Excluding Extended Term Insurance				
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	7	31
34. Totals, whole life and endowment.....	298	3,377	506	5,099
35. Totals (Lines 31 to 34).....	298	3,377	513	5,130

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.....	3,377		5,130	
38. Credit Life (Group and Individual).....				
39. Group.....				
40. Totals (Lines 36 to 39).....	3,377	0	5,130	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).....	
--	--

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.....								
49. Disability Income.....								
50. Extended Benefits.....			XXX	XXX				
51. Other.....								
52. Total.....	0	(b) 0	0	(b) 0	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		3	Credit 4	5	Other 6
	1 Certificates	2 Premiums in force				
1. In force end of prior year.....	.....	.....	.....	.....	.....31,120	50,127,000
2. Issued during year.....	.....	.....	.....	.....	.....71,515	113,109,409
3. Reinsurance assumed.....	.....	.....	.....	.....	.....	.....
4. Increased during year (net).....	.....	.....XXX.....	.....	.....XXX.....	.....	.....XXX.....
5. Total (Lines 1 to 4).....	0	XXX.....	0	XXX.....	102,635	XXX.....
Deductions during year:						
6. Conversions.....	.....	.....XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
7. Decreased (net).....	.....	.....XXX.....	.....	.....XXX.....	6,704	XXX.....
8. Reinsurance ceded.....	.....	.....XXX.....	.....	.....XXX.....	.....	.....XXX.....
9. Totals (Lines 6 to 8).....	0	XXX.....	0	XXX.....	6,704	XXX.....
10. In force end of year.....	0	(a).....	0	(a).....	95,931	(a)....156,892,492

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.

American Retirement Life Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS
Allocated by States and Territories

States, Etc.			1	Direct Business Only					
				Life Contracts		4	5	6	7
				2	3				
Active Status			Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts	
1.	Alabama.....	AL	L	6,215		2,554,905		2,561,120	
2.	Alaska.....	AK	N			9,767		9,767	
3.	Arizona.....	AZ	L	2,473		1,046,542		1,049,015	
4.	Arkansas.....	AR	L	4,037	116	533,668		537,821	
5.	California.....	CA	L			59,511		59,511	
6.	Colorado.....	CO	L	7,496		5,988,629		5,996,125	
7.	Connecticut.....	CT	N			1,836		1,836	
8.	Delaware.....	DE	L			492,129		492,129	
9.	District of Columbia.....	DC	N			-		0	
10.	Florida.....	FL	L		1,200	717,481		718,681	
11.	Georgia.....	GA	L	7,387	143	1,262,776		1,270,306	
12.	Hawaii.....	HI	N			3,667		3,667	
13.	Idaho.....	ID	N			8,992		8,992	
14.	Illinois.....	IL	L	30,218		4,451,771		4,481,989	
15.	Indiana.....	IN	L	5,170		9,426,940		9,432,110	
16.	Iowa.....	IA	L	2,325		950,453		952,778	
17.	Kansas.....	KS	L	2,158		7,015,656		7,017,814	
18.	Kentucky.....	KY	L	5,475		3,905,211		3,910,686	
19.	Louisiana.....	LA	L	3,497		1,740,958		1,744,455	
20.	Maine.....	ME	N			9,528		9,528	
21.	Maryland.....	MD	L			672,511		672,511	
22.	Massachusetts.....	MA	N			13,182		13,182	
23.	Michigan.....	MI	N			19,778		19,778	
24.	Minnesota.....	MN	L			9,683		9,683	
25.	Mississippi.....	MS	L	4,361		4,270,463		4,274,824	
26.	Missouri.....	MO	L	735		724,892		725,627	
27.	Montana.....	MT	L	1,741		879,473		881,214	
28.	Nebraska.....	NE	L	2,040		955,795		957,835	
29.	Nevada.....	NV	L	491		2,957,992		2,958,483	
30.	New Hampshire.....	NH	L			199,919		199,919	
31.	New Jersey.....	NJ	N			52,919		52,919	
32.	New Mexico.....	NM	L	2,153		547,440		549,593	
33.	New York.....	NY	N			28,599		28,599	
34.	North Carolina.....	NC	L			3,952,748		3,952,748	
35.	North Dakota.....	ND	L			13,613		13,613	
36.	Ohio.....	OH	L	7,298		5,106,326		5,113,624	
37.	Oklahoma.....	OK	L	10,403		4,694,553		4,704,956	
38.	Oregon.....	OR	L			8,451		8,451	
39.	Pennsylvania.....	PA	L	20,085		21,484,855		21,504,940	
40.	Rhode Island.....	RI	L			97,872		97,872	
41.	South Carolina.....	SC	L	3,337		6,905,364		6,908,701	
42.	South Dakota.....	SD	L	327		295,845		296,172	
43.	Tennessee.....	TN	L	4,070	347	1,946,328		1,950,745	
44.	Texas.....	TX	L	30,751	1,928	15,089,084		15,121,763	
45.	Utah.....	UT	L	1,092		614,382		615,474	
46.	Vermont.....	VT	N			1,912		1,912	
47.	Virginia.....	VA	L	7,228		3,161,949		3,169,177	
48.	Washington.....	WA	N			30,362		30,362	
49.	West Virginia.....	WV	L	751		1,691,656		1,692,407	
50.	Wisconsin.....	WI	L	1,342		3,544,833		3,546,175	
51.	Wyoming.....	WY	L			723,136		723,136	
52.	American Samoa.....	AS	N					0	
53.	Guam.....	GU	N			1,239		1,239	
54.	Puerto Rico.....	PR	N			1,924		1,924	
55.	US Virgin Islands.....	VI	N			1,598		1,598	
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)	39	174,656	3,734	120,881,096	0	121,059,486	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		174,656	3,734	120,881,096	0	121,059,486	0
96.	Plus reinsurance assumed.....	XXX						0	
97.	Totals (All Business).....	XXX		174,656	3,734	120,881,096	0	121,059,486	0
98.	Less reinsurance ceded.....	XXX		876	3,761	6,970		11,607	
99.	Totals (All Business) less reinsurance ceded.....	XXX		173,780	(27)	(b) 120,874,126	0	121,047,879	0

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

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

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

Premiums and annuity considerations are allocated to the resident state related to the policy or certificate holder at the time the transaction is generated.

- (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, Line 6.4, 10.4 and 16.4, Cols 8,9 and 10

PART 1 -- ORGANIZATION CHART

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

Cigna CORPORATION			
(A Delaware corporation and ultimate parent company)			
|	<u>Cigna Holdings, Inc.</u>		
	|	<u>Cigna Intellectual Property, Inc.</u>	
		<u>Cigna Investment Group, Inc.</u>	
		|	<u>Cigna International Finance Inc.</u>
			<u>Former Cigna Investments, Inc.</u>
		<u>Cigna Investments, Inc.</u>	
		|	<u>Cigna Mezzanine Partners III, Inc.</u>
			| <u>Cigna Mezzanine Partners III, LP</u>
		<u>Cigna Benefits Financing, Inc.</u> (EI # 010947889, DE)	
		<u>Connecticut General Corporation</u>	
		<u>Benefit Management Corp.</u> (EI # 81-0585518)	
		* <u>Allegiance Life & Health Insurance Company</u> (EI # 20-4433475, NAIC # 12814, MT)	
		* <u>Allegiance Re, Inc.</u> (EI # 20-3851464, MT)	
		<u>Allegiance Benefit Plan Management, Inc.</u>	
		<u>Allegiance COBRA Services, Inc.</u>	
		<u>Allegiance Provider Direct, LLC</u>	
		<u>Community Health Network, LLC</u>	
		<u>Intermountain Underwriters, Inc.</u>	
		<u>Star Point, LLC</u>	
		<u>HealthSpring, Inc.</u>	
		|	<u>NewQuest, LLC</u>
			<u>Bravo Health, LLC</u>
			| *<u>Bravo Health Mid-Atlantic, Inc.</u> (EI # 52-2259087, NAIC # 10095, MD)
			| *<u>Bravo Health Pennsylvania, Inc.</u> (EI # 52-2363406, NAIC # 11254, PA)
			<u>*HealthSpring Life & Health Insurance Company</u> (EI # 20-8534298, NAIC # 12902, TX)
			<u>*HealthSpring of Alabama, Inc.</u> (EI # 63-0925225, NAIC # 95781, AL)
			<u>*HealthSpring of Florida, Inc.</u> (EI # 65-1129599, NAIC #11532, FL)
			<u>NewQuest Management of Illinois, LLC</u>
			<u>NewQuest Management of Florida, LLC</u>
			<u>HealthSpring Management of America, LLC</u>
			<u>NewQuest Management of West Virginia, LLC</u>
			<u>TexQuest, LLC</u>
			<u>HouQuest, LLC</u>
			| <u>GulfQuest, LP</u>
			<u>NewQuest Management of Alabama, LLC</u>
			<u>HealthSpring USA, LLC</u>
			<u>HealthSpring Management, Inc.</u>
			| <u>HealthSpring of Tennessee, Inc.</u> (EI # 62-1593150, NAIC # 11522, MD)
			| <u>Tennessee Quest, LLC</u>

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

			<u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ)
			<u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA)
			<u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO)
			<u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT)
			<u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA)
			<u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX)
			<u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN)
			<u>Cigna HealthCare of New York, Inc.</u> (EI# 11-2758941, NAIC # 95488, NY)
			<u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN)
			<u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC)
			<u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC)
			<u>*Temple Insurance Company Limited</u>
			<u>Arizona Health Plan, Inc.</u>
			<u>Healthsource Properties, Inc.</u>
		<u>Managed Care Consultants, Inc.</u>	
		<u>Choicelinx Corporation</u>	
		<u>Sagamore Health Network, Inc.</u>	
	<u>Cigna Healthcare Holdings, Inc.</u> (EI# 84-0985843)		
		<u>Great-West Healthcare of Illinois, Inc.</u> (EI# 93-1174749, NAIC 95388, IL)	
		<u>Cigna Healthcare, Inc.</u>	
	<u>*Cigna Life Insurance Company of New York</u> (EI# 13-2556568, NAIC # 64548, NY)		
	<u>*Connecticut General Life Insurance Company</u> (EI# 06-0303370, NAIC # 62308, CT)		
		<u>CG Gillette Ridge, LLC</u>	
			<u>Gillette Ridge Apartments LLC</u>
		<u>CG Merrick, LLC</u>	
			<u>Merrick Park LLC</u>
			<u>Merrick Park Parking LLC</u>
		<u>CG Mystic Center LLC</u>	
			<u>Station Landing Holding LLC</u>
		<u>CG Mystic Land LLC</u>	
			<u>ND/CG Holding LLC</u>
		<u>CG Skyline, LLC</u>	
			<u>Skyline ND/CG LLC</u>
			<u>ND Mystic Center Note LLC</u>
			<u>Skyline Mezzanine Borrower, LLC</u>
			<u>Skyline at Station Landing, LLC</u>
		<u>Careallies, LLC</u>	
		<u>Carson Bayport 1 LP</u>	
		<u>CG Bayport LLC</u>	
			<u>Bayport Colony Apartments LLC</u>
		<u>CG-LINA Bayport I LLC</u>	
		<u>Cigna Onsite Health, LLC</u>	
		<u>CR Longwood Investors, LP</u>	
			<u>ND/CR Longwood LLC</u>
			<u>ARE/ND/CR Longwood LLC</u>
		<u>Gillette Ridge Community Council, Inc.</u>	

	<u>Gillette Ridge Golf LLC</u>
	<u>Hazard Center Investment Company LLC</u>
	<u>Secon Properties, LP.</u>
	<u>Teal Rock 501 Grant Street GP, LLC</u>
	<u>Teal Rock 501 Grant Street, LP</u>
	<u>Tel-Drug of Pennsylvania, LLC</u>
	<u>CG-LINA Realty Investors LLC</u>
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	<u>121 Tasman Apartments LLC</u>
	<u>Alto Apartments LLC</u>
	<u>CG-LINA Paper Box LLC</u>
	<u>GRG Acquisitions LLC</u>
	<u>Cigna Affiliates Realty Investment Group, LLC</u> <u>(EI# 27-5402196, DE)</u>
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	<u>Arborpoint at Market Street LLC</u>
	<u>Market Street Retail Holdings LLC</u>
	<u>Market Street South LLC</u>
	<u>Diamondview Tower CM-CG LLC</u>
	<u>CR Washington Street Investors LP</u>
	<u>Civic Holding LLC</u>
	<u>Dulles Town Center Mall, LLC</u>
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	<u>222 Main Street Investors LP</u>
	<u>Notch 8 Residential, L.L.C.</u>
	<u>UVL, LLC</u>
	<u>Agua Mansa Partners LLC</u>
	<u>3601 North Fairfax Drive Associates, LLC</u>
	<u>CORAC LLC</u>
	<u>Bridgepoint Office Park Associates, LLC</u> <u>(EI# 27-3923999, DE)</u>
	<u>Fairway Center Associates, LLC</u> <u>(EI# 27-3126102, DE)</u>

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