FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56383 Employer's ID Number..... 31-4273120

Organized under the Laws of Ohio State of Domicile or Port of Entry Ohio Country of Domicile US

Incorporated/Organized..... October 4, 1890 Commenced Business..... January 16, 1888

Statutory Home Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.uct.org

Statutory Statement Contact Kevin C Hecker 800-848-0123-0142
(Name) (Area Code) (Telephone Number) (Extension)
khecker@uct.org 614-487-9675
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. David Leonard Burt #	President	2. Gerald Edwin Thomas	Secretary/Treasurer
3. Joseph Henry Hoffman	Chief Executive Officer	4.	

OTHER

Ronald Allen Ives	Vice-President	Kevin Clare Hecker	Senior Vice-President & CFO
Jeffrey Lee Smith MAAA, FCA #	Consulting Actuary		

DIRECTORS OR TRUSTEES

David Leonard Burt	Thomas David Hoffman	Jerry George Giff	Gordon Paul Woodworth
George Ira Bohn	Gerald Edwin Thomas	Robert James Kellogg	Numan Dwight Loafman #
Christopher Barry Phelan #			

State of..... Ohio
County of..... Franklin

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

(Signature)	(Signature)	(Signature)
David Leonard Burt	Gerald Edwin Thomas	Joseph Henry Hoffman
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Chief Executive Officer
(Title)	(Title)	(Title)

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

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

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0		0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	266
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	266
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	7,072	7,146	0	2,478	2,653
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	469	494	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,541	7,640	0	2,478	2,653
26.	Totals (Line 24 + 25.7)	7,541	7,640	0	2,478	2,653

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	11,252
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	11,252
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	40,907
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	11,514
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	52,421
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	4	50,634
	Settled during current year:		
18.1	By payment in full	3	40,634
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	40,634
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	40,634
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	35	522,656
21.	Issued during year	0	0
22.	Other changes to in force (net)	(7)	(108,134)
23.	In force December 31, current year	28	414,522

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	902,365	911,725	0	528,390	565,616
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	6,302	6,642	0	72	77
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	908,667	918,367	0	528,462	565,693
26.	Totals (Line 24 + 25.7)	908,667	918,367	0	528,462	565,693

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,959
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	7,959
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,137
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	1,137

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	1,120
	Settled during current year:		
18.1	By payment in full	1	1,120
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	1,120
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	1,120
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	14	136,538
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(1,120)
23.	In force December 31, current year	13	135,418

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,706,550	1,724,252	0	1,157,585	1,239,138
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	22,756	23,981	0	6,002	6,480
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,729,305	1,748,233	0	1,163,587	1,245,618
26.	Totals (Line 24 + 25.7)	1,729,305	1,748,233	0	1,163,587	1,245,618

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,048
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	5,048
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	7,074
10.	Matured endowments	0
11.	Annuity benefits	196
12.	Surrender values. and withdrawals for life contracts	347
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	7,617

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	7,000
	Settled during current year:		
18.1	By payment in full	1	7,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	7,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	7,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	12	84,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(14,000)
23.	In force December 31, current year	10	70,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,214,924	2,237,899	0	1,266,447	1,355,669
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	5,597	5,898	0	1,995	2,153
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,220,521	2,243,797	0	1,268,441	1,357,822
26.	Totals (Line 24 + 25.7)	2,220,521	2,243,797	0	1,268,441	1,357,822

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	77,259
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	77,259
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	115,918
10.	Matured endowments	113
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	11,707
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	127,738
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	11	130,468
	Settled during current year:		
18.1	By payment in full	11	130,468
18.2	By payment on compromised claims	0	0
18.3	Total paid	11	130,468
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	11	130,468
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	203	2,505,284
21.	Issued during year	0	0
22.	Other changes to in force (net)	(13)	(135,399)
23.	In force December 31, current year	190	2,369,885

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	340,849	344,384	0	231,927	248,267
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	17,500	18,442	0	20,000	21,591
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	358,349	362,827	0	251,927	269,858
26.	Totals (Line 24 + 25.7)	358,349	362,827	0	251,927	269,858

* 5 6 3 8 3 2 0 1 4 4 3 0 5 7 1 0 0 *

LIFE INSURANCE

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	29,585
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	29,585
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	45,695
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	10,699
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	56,394
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	18	47,939
	Settled during current year:		
18.1	By payment in full	18	47,939
18.2	By payment on compromised claims	0	0
18.3	Total paid	18	47,939
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	18	47,939
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	355	2,895,130
21.	Issued during year	2	430,330
22.	Other changes to in force (net)	(31)	(445,596)
23.	In force December 31, current year	326	2,879,863

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	26,612	26,888	0	10,549	11,292
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	170,584	179,771	0	69,122	74,620
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	197,196	206,659	0	79,671	85,913
26.	Totals (Line 24 + 25.7)	197,196	206,659	0	79,671	85,913

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,452
2.	Annuity considerations	7,200
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	11,652
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	100,486
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	100,486

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	100,000
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	1	100,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	100,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	100,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	20	333,451
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(125,000)
23.	In force December 31, current year	19	208,451

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,988,104	2,008,726	0	1,100,788	1,178,340
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,783	5,041	0	506	546
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,992,887	2,013,767	0	1,101,294	1,178,886
26.	Totals (Line 24 + 25.7)	1,992,887	2,013,767	0	1,101,294	1,178,886

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,413
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	2,413
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	5,663
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	5,663
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	122,630
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	6	112,630

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	23,315	23,557	0	31,858	34,103
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,764	3,966	0	2,312	2,496
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	27,079	27,523	0	34,170	36,599
26.	Totals (Line 24 + 25.7)	27,079	27,523	0	34,170	36,599

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	25	26	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	25	26	0	0	0
26.	Totals (Line 24 + 25.7)	25	26	0	0	0

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	470
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	470
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	591
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	591
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	21,472
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	3	21,472

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	12,549	12,680	0	620	664
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	194	204	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	12,743	12,884	0	620	664
26.	Totals (Line 24 + 25.7)	12,743	12,884	0	620	664

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	91,506
2.	Annuity considerations	15,308
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	106,814
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	182,202
10.	Matured endowments	0
11.	Annuity benefits	39,910
12.	Surrender values. and withdrawals for life contracts	38,240
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	260,352
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	3	45,000
17.	Incurred during current year	30	182,484
	Settled during current year:		
18.1	By payment in full	27	180,456
18.2	By payment on compromised claims	0	0
18.3	Total paid	27	180,456
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	27	180,456
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	47,028
	POLICY EXHIBIT		
20.	In force December 31, prior year	337	4,565,645
21.	Issued during year	0	0
22.	Other changes to in force (net)	(37)	(443,214)
23.	In force December 31, current year	300	4,122,431

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,874,817	3,915,010	0	2,851,953	3,052,876
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	22,109	23,299	0	15,881	17,144
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	57	63	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,896,983	3,938,373	0	2,867,834	3,070,020
26.	Totals (Line 24 + 25.7)	3,896,983	3,938,373	0	2,867,834	3,070,020

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	38,095
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	38,095
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	78,628
10.	Matured endowments	0
11.	Annuity benefits	4,824
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	83,452
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	10	79,022
	Settled during current year:		
18.1	By payment in full	9	78,188
18.2	By payment on compromised claims	0	0
18.3	Total paid	9	78,188
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	9	78,188
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	834
	POLICY EXHIBIT		
20.	In force December 31, prior year	157	1,620,427
21.	Issued during year	0	0
22.	Other changes to in force (net)	(9)	(78,188)
23.	In force December 31, current year	148	1,542,239

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	461,598	466,387	0	279,062	298,722
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,788	3,992	0	461	498
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	465,386	470,378	0	279,523	299,220
26.	Totals (Line 24 + 25.7)	465,386	470,378	0	279,523	299,220

LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,124,656
2.	Annuity considerations	107,407
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	1,232,063
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,982,253
10.	Matured endowments	113
11.	Annuity benefits	511,059
12.	Surrender values. and withdrawals for life contracts	261,785
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	2,755,210
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	26	315,025
17.	Incurred during current year	267	1,920,055
	Settled during current year:		
18.1	By payment in full	262	2,017,688
18.2	By payment on compromised claims	0	0
18.3	Total paid	262	2,017,688
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	262	2,017,688
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	31	217,392
	POLICY EXHIBIT		
20.	In force December 31, prior year	4,686	60,183,523
21.	Issued during year	20	1,183,186
22.	Other changes to in force (net)	(410)	(5,331,456)
23.	In force December 31, current year	4,296	56,035,252

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	79	81	0	0	0
25.2	Guaranteed renewable	72,224,602	72,973,783	0	41,929,291	44,883,249
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	818,748	862,843	0	336,644	363,423
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	172	191	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	73,043,603	73,836,898	0	42,265,935	45,246,672
26.	Totals (Line 24 + 25.7)	73,043,603	73,836,898	0	42,265,935	45,246,672

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	125	132	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	125	132	0	0	0
26.	Totals (Line 24 + 25.7)	125	132	0	0	0

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	25,809
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	25,809
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,060
10.	Matured endowments	0
11.	Annuity benefits	67,165
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	68,224
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	4	2,537
	Settled during current year:		
18.1	By payment in full	3	1,014
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	1,014
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	1,014
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,523
	POLICY EXHIBIT		
20.	In force December 31, prior year	75	669,233
21.	Issued during year	1	12,856
22.	Other changes to in force (net)	(4)	(24,014)
23.	In force December 31, current year	72	658,075

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,426,452	1,441,248	0	812,844	870,110
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	14,542	15,325	0	1,966	2,122
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,440,993	1,456,573	0	814,810	872,232
26.	Totals (Line 24 + 25.7)	1,440,993	1,456,573	0	814,810	872,232

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	4,032,826	4,074,658	0	2,248,074	2,406,452
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,158	2,274	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	4,034,984	4,076,932	0	2,248,074	2,406,452
26.	Totals (Line 24 + 25.7)	4,034,984	4,076,932	0	2,248,074	2,406,452

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	63,920
2.	Annuity considerations	700
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	64,620
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	115,743
10.	Matured endowments	0
11.	Annuity benefits	133,835
12.	Surrender values. and withdrawals for life contracts	9,347
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	258,926
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	18	115,160
	Settled during current year:		
18.1	By payment in full	18	115,160
18.2	By payment on compromised claims	0	0
18.3	Total paid	18	115,160
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	18	115,160
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	318	4,433,337
21.	Issued during year	1	30,000
22.	Other changes to in force (net)	(31)	(315,915)
23.	In force December 31, current year	288	4,147,422

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,778,958	3,818,157	0	2,242,826	2,400,835
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	49,140	51,787	0	18,824	20,321
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,828,099	3,869,944	0	2,261,650	2,421,156
26.	Totals (Line 24 + 25.7)	3,828,099	3,869,944	0	2,261,650	2,421,156

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	41,847
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	41,847
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	13,139
10.	Matured endowments	0
11.	Annuity benefits	63,356
12.	Surrender values. and withdrawals for life contracts	11,982
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	88,477
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	5	48,900
	Settled during current year:		
18.1	By payment in full	3	16,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	16,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	16,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	32,900
	POLICY EXHIBIT		
20.	In force December 31, prior year	142	2,303,162
21.	Issued during year	4	95,000
22.	Other changes to in force (net)	(10)	(122,816)
23.	In force December 31, current year	136	2,275,346

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	4,111,488	4,154,136	0	2,024,805	2,167,455
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	26,949	28,401	0	10,791	11,650
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	4,138,437	4,182,537	0	2,035,597	2,179,104
26.	Totals (Line 24 + 25.7)	4,138,437	4,182,537	0	2,035,597	2,179,104

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,894
2.	Annuity considerations	37,910
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	52,804
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	35,875
10.	Matured endowments	0
11.	Annuity benefits	3,356
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	39,232

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	4	35,642
	Settled during current year:		
18.1	By payment in full	4	35,642
18.2	By payment on compromised claims	0	0
18.3	Total paid	4	35,642
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	4	35,642
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	59	586,502
21.	Issued during year	0	0
22.	Other changes to in force (net)	(5)	(44,892)
23.	In force December 31, current year	54	541,610

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	462,260	467,055	0	299,178	320,256
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	14,355	15,128	0	478	516
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	476,614	482,182	0	299,656	320,772
26.	Totals (Line 24 + 25.7)	476,614	482,182	0	299,656	320,772

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	37,335
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	37,335
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	28,084
10.	Matured endowments	0
11.	Annuity benefits	716
12.	Surrender values. and withdrawals for life contracts	10,427
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	39,228
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	7	32,733
	Settled during current year:		
18.1	By payment in full	6	27,733
18.2	By payment on compromised claims	0	0
18.3	Total paid	6	27,733
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	6	27,733
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	139	2,182,234
21.	Issued during year	0	0
22.	Other changes to in force (net)	(8)	(72,628)
23.	In force December 31, current year	131	2,109,606

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	250,144	252,739	0	140,473	150,369
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	8,658	9,124	0	1,683	1,817
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	258,802	261,863	0	142,156	152,186
26.	Totals (Line 24 + 25.7)	258,802	261,863	0	142,156	152,186

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	26,713
2.	Annuity considerations	800
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	27,513
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	30,281
10.	Matured endowments	0
11.	Annuity benefits	375
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	30,656
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	30,000
	Settled during current year:		
18.1	By payment in full	3	30,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	30,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	30,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	80	1,277,704
21.	Issued during year	0	0
22.	Other changes to in force (net)	(5)	(50,000)
23.	In force December 31, current year	75	1,227,704

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,181,261	3,214,260	0	1,726,072	1,847,676
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,756	5,012	0	5,125	5,533
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,186,017	3,219,272	0	1,731,197	1,853,208
26.	Totals (Line 24 + 25.7)	3,186,017	3,219,272	0	1,731,197	1,853,208

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,940
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	5,940
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,877
10.	Matured endowments	0
11.	Annuity benefits	1,021
12.	Surrender values. and withdrawals for life contracts	496
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	12,394
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	4,000
17.	Incurred during current year	1	6,807
	Settled during current year:		
18.1	By payment in full	2	10,807
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	10,807
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	10,807
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	27	205,160
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(15,398)
23.	In force December 31, current year	25	189,762

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	54,712	55,280	0	28,945	30,985
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	17,099	18,020	0	28,282	30,531
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	24	27	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	71,835	73,326	0	57,227	61,516
26.	Totals (Line 24 + 25.7)	71,835	73,326	0	57,227	61,516

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,733
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	3,733
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	41,158
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	7	41,158

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	59,309	59,924	0	24,316	26,029
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	4,062	4,280	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	63,371	64,204	0	24,316	26,029
26.	Totals (Line 24 + 25.7)	63,371	64,204	0	24,316	26,029

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	914
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,914
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	3,346
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	3,346
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	57,555
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	5	57,555

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,383	3,418	0	380	406
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	2,984	3,144	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	6,367	6,562	0	380	406
26.	Totals (Line 24 + 25.7)	6,367	6,562	0	380	406

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	114,532
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	124,532
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	227,324
10.	Matured endowments	0
11.	Annuity benefits	22,361
12.	Surrender values. and withdrawals for life contracts	37,128
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	286,814
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	5	42,798
17.	Incurred during current year	25	188,222
	Settled during current year:		
18.1	By payment in full	29	226,020
18.2	By payment on compromised claims	0	0
18.3	Total paid	29	226,020
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	29	226,020
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	533	8,290,517
21.	Issued during year	1	30,000
22.	Other changes to in force (net)	(54)	(762,766)
23.	In force December 31, current year	480	7,557,751

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,781,296	1,799,773	0	857,353	917,754
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	49,388	52,048	0	10,128	10,934
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,830,684	1,851,821	0	867,481	928,688
26.	Totals (Line 24 + 25.7)	1,830,684	1,851,821	0	867,481	928,688

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	8,287
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	8,287
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,040
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	3,388
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	13,428

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	10,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	25	480,475
21.	Issued during year	0	0
22.	Other changes to in force (net)	(3)	(71,385)
23.	In force December 31, current year	22	409,090

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	108,527	109,653	0	64,662	69,218
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	16,354	17,235	0	1,217	1,314
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	124,881	126,887	0	65,879	70,531
26.	Totals (Line 24 + 25.7)	124,881	126,887	0	65,879	70,531

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	24,857
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	24,857
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	38,285
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	38,285

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	6	64,312
	Settled during current year:		
18.1	By payment in full	4	38,043
18.2	By payment on compromised claims	0	0
18.3	Total paid	4	38,043
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	4	38,043
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	26,269
	POLICY EXHIBIT		
20.	In force December 31, prior year	104	1,091,089
21.	Issued during year	0	0
22.	Other changes to in force (net)	(5)	(52,482)
23.	In force December 31, current year	99	1,038,607

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,074,930	1,086,081	0	479,300	513,067
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	16,126	16,995	0	9,712	10,484
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,091,057	1,103,075	0	489,012	523,551
26.	Totals (Line 24 + 25.7)	1,091,057	1,103,075	0	489,012	523,551

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	32,866
2.	Annuity considerations	1,200
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	34,066
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	12,065
10.	Matured endowments	0
11.	Annuity benefits	102,463
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	114,528

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	3	12,010
	Settled during current year:		
18.1	By payment in full	3	12,010
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	12,010
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	12,010
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	103	1,330,241
21.	Issued during year	0	0
22.	Other changes to in force (net)	(3)	(37,010)
23.	In force December 31, current year	100	1,293,231

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	6,449,811	6,516,714	0	3,939,013	4,216,521
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,959	4,172	0	300	324
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	6,453,770	6,520,886	0	3,939,313	4,216,845
26.	Totals (Line 24 + 25.7)	6,453,770	6,520,886	0	3,939,313	4,216,845

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	499
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	499
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	9	117,146
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(22,250)
23.	In force December 31, current year	7	94,896

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,532,016	1,547,907	0	806,248	863,048
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	9,265	9,763	0	551	595
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,541,280	1,557,670	0	806,798	863,643
26.	Totals (Line 24 + 25.7)	1,541,280	1,557,670	0	806,798	863,643

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	25,866
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	25,866
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	51,905
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	51,905

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	15,000
17.	Incurred during current year	7	51,124
	Settled during current year:		
18.1	By payment in full	8	66,124
18.2	By payment on compromised claims	0	0
18.3	Total paid	8	66,124
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	8	66,124
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	86	1,431,734
21.	Issued during year	1	10,000
22.	Other changes to in force (net)	(14)	(366,874)
23.	In force December 31, current year	73	1,074,860

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,297,936	2,321,773	0	1,297,139	1,388,524
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	11,609	12,234	0	445	480
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,309,545	2,334,006	0	1,297,584	1,389,004
26.	Totals (Line 24 + 25.7)	2,309,545	2,334,006	0	1,297,584	1,389,004

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,559
2.	Annuity considerations	2,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	7,559
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	1,466
10.	Matured endowments	0
11.	Annuity benefits	516
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	1,982
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	1,461
	Settled during current year:		
18.1	By payment in full	1	1,461
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	1,461
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	1,461
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	31	322,334
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(1,461)
23.	In force December 31, current year	30	320,873

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,238,765	2,261,988	0	1,588,225	1,700,117
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	7,124	7,508	0	10,447	11,278
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,245,890	2,269,496	0	1,598,673	1,711,396
26.	Totals (Line 24 + 25.7)	2,245,890	2,269,496	0	1,598,673	1,711,396

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,570
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	19,570
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	19,153
10.	Matured endowments	0
11.	Annuity benefits	399
12.	Surrender values. and withdrawals for life contracts	10,259
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	29,811

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	19,000
	Settled during current year:		
18.1	By payment in full	2	19,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	19,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	19,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	40	400,879
21.	Issued during year	0	0
22.	Other changes to in force (net)	(4)	(49,000)
23.	In force December 31, current year	36	351,879

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	7,107,765	7,181,493	0	3,794,086	4,061,382
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	20,711	21,826	0	10,934	11,803
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	7,128,476	7,203,320	0	3,805,019	4,073,186
26.	Totals (Line 24 + 25.7)	7,128,476	7,203,320	0	3,805,019	4,073,186

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,482
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	1,482
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,039
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	2,859
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	4,898

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	2,038
	Settled during current year:		
18.1	By payment in full	1	2,038
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	2,038
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	2,038
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	11	45,192
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(7,038)
23.	In force December 31, current year	9	38,154

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	9,295	9,392	0	6,518	6,977
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,462	3,648	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	12,757	13,040	0	6,518	6,977
26.	Totals (Line 24 + 25.7)	12,757	13,040	0	6,518	6,977

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	23,398
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	23,398
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	19,301
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	9,070
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	28,372
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	6	19,428
	Settled during current year:		
18.1	By payment in full	6	19,428
18.2	By payment on compromised claims	0	0
18.3	Total paid	6	19,428
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	6	19,428
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	90	756,827
21.	Issued during year	0	0
22.	Other changes to in force (net)	(8)	(49,116)
23.	In force December 31, current year	82	707,711

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	24,399	24,652	0	16,613	17,784
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	946	996	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	46	51	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	25,390	25,699	0	16,613	17,784
26.	Totals (Line 24 + 25.7)	25,390	25,699	0	16,613	17,784

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	234
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	234
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	13,760	13,903	0	6,378	6,828
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	596	628	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	14,356	14,531	0	6,378	6,828
26.	Totals (Line 24 + 25.7)	14,356	14,531	0	6,378	6,828

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,376
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	4,376
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	53,747
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	(3,816)
23.	In force December 31, current year	5	49,931

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	755,144	762,977	0	488,814	523,251
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	1,869	1,970	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	757,013	764,946	0	488,814	523,251
26.	Totals (Line 24 + 25.7)	757,013	764,946	0	488,814	523,251

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,699
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	3,699
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	42,500
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(1,500)
23.	In force December 31, current year	5	41,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	91,922	92,875	0	60,942	65,235
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	23,601	24,872	0	5,897	6,366
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	115,522	117,747	0	66,839	71,602
26.	Totals (Line 24 + 25.7)	115,522	117,747	0	66,839	71,602

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	95,515
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	95,515
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	150,381
10.	Matured endowments	0
11.	Annuity benefits	8,681
12.	Surrender values. and withdrawals for life contracts	14,024
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	173,086
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	5	12,636
17.	Incurred during current year	28	151,005
	Settled during current year:		
18.1	By payment in full	33	163,641
18.2	By payment on compromised claims	0	0
18.3	Total paid	33	163,641
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	33	163,641
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	477	6,443,658
21.	Issued during year	5	75,000
22.	Other changes to in force (net)	(50)	(456,761)
23.	In force December 31, current year	432	6,061,897

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	52	53	0	0	0
25.2	Guaranteed renewable	675,352	682,357	0	295,312	316,117
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	73,862	77,840	0	40,506	43,728
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	46	51	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	749,311	760,300	0	335,818	359,845
26.	Totals (Line 24 + 25.7)	749,311	760,300	0	335,818	359,845

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	15,257
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	15,257
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	15,066
10.	Matured endowments	0
11.	Annuity benefits	2,128
12.	Surrender values. and withdrawals for life contracts	(270)
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	16,924
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	15,000
	Settled during current year:		
18.1	By payment in full	2	15,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	15,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	15,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	77	1,066,559
21.	Issued during year	0	0
22.	Other changes to in force (net)	(7)	(150,458)
23.	In force December 31, current year	70	916,101

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	656,943	663,757	0	267,834	286,703
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	13,057	13,760	0	10,712	11,564
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	669,999	677,517	0	278,546	298,267
26.	Totals (Line 24 + 25.7)	669,999	677,517	0	278,546	298,267

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,444
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	14,444
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	10,142
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	10,142

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	36	1,233,054
21.	Issued during year	1	250,000
22.	Other changes to in force (net)	(3)	(235,000)
23.	In force December 31, current year	34	1,248,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	2,394,450	2,419,287	0	1,521,068	1,628,229
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	8,504	8,962	0	1,905	2,056
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	2,402,954	2,428,249	0	1,522,973	1,630,285
26.	Totals (Line 24 + 25.7)	2,402,954	2,428,249	0	1,522,973	1,630,285

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	57,254
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	57,254
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	169,139
10.	Matured endowments	0
11.	Annuity benefits	53,623
12.	Surrender values. and withdrawals for life contracts	5,815
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	228,576
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	28	183,997
	Settled during current year:		
18.1	By payment in full	25	168,825
18.2	By payment on compromised claims	0	0
18.3	Total paid	25	168,825
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	25	168,825
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	20,172
	POLICY EXHIBIT		
20.	In force December 31, prior year	280	2,826,965
21.	Issued during year	1	30,000
22.	Other changes to in force (net)	(32)	(242,834)
23.	In force December 31, current year	249	2,614,131

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	28	28	0	0	0
25.2	Guaranteed renewable	750,178	757,960	0	375,065	401,489
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	32,121	33,851	0	27,645	29,845
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	782,327	791,839	0	402,711	431,333
26.	Totals (Line 24 + 25.7)	782,327	791,839	0	402,711	431,333

LIFE INSURANCE

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	0	0	0	0	0
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	0	0	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,548
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	3,548
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	6,057
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	6,057
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	2	6,023
	Settled during current year:		
18.1	By payment in full	2	6,023
18.2	By payment on compromised claims	0	0
18.3	Total paid	2	6,023
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	2	6,023
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	16	147,077
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(6,023)
23.	In force December 31, current year	14	141,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,757	3,796	0	10,017	10,723
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	8,723	9,193	0	510	551
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	12,480	12,988	0	10,527	11,274
26.	Totals (Line 24 + 25.7)	12,480	12,988	0	10,527	11,274

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	10,188
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,188
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	56,170
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	12,383
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	68,553

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	25,000
17.	Incurred during current year	3	40,000
	Settled during current year:		
18.1	By payment in full	3	55,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	3	55,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	3	55,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	37	481,857
21.	Issued during year	0	0
22.	Other changes to in force (net)	(4)	(80,000)
23.	In force December 31, current year	33	401,857

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	408,005	412,237	0	239,005	255,843
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,910	4,120	0	30	32
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	411,915	416,358	0	239,035	255,876
26.	Totals (Line 24 + 25.7)	411,915	416,358	0	239,035	255,876

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	10,092
2.	Annuity considerations	649
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	10,741
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	3,477
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	3,477

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	1,602
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,602
	POLICY EXHIBIT		
20.	In force December 31, prior year	44	445,725
21.	Issued during year	0	0
22.	Other changes to in force (net)	(3)	(83,000)
23.	In force December 31, current year	41	362,725

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,062,248	1,073,267	0	526,935	564,058
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	6,320	6,660	0	140	151
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,068,568	1,079,927	0	527,075	564,209
26.	Totals (Line 24 + 25.7)	1,068,568	1,079,927	0	527,075	564,209

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	40,962
2.	Annuity considerations	400
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	41,362
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	67,197
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	13,157
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	80,354

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	10,000
17.	Incurred during current year	10	61,824
	Settled during current year:		
18.1	By payment in full	10	66,562
18.2	By payment on compromised claims	0	0
18.3	Total paid	10	66,562
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	10	66,562
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	5,262
	POLICY EXHIBIT		
20.	In force December 31, prior year	177	1,483,492
21.	Issued during year	0	0
22.	Other changes to in force (net)	(13)	(117,894)
23.	In force December 31, current year	164	1,365,598

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	352,997	356,658	0	191,444	204,932
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	6,413	6,758	0	793	856
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	359,409	363,416	0	192,237	205,788
26.	Totals (Line 24 + 25.7)	359,409	363,416	0	192,237	205,788

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	76,018
2.	Annuity considerations	240
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	76,258
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	140,018
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	18,786
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	158,804
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	3	40,000
17.	Incurred during current year	19	135,139
	Settled during current year:		
18.1	By payment in full	17	138,928
18.2	By payment on compromised claims	0	0
18.3	Total paid	17	138,928
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	17	138,928
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	36,211
	POLICY EXHIBIT		
20.	In force December 31, prior year	291	3,866,952
21.	Issued during year	2	20,000
22.	Other changes to in force (net)	(25)	(246,018)
23.	In force December 31, current year	268	3,640,934

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,656,199	1,673,379	0	1,209,579	1,294,795
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	16,964	17,878	0	720	777
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,673,163	1,691,256	0	1,210,299	1,295,572
26.	Totals (Line 24 + 25.7)	1,673,163	1,691,256	0	1,210,299	1,295,572

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,120
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	1,120
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	576,804	582,787	0	311,445	333,387
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	3,773	3,976	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	580,577	586,763	0	311,445	333,387
26.	Totals (Line 24 + 25.7)	580,577	586,763	0	311,445	333,387

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	25,971
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	25,971
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	129,176
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	10,341
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	139,517

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	1	127,424
	Settled during current year:		
18.1	By payment in full	1	127,424
18.2	By payment on compromised claims	0	0
18.3	Total paid	1	127,424
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	1	127,424
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	131	1,754,121
21.	Issued during year	0	0
22.	Other changes to in force (net)	(2)	(207,956)
23.	In force December 31, current year	129	1,546,165

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	3,833,558	3,873,323	0	2,264,738	2,424,291
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	21,681	22,849	0	7,343	7,927
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	3,855,239	3,896,172	0	2,272,081	2,432,218
26.	Totals (Line 24 + 25.7)	3,855,239	3,896,172	0	2,272,081	2,432,218

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	0
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	0
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

NONE

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	0	0
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	5,694	5,753	0	3,480	3,725
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	1,120	1,180	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	6,814	6,933	0	3,480	3,725
26.	Totals (Line 24 + 25.7)	6,814	6,933	0	3,480	3,725

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	618
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	618
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	0

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	20,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	1	20,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	158,748	160,395	0	115,631	123,778
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	5,614	5,916	0	200	216
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	164,362	166,311	0	115,831	123,994
26.	Totals (Line 24 + 25.7)	164,362	166,311	0	115,831	123,994

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	20,654
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	30,654
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	60,364
10.	Matured endowments	0
11.	Annuity benefits	0
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	60,364

DETAILS OF WRITE-INS

1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	4	60,000
	Settled during current year:		
18.1	By payment in full	4	60,000
18.2	By payment on compromised claims	0	0
18.3	Total paid	4	60,000
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	4	60,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	58	835,477
21.	Issued during year	0	0
22.	Other changes to in force (net)	(4)	(64,500)
23.	In force December 31, current year	54	770,977

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	4,200,805	4,244,380	0	2,612,815	2,796,891
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	38,034	40,082	0	7,721	8,335
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	4,238,839	4,284,462	0	2,620,536	2,805,226
26.	Totals (Line 24 + 25.7)	4,238,839	4,284,462	0	2,620,536	2,805,226

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	8,789
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	8,789
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	816
12.	Surrender values. and withdrawals for life contracts	0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	816
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	21	627,627
21.	Issued during year	1	200,000
22.	Other changes to in force (net)	0	0
23.	In force December 31, current year	22	827,627

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,821,310	1,840,202	0	971,663	1,040,117
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	9,606	10,123	0	5,290	5,711
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,830,916	1,850,326	0	976,953	1,045,828
26.	Totals (Line 24 + 25.7)	1,830,916	1,850,326	0	976,953	1,045,828

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	589
2.	Annuity considerations	0
3.	Deposit-type contract funds	0
4.	Other considerations	0
5.	Total (Lines 1 to 4)	589
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	0
6.2	Applied to pay renewal premiums	0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	0
6.4	Other	0
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	0
7.2	Applied to provide paid-up annuities	0
7.3	Other	0
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	0
10.	Matured endowments	0
11.	Annuity benefits	1,971
12.	Surrender values. and withdrawals for life contracts	803
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	0
15.	Total	2,773
	DETAILS OF WRITE-INS	
1301.		0
1302.		0
1303.		0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	0	0
17.	Incurred during current year	0	0
	Settled during current year:		
18.1	By payment in full	0	0
18.2	By payment on compromised claims	0	0
18.3	Total paid	0	0
18.4	Reduction by compromise	0	0
18.5	Amount rejected	0	0
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	2	25,000
21.	Issued during year	0	0
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	1	15,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates	0	0	0	0	0
	Other Individual Certificates:					
25.1	Non-cancelable	0	0	0	0	0
25.2	Guaranteed renewable	1,262,441	1,275,536	0	598,396	640,554
25.3	Non-renewable for stated reasons only	0	0	0	0	0
25.4	Other accident only	1,344	1,416	0	0	0
25.5	Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
25.6	All Other	0	0	0	0	0
25.7	Totals (sum of Lines 25.1 to 25.6)	1,263,785	1,276,952	0	598,396	640,554
26.	Totals (Line 24 + 25.7)	1,263,785	1,276,952	0	598,396	640,554

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	312,693
2. Current year's realized pre-tax capital gains/(losses) of $..... transferred into the reserve net of taxes of $.....	49,617
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	362,310
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	61,080
6. Reserve as of December 31, current year (Line 4 minus Line 5)	301,230

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2014	64,399	(3,319)	0	61,080
2. 2015	43,451	18,685	0	62,136
3. 2016	33,010	14,712	0	47,722
4. 2017	24,228	10,700	0	34,928
5. 2018	18,120	6,571	0	24,691
6. 2019	14,749	2,268	0	17,017
7. 2020	13,531	0	0	13,531
8. 2021	13,436	0	0	13,436
9. 2022	13,212	0	0	13,212
10. 2023	12,664	0	0	12,664
11. 2024	12,033	0	0	12,033
12. 2025	11,351	0	0	11,351
13. 2026	10,078	0	0	10,078
14. 2027	7,851	0	0	7,851
15. 2028	5,886	0	0	5,886
16. 2029	4,561	0	0	4,561
17. 2030	3,254	0	0	3,254
18. 2031	2,155	0	0	2,155
19. 2032	1,592	0	0	1,592
20. 2033	1,302	0	0	1,302
21. 2034	1,003	0	0	1,003
22. 2035	619	0	0	619
23. 2036	207	0	0	207
24. 2037	0	0	0	0
25. 2038	0	0	0	0
26. 2039	0	0	0	0
27. 2040	0	0	0	0
28. 2041	0	0	0	0
29. 2042	0	0	0	0
30. 2043	0	0	0	0
31. 2044 and Later	0	0	0	0
32. Total (Lines 1 to 31)	312,692	49,617	0	362,309

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	58,193	0	58,193	0	0	0	58,193
2. Realized capital gains/(losses) net of taxes - General Account	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	(5,714)	0	(5,714)	0	0	0	(5,714)
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves	0	0	0	0	0	0	0
7. Basic contribution	9,325	0	9,325	0	0	0	9,325
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	61,804	0	61,804	0	0	0	61,804
9. Maximum reserve	58,228	0	58,228	0	0	0	58,228
10. Reserve objective	42,188	0	42,188	0	0	0	42,188
11. 20% of (Line 10 minus Line 8)	(3,923)	(0)	(3,923)	0	(0)	(0)	(3,923)
12. Balance before transfers (Lines 8 + 11)	57,881	0	57,881	0	0	0	57,881
13. Transfers	0	0	0	0	0	0	0
14. Voluntary contribution	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero	0	0	0	0	0	0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	57,881	0	57,881	0	0	0	57,881

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	1,709,234	XXX	XXX	1,709,234	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	12,717,928	XXX	XXX	12,717,928	0.0004	5,087	0.0023	29,251	0.0030	38,154
3	2	High quality	2,230,483	XXX	XXX	2,230,483	0.0019	4,238	0.0058	12,937	0.0090	20,074
4	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total bonds (sum of Lines 1 through 8)	16,657,645	XXX	XXX	16,657,645	XXX	9,325	XXX	42,188	XXX	58,228
		PREFERRED STOCKS										
10	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	170,024	XXX	XXX	170,024	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24)	170,024	XXX	XXX	170,024	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	16,827,669	XXX	XXX	16,827,669	XXX	9,325	XXX	42,188	XXX	58,228

AVR-Default Component (Lines 35-60) (Cont.)
NONE

AVR-Equity Component (Lines 1-29)
NONE

AVR-Equity Component (Lines 30-64)
NONE

AVR-Equity Component (Lines 65-86)
NONE

AVR-Replications (Synthetic) Assets
NONE

Sch. F
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	12,330,288	XXX	0	XXX	79	XXX	11,532,608	XXX	0	XXX	797,429	XXX	172	XXX
2. Premiums earned	12,454,304	XXX	0	XXX	81	XXX	11,609,272	XXX	0	XXX	844,760	XXX	191	XXX
3. Incurred claims	7,767,723	62.4	0	0.0	0	0.0	7,404,300	63.8	0	0.0	363,423	43.0	0	0.0
4. Cost containment expenses	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,767,723	62.4	0	0.0	0	0.0	7,404,300	63.8	0	0.0	363,423	43.0	0	0.0
6. Increase in contract reserves	(122,117)	(1.0)	0	0.0	71	87.7	16,354	0.1	0	0.0	(138,568)	(16.4)	26	13.6
7. Commissions (a)	(2,515,981)	(20.2)	0	0.0	0	0.0	(2,515,981)	(21.7)	0	0.0	0	0.0	0	0.0
8. Other general insurance expenses	6,903,346	55.4	0	0.0	0	0.0	6,886,951	59.3	0	0.0	16,395	1.9	0	0.0
9. Taxes, licenses and fees	380,682	3.1	0	0.0	0	0.0	379,778	3.3	0	0.0	904	0.1	0	0.0
10. Total other expenses incurred	4,768,047	38.3	0	0.0	0	0.0	4,750,748	40.9	0	0.0	17,299	2.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	40,651	0.3	0	0.0	10	12.3	(562,130)	(4.8)	0	0.0	602,606	71.3	165	86.4
13. Dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds	40,651	0.3	0	0.0	10	12.3	(562,130)	(4.8)	0	0.0	602,606	71.3	165	86.4
DETAILS OF WRITE-INS														
1101.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1102.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1103.	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

(a) Includes $.....0 reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums	715,799	0	17	480,043	0	235,665	74
2. Advance premiums	173,235	0	0	82,681	0	90,554	0
3. Reserve for rate credits	0	0	0	0	0	0	0
4. Total premium reserves, current year	889,034	0	17	562,724	0	326,219	74
5. Total premium reserves, prior year	1,013,048	0	19	639,388	0	373,549	92
6. Increase in total premium reserves	(124,014)	0	(2)	(76,664)	0	(47,330)	(18)
B. Contract Reserves:							
1. Additional reserves (a)	571,703	0	336	438,228	0	133,039	100
2. Reserve for future contingent benefits	0	0	0	0	0	0	0
3. Total contract reserves, current year	571,703	0	336	438,228	0	133,039	100
4. Total contract reserves, prior year	693,820	0	265	421,874	0	271,607	74
5. Increase in contract reserves	(122,117)	0	71	16,354	0	(138,568)	26
C. Claim Reserves and Liabilities:							
1. Total current year	2,650,533	0	0	2,452,070	0	198,463	0
2. Total prior year	1,642,415	0	0	1,470,731	0	171,684	0
3. Increase	1,008,118	0	0	981,339	0	26,779	0

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Policies				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES							
1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year	1,304,356	0	0	1,139,611	0	164,745	0
1.2 On claims incurred during current year	5,455,249	0	0	5,283,350	0	171,899	0
2. Claim Reserves and Liabilities, Dec. 31, Current Year:							
2.1 On claims incurred prior to current year	51,706	0	0	29,353	0	22,353	0
2.2 On claims incurred during current year	2,598,827	0	0	2,422,717	0	176,110	0
3. Test:							
3.1 Line 1.1 plus 2.1	1,356,062	0	0	1,168,964	0	187,098	0
3.2 Claim reserves and liabilities, Dec. 31, prior year	1,642,415	0	0	1,470,731	0	171,684	0
3.3 Line 3.1 minus Line 3.2	(286,353)	0	0	(301,767)	0	15,414	0

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Policies				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 4 - REINSURANCE							
A. Reinsurance Assumed:							
1. Premiums written	0	0	0	0	0	0	0
2. Premiums earned	0	0	0	0	0	0	0
3. Incurred claims	0	0	0	0	0	0	0
4. Commissions	0	0	0	0	0	0	0
B. Reinsurance Ceded:							
1. Premiums written	60,744,610	0	0	60,726,527	0	18,083	0
2. Premiums earned	61,382,594	0	0	61,364,511	0	18,083	0
3. Incurred claims	37,478,951	0	0	37,478,951	0	0	0
4. Commissions	9,119,765	0	0	9,119,765	0	0	0

(a) Includes $.....0 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims		0	45,246,676	45,246,676
2.	Beginning claim reserves and liabilities	0	0	11,772,686	11,772,686
3.	Ending claim reserves and liabilities	0	0	14,753,427	14,753,427
4.	Claims paid	0	0	42,265,935	42,265,935
B.	Assumed Reinsurance:				
5.	Incurred claims	0	0	0	0
6.	Beginning claim reserves and liabilities	0	0	0	0
7.	Ending claim reserves and liabilities	0	0	0	0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims	0	0	37,478,951	37,478,951
10.	Beginning claim reserves and liabilities	0	0	10,130,272	10,130,272
11.	Ending claim reserves and liabilities	0	0	12,127,571	12,127,571
12.	Claims paid	0	0	35,481,652	35,481,652
D.	Net:				
13.	Incurred claims	0	0	7,767,725	7,767,725
14.	Beginning claim reserves and liabilities	0	0	1,642,414	1,642,414
15.	Ending claim reserves and liabilities	0	0	2,625,856	2,625,856
16.	Claims paid	0	0	6,784,283	6,784,283
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	0	0	7,767,724	7,767,724
18.	Beginning reserves and liabilities	0	0	1,642,414	1,642,414
19.	Ending reserves and liabilities	0	0	2,625,856	2,625,856
20.	Paid claims and cost containment expenses	0	0	6,784,282	6,784,282

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

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

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340	59-2859797	12/31/1997	Hannover Life Reassurance Company of America	FL	339,537	0
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				339,537	0
1099999.	Total - Life and Annuity Non-Affiliates				339,537	0
1199999.	Total - Life and Annuity				339,537	0
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
66346	58-0828824	07/07/2009	Munich American Reassurance Company	GA	24,678	26,961
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				24,678	26,961
2199999.	Total - Accident and Health Non-Affiliates				24,678	26,961
2299999.	Total - Accident and Health				24,678	26,961
2399999.	Total U.S.				364,215	26,961
9999999.	Total				364,215	26,961

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities
Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099	75-1608507	01/01/1994	Optimum Re Insurance Company	TX	YRT/I	OL	2,927,795	33,836	19,158	17,391	0	0	0	0
88099	75-1608507	06/29/2009	Optimum Re Insurance Company	TX	CO/I	OL	1,484,210	703,353	757,078	22,065	0	0	0	0
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	CO/I	OL	38,773,167	11,382,238	12,197,783	859,043	0	0	0	0
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	ACO/I	FL	0	2,321,712	2,335,985	64,275	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0
1199999.	Total - General Account - Authorized						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0
6999999.	Total U.S.						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0
9999999.	Total						43,185,172	14,441,139	15,310,004	962,774	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86258	13-2572994	12/31/1998	General Re Life Corporation	CT	CO/I	MS	60,583,339	3,216,920	11,539,571	0	0	0	0
70688	36-6071399	12/31/2001	Transamerica Financial Life Insurance Company	NY	CO/I	MS	142,954	22,425	21,478	0	0	0	0
66346	58-0828824	07/07/2009	Munich American Reassurance Company	GA	YRT/I	STM	599,733	9,460	202,706	0	0	0	0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						61,326,026	3,248,805	11,763,755	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						61,326,026	3,248,805	11,763,755	0	0	0	0
1199999.	Total - General Account - Authorized						61,326,026	3,248,805	11,763,755	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1440076	02/01/2005	Sirius International Insurance Corporation	SWE	YRT/I	A	18,083	0	0	0	0	0	0
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						18,083	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						18,083	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized						18,083	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						61,344,109	3,248,805	11,763,755	0	0	0	0
6999999.	Total - U.S.						61,326,026	3,248,805	11,763,755	0	0	0	0
7099999.	Total - Non-U.S.						18,083	0	0	0	0	0	0
9999999.	Total						61,344,109	3,248,805	11,763,755	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-1440076.	02/01/2005	Sirius International Insurance Corporation	0	0	0	0	0	0	0	0	0	0	0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates			0	0	0	0	0	XXX	0	0	0	0	0
2199999.	Total - General Account - Accident and Health - Non-Affiliates			0	0	0	0	0	XXX	0	0	0	0	0
2299999.	Total - General Account - Accident and Health			0	0	0	0	0	XXX	0	0	0	0	0
2399999.	Total - General Account			0	0	0	0	0	XXX	0	0	0	0	0
3699999.	Total - Non-U.S.			0	0	0	0	0	XXX	0	0	0	0	0
9999999.	Total			0	0	0	0	0	XXX	0	0	0	0	0

SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

		1 2014	2 2013	3 2012	4 2011	5 2010
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	62,271	72,275	84,416	100,029	126,271
2.	Commissions and reinsurance expense allowances	9,273	12,924	17,052	22,835	34,506
3.	Contract claims	39,036	64,463	62,391	81,729	105,853
4.	Surrender benefits and withdrawals for life contracts	228	182	269	257	288
5.	Refunds to members	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded	0	0	0	0	0
7.	Increase in aggregate reserves for life and accident and health contracts	(2,437)	(2,159)	(1,578)	(1,997)	(2,133)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	488	504	947	1,097	1,615
9.	Aggregate reserves for life and accident and health contracts	29,454	31,968	34,098	35,676	37,672
10.	Liability for deposit-type contracts	23	72	35	0	0
11.	Contract claims unpaid	12,329	10,479	13,324	16,050	18,670
12.	Amounts recoverable on reinsurance	411	1,122	413	270	2,073
13.	Experience rating refunds due or unpaid	0	0	0	0	0
14.	Refunds to members (not included in Line 10)	0	0	0	0	0
15.	Commissions and reinsurance expense allowances due	0	0	0	0	0
16.	Unauthorized reinsurance offset	0	0	0	0	0
17.	Offset for reinsurance with certified reinsurers	0	0	0	XXX	XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)	0	0	0	0	0
19.	Letters of credit (L)	0	0	0	0	0
20.	Trust agreements (T)	0	0	0	0	0
21.	Other (O)	0	0	0	0	0
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust	0	0	0	XXX	XXX
23.	Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
24.	Letters of credit (L)	0	0	0	XXX	XXX
25.	Trust agreements (T)	0	0	0	XXX	XXX
26.	Other (O)	0	0	0	XXX	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	19,183,405	0	19,183,405
2.	Reinsurance (Line 16)	474,283	0	474,283
3.	Premiums and considerations (Line 15)	145,074	488,306	633,380
4.	Net credit for ceded reinsurance	XXX	44,490,654	44,490,654
5.	All other admitted assets (balance)	128,730	0	128,730
6.	Total assets excluding separate accounts (Line 26)	19,931,492	44,978,960	64,910,452
7.	Separate account assets (Line 27)	0	0	0
8.	Total assets (Line 28)	19,931,492	44,978,960	64,910,452
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	4,706,831	31,968,396	36,675,227
10.	Liability for deposit-type contracts (Line 3)	23,081	0	23,081
11.	Claim reserves (Line 4)	2,655,825	12,329,239	14,985,064
12.	Member refunds/reserves (Lines 5 through 6)	0	0	0
13.	Premium & annuity considerations received in advance (Line 7)	177,278	681,325	858,603
14.	Other contract liabilities (Line 8)	301,229	0	301,229
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)	0	0	0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)	0	0	0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)	0	0	0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)	0	0	0
19.	All other liabilities (balance)	2,454,813	0	2,454,813
20.	Total liabilities excluding Separate Accounts (Line 23)	10,319,057	44,978,960	55,298,017
21.	Separate Account liabilities (Line 24)	0	0	0
22.	Total liabilities (Line 25)	10,319,057	44,978,960	55,298,017
23.	Capital & surplus (Line 30)	9,612,436	XXX	9,612,436
24.	Total liabilities, capital & surplus (Line 31)	19,931,493	44,978,960	64,910,453
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	31,968,396		
26.	Claim reserves	12,329,239		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	681,325		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	44,978,960		
34.	Premiums and considerations	488,306		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	488,306		
41.	Total net credit for ceded reinsurance	44,490,654		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	11,252	0	0	0	0	11,252
2. Alaska AK	266	0	0	0	0	266
3. Arizona AZ	4,048	1,000	0	0	0	5,048
4. Arkansas AR	7,959	0	0	0	0	7,959
5. California CA	77,259	0	0	0	0	77,259
6. Colorado CO	4,452	7,200	0	0	0	11,652
7. Connecticut CT	2,413	0	0	0	0	2,413
8. Delaware DE	470	0	0	0	0	470
9. District of Columbia DC	0	0	0	0	0	0
10. Florida FL	91,506	15,308	0	0	0	106,814
11. Georgia GA	38,095	0	0	0	0	38,095
12. Hawaii HI	0	0	0	0	0	0
13. Idaho ID	0	0	0	0	0	0
14. Illinois IL	63,920	700	0	2,109	0	66,729
15. Indiana IN	41,847	0	0	0	0	41,847
16. Iowa IA	25,809	0	0	0	0	25,809
17. Kansas KS	14,894	37,910	0	0	0	52,804
18. Kentucky KY	37,335	0	0	0	0	37,335
19. Louisiana LA	26,713	800	0	0	0	27,513
20. Maine ME	914	10,000	0	0	0	10,914
21. Maryland MD	3,733	0	0	0	0	3,733
22. Massachusetts MA	5,940	0	0	0	0	5,940
23. Michigan MI	114,532	10,000	0	0	0	124,532
24. Minnesota MN	8,287	0	0	0	0	8,287
25. Mississippi MS	32,866	1,200	0	0	0	34,066
26. Missouri MO	24,857	0	0	0	0	24,857
27. Montana MT	499	0	0	0	0	499
28. Nebraska NE	9,570	10,000	0	0	0	19,570
29. Nevada NV	4,376	0	0	0	0	4,376
30. New Hampshire NH	1,482	0	0	0	0	1,482
31. New Jersey NJ	23,398	0	0	0	0	23,398
32. New Mexico NM	234	0	0	0	0	234
33. New York NY	3,699	0	0	0	0	3,699
34. North Carolina NC	25,866	0	0	0	0	25,866
35. North Dakota ND	5,559	2,000	0	0	0	7,559
36. Ohio OH	95,515	0	0	0	0	95,515
37. Oklahoma OK	15,257	0	0	0	0	15,257
38. Oregon OR	14,444	0	0	0	0	14,444
39. Pennsylvania PA	57,254	0	0	0	0	57,254
40. Rhode Island RI	3,548	0	0	0	0	3,548
41. South Carolina SC	10,188	0	0	0	0	10,188
42. South Dakota SD	10,092	649	0	0	0	10,741
43. Tennessee TN	40,962	400	0	0	0	41,362
44. Texas TX	76,018	240	0	0	0	76,258
45. Utah UT	1,120	0	0	0	0	1,120
46. Vermont VT	0	0	0	0	0	0
47. Virginia VA	25,971	0	0	0	0	25,971
48. Washington WA	618	0	0	0	0	618
49. West Virginia WV	8,789	0	0	0	0	8,789
50. Wisconsin WI	20,654	10,000	0	0	0	30,654
51. Wyoming WY	589	0	0	0	0	589
52. American Samoa AS	0	0	0	0	0	0
53. Guam GU	0	0	0	0	0	0
54. Puerto Rico PR	0	0	0	0	0	0
55. US Virgin Islands VI	0	0	0	0	0	0
56. Northern Mariana Islands MP	0	0	0	0	0	0
57. Canada CAN	29,585	0	0	0	0	29,585
58. Aggregate Other Alien OT	0	0	0	0	0	0
59. Totals	1,124,656	107,407	0	2,109	0	1,234,172

Sch. Y-Pt. 1A
NONE

Sch. Y-Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	MARCH FILING	Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed with this statement by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
8.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
9.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	MARCH FILING	
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
13.	Will the statement on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
14.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be field with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
32.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
33.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
34.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
35.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	YES
	APRIL FILING	
36.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
37.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
38.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
39.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
40.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
41.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

43. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
44. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

45. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

EXPLANATIONS:

BARCODES:

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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45. 

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	Aggregate of			
		Cost	All	All Other Lines			
	Life	Containment	Other	of Business	Investment	Fraternal	Total
09.304 Agent Services	2,546	0	95,836	0	0	0	98,382
09.305 Product Development	21	0	791	0	0	0	812
09.306 Temporary Worker Services	871	0	32,774	0	0	0	33,645
09.307 Claims Outsourcing	12,110	0	455,857	0	0	0	467,967
09.308 Depreciation-Leasehold Improvements	90	0	3,396	0	0	0	3,487
09.309 Records Storage	379	0	14,257	0	0	559	15,194
09.310 Charitable Contributions	76	0	2,849	0	0	55,923	58,848
09.397 Summary of remaining write-ins for Line 9.3	16,092	0	605,760	0	0	56,482	678,334

Overflow Page for Write-Ins

NONE

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	02/07/1995			07/01/1997	PLAN B ISSUE AGE	6,595	1,924	29.2	2	0	0	0.0	0
YES	MS(C)91	C	NO	346	02/07/1995			07/01/1997	PLAN C ISSUE AGE	28,225	12,098	42.9	7	0	0	0.0	0
YES	MS(F)-91	F	NO	346	02/07/1995			07/01/1997	PLAN F ISSUE AGE	18,979	9,212	48.5	4	0	0	0.0	0
YES	MS(C)-04	C	NO	346	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	2,740	2,837	103.5	1	0	0	0.0	0
YES	MS AB 06	B	NO	346	08/20/2005			05/31/2010	PLAN B ATTAINED AGE	3,166	223	7.0	1	0	0	0.0	0
YES	MS AC 06	C	NO	346	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	41,305	12,822	31.0	14	0	0	0.0	0
YES	MS AF 06	F	NO	346	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	658,844	423,878	64.3	205	0	0	0.0	0
YES	MS AG 06	G	NO	346	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	72,550	54,739	75.5	24	0	0	0.0	0
YES	MSAAF2010	F	NO	346	04/19/2010				PLAN F ATTAINED AGE (2010)	9,783	12,772	130.6	4	2,357	499	21.2	1
YES	MSAAG2010	G	NO	346	04/19/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	1,742	50	2.9	1
YES	MSAAN2010	N	NO	346	04/19/2010				PLAN N ATTAINED AGE (2010)	12,216	18,585	152.1	6	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									854,403	549,090	64.3	268	4,099	549	13.4	2

360.AL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS-88	P	NO	246	02/16/1988		08/27/1991	02/01/1992	PRE-STANDARD	4,829	19	0.4	1	0	0	0.0	0
YES	MS IF 06 AR	F	NO	346	06/06/2006			05/31/2010	PLAN F ISSUE AGE	1,587,792	1,199,929	75.6	637	0	0	0.0	0
YES	MS IG 06 AR	G	NO	346	06/06/2006			05/31/2010	PLAN G ISSUE AGE	127,674	57,936	45.4	57	0	0	0.0	0
YES	MSIAF2010 AR	F	NO	346	05/20/2010				PLAN F ISSUE AGE (2010)	2,513	193	7.7	1	1,548	8,558	552.8	0
YES	MSIAG2010 AR	G	NO	34	05/20/2010				PLAN G ISSUE AGE (2010)	2,224	942	42.4	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,725,032	1,259,019	73.0	697	1,548	8,558	552.8	0

360.AR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C) 00 AZ	C	NO	346	08/31/2000			02/03/2006	PLAN C ATTAINED AGE	4,328	918	21.2	1	0	0	0.0	0
YES	MS(F) 00 AZ	F	NO	346	08/31/2000			02/03/2006	PLAN F ATTAINED AGE	3,479	657	18.9	1	0	0	0.0	0
YES	MS IF 06 AZ	F	NO	346	02/03/2006			05/31/2010	PLAN F ISSUE AGE	2,106,008	1,233,290	58.6	616	0	0	0.0	0
YES	MS IG 06 AZ	G	NO	346	02/03/2006			05/31/2010	PLAN G ISSUE AGE	115,991	83,430	71.9	39	0	0	0.0	0
YES	MSIAF2010 AZ	F	NO	346	05/20/2010				PLAN F ISSUE AGE (2010)	0	0	0.0	0	5,130	1,236	24.1	2
YES	MSIAN2010 AZ	N	NO	346	05/20/2010				PLAN N ISSUE AGE (2010)	0	0	0.0	0	1,765	28	1.6	1
0199999.	Total Policy Experience on Individual Policies									2,229,806	1,318,295	59.1	657	6,895	1,264	18.3	3

360.AZ

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	15,611	3,980	.....25.5	4	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	4,979	1,355	.....27.2	1	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	31,096	14,819	.....47.7	5	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									51,686	20,154	.....39.0	10	0	0	.....0.0	0

360.CA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(D)-02 CO	D	NO	346	04/29/2002			03/15/2006	PLAN D ATTAINED AGE	1,663	736	44.3	0	0	0	0.0	0
YES	MS(F)-02 CO	F	NO	346	04/29/2002			03/15/2006	PLAN F ATTAINED AGE	91,696	55,083	60.1	36	0	0	0.0	0
YES	MS(G)-03 CO	G	NO	346	10/10/2003			03/15/2006	PLAN G ATTAINED AGE	19,166	6,676	34.8	9	0	0	0.0	0
YES	MS AB 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN B ATTAINED AGE	1,967	129	6.6	1	0	0	0.0	0
YES	MS AF 06 CO	F	NO	346	03/15/2006			05/31/2010	PLAN F ATTAINED AGE	1,081,975	651,465	60.2	438	0	0	0.0	0
YES	MS AG 06 CO	G	NO	346	03/15/2006			05/31/2010	PLAN G ATTAINED AGE	298,592	174,991	58.6	138	0	0	0.0	0
YES	MS AAF2010 CO	F	NO	346	07/06/2010				PLAN F ATTAINED AGE (2010)	29,904	16,520	55.2	15	137,215	60,213	43.9	67
YES	MS AAG2010 CO	G	NO	346	07/06/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	334	0	0.0	1
YES	MSAAN2010 CO	N	NO	346	07/06/2010				PLAN N ATTAINED AGE (2010)	1,806	829	45.9	1	16,495	9,856	59.8	9
0199999.	Total Policy Experience on Individual Policies									1,526,769	906,429	59.4	638	154,044	70,069	45.5	77

360.CO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	12,841	12,327	.....96.0	5	0	0	.....0.0	0
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	67,977	56,490	.....83.1	32	0	0	.....0.0	0
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	230,382	241,083	.....104.6	86	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	1,626,651	1,359,676	.....83.6	576	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	2,229,758	1,665,490	.....74.7	727	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									4,167,609	3,335,066	.....80.0	1,426	0	0	.....0.0	0

360.FL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

5 6 3 8 3 2 0 1 4 3 6 0 1 1 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.05/24/1988		.05/23/1991	.01/01/1992	PRE-STANDARD	1,851	783	42.3	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	.02/15/1994			.01/13/2006	PLAN A ISSUE AGE	5,584	1,726	30.9	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.02/15/1994			.01/13/2006	PLAN B ISSUE AGE	30,219	19,840	65.7	8	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.02/15/1994			.01/13/2006	PLAN C ISSUE AGE	95,767	63,439	66.2	18	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.02/15/1994			.01/13/2006	PLAN F ISSUE AGE	151,482	66,368	43.8	34	0	0	0.0	0
YES	MS IC 06 GA	C	NO	346	.01/13/2006			.05/31/2010	PLAN C ISSUE AGE	4,317	7,883	182.6	1	0	0	0.0	0
YES	MSIAG2010 GA	G	NO	346	.10/23/2013				PLAN G ISSUE AGE (2010)	0	0	0.0	0	799	650	81.4	1
0199999.	Total Policy Experience on Individual Policies									289,220	160,039	55.3	64	799	650	81.4	1

360.GA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

5 6 3 8 3 2 0 1 4 3 6 0 1 6 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	03/15/1995			08/03/2000	PLAN C ISSUE AGE	15,733	5,537	35.2	3	0	0	0.0	0
YES	MS(F)-91	F	NO	346	03/15/1995			08/03/2000	PLAN F ISSUE AGE	84,397	49,671	58.9	16	0	0	0.0	0
YES	MS AD 06	D	NO	346	09/09/2005			05/31/2010	PLAN D ATTAINED AGE	2,789	3,159	113.3	1	0	0	0.0	0
YES	MS AF 06	F	NO	346	09/09/2005			05/31/2010	PLAN F ATTAINED AGE	640,294	421,164	65.8	180	0	0	0.0	0
YES	MS AG 08	G	NO	346	07/30/2008			05/31/2010	PLAN G ATTAINED AGE	62,608	43,026	68.7	22	0	0	0.0	0
YES	MSAAF2010	F	NO	346	05/25/2010				PLAN F ATTAINED AGE (2010)	2,702	1,687	62.4	1	0	0	0.0	0
YES	MSAAG2010	G	NO	346	05/25/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									808,523	524,244	64.8	223	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

5 6 3 8 3 2 0 1 4 3 6 0 1 3 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS IF 06 ID.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	3,363,675	1,878,899	.....55.9	1,120	0	0	.....0.0	0
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	719,299	479,460	.....66.7	294	0	0	.....0.0	0
.....YES.....	MSIAF2010	F.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	10,797	15,994	.....148.1	4	13,787	9,854	.....71.5	5
.....YES.....	MSIAG2010.....	G.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	1,916	247	.....12.9	1	0	44	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									4,095,687	2,374,600	.....58.0	1,419	13,787	9,898	.....71.8	5

360.ID

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	.01/15/1992			.02/05/2001	PLAN A ISSUE AGE	5,702	7,573	132.8	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.01/15/1992			.02/05/2001	PLAN B ISSUE AGE	6,480	1,437	22.2	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.10/07/1993			.02/05/2001	PLAN C ISSUE AGE	87,498	50,510	57.7	17	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.01/15/1992			.02/05/2001	PLAN F ISSUE AGE	535,412	230,677	43.1	97	0	0	0.0	0
YES	MS(F)-00	F	NO	346	.02/05/2001			.12/31/2005	PLAN F ATTAINED AGE	12,739	3,512	27.6	4	0	0	0.0	0
YES	MS AC 06 IL	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	826	2,529	306.2	0	0	0	0.0	0
YES	MS AD 06 IL	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	7,031	5,548	78.9	2	0	0	0.0	0
YES	MS AF 06 IL	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	1,731,851	1,101,040	63.6	498	0	0	0.0	0
YES	MS AG 06 IL	G	NO	346	.09/12/2005			.05/31/2010	PLAN G ATTAINED AGE	329,613	182,828	55.5	109	0	0	0.0	0
YES	MS AAF 2010 IL	F	NO	346	.05/22/2010				PLAN F ATTAINED AGE (2010)	96,523	52,012	53.9	32	24,542	12,637	51.5	11
YES	MS AAG 2010IL	G	NO	346	.05/22/2010				PLAN G ATTAINED AGE (2010)	11,529	5,591	48.5	5	27,352	8,496	31.1	13
YES	MS AAN 2010 IL	N	NO	346	.05/22/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									2,825,204	1,643,257	58.2	767	51,894	21,133	40.7	24

360.IL

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	03/28/1994			10/16/2000	PLAN A ISSUE AGE	2,424	116	4.8	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	03/28/1994			10/16/2000	PLAN B ISSUE AGE	3,809	(58)	(1.5)	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	03/28/1994			10/16/2000	PLAN C ISSUE AGE	97,056	45,964	47.4	21	0	0	0.0	0
YES	MS(F)-91	F	NO	346	03/28/1994			10/16/2000	PLAN F ISSUE AGE	224,629	81,116	36.1	47	0	0	0.0	0
YES	MS(C)-00	C	NO	346	10/16/2000			12/31/2005	PLAN C ATTAINED AGE	19,177	20,223	105.5	6	0	0	0.0	0
YES	MS(D)-00	D	NO	346	10/16/2000			12/31/2005	PLAN D ATTAINED AGE	3,690	5,821	157.8	1	0	0	0.0	0
YES	MS(F)-00	F	NO	346	10/16/2000			12/31/2005	PLAN F ATTAINED AGE	242,680	128,298	52.9	70	0	0	0.0	0
YES	MS(G)-03	G	NO	346	10/10/2003			12/31/2005	PLAN G ATTAINED AGE	80,315	65,534	81.6	29	0	0	0.0	0
YES	MS AB 06	B	NO	346	12/27/2005			05/31/2010	PLAN B ATTAINED AGE	1,934	256	13.2	1	0	0	0.0	0
YES	MS AC 06	C	NO	346	12/27/2005			05/31/2010	PLAN C ATTAINED AGE	20,080	5,830	29.0	6	0	0	0.0	0
YES	MS AD 06	D	NO	346	12/27/2005			05/31/2010	PLAN D ATTAINED AGE	5,212	2,395	46.0	2	0	0	0.0	0
YES	MS AF 06	F	NO	346	12/27/2005			05/31/2010	PLAN F ATTAINED AGE	1,531,250	790,673	51.6	428	0	0	0.0	0
YES	MS AG 06	G	NO	346	12/27/2006			05/31/2010	PLAN G ATTAINED AGE	1,848,945	958,260	51.8	682	0	0	0.0	0
YES	MS AAF 2010	F	NO	34	05/28/2010				PLAN F ATTAINED AGE (2010)	14,453	1,359	9.4	5	10,198	5,957	58.4	4
YES	MS AAG 2010	G	NO	34	05/28/2010				PLAN G ATTAINED AGE (2010)	10,508	6,695	63.7	5	5,785	1,263	21.8	3
0199999.	Total Policy Experience on Individual Policies									4,106,162	2,112,482	51.4	1,305	15,983	7,220	45.2	7

360.IN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
3.2 Contact person and phone number..... Denise Sharif 800-848-0123

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

5 6 3 8 3 2 0 1 4 3 6 0 1 7 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.10/04/1989	.....	.02/22/1991	.04/01/1992	PRE-STANDARD.....	11,420	2,291	.....20.1	4	0	0	.....0.0	0
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.03/25/1992	.....	.....	.11/05/2007	PLAN A ISSUE AGE.....	2,132	2,934	.....137.6	1	0	0	.....0.0	0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	272,515	153,790	.....56.4	65	0	0	.....0.0	0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	87,497	64,978	.....74.3	17	0	0	.....0.0	0
.....YES.....	MSAAF2010 KS.....	F.....	.....NO.....	....346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	2,004	855	.....42.7	1	8,396	5,350	.....63.7	3
0199999.	Total Policy Experience on Individual Policies.....									375,568	224,848	.....59.9	88	8,396	5,350	.....63.7	3

360.KS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

5 6 3 8 3 2 0 1 4 3 6 0 1 8 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/26/1988		.02/01/1991	.01/01/1992	PRE-STANDARD	1,809	822	45.4	2	0	0	0.0	0
YES	MS(A)-91	A	NO	346	.03/11/1992			.01/03/2001	PLAN A ISSUE AGE	2,544	136	5.3	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.12/02/1993			.01/03/2001	PLAN B ISSUE AGE	0	84	0.0	0	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.12/02/1993			.01/03/2001	PLAN C ISSUE AGE	73,720	34,775	47.2	17	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.05/06/1992			.01/03/2001	PLAN F ISSUE AGE	133,683	83,704	62.6	28	0	0	0.0	0
YES	MSAAC2010 KY	C	NO	346	.07/20/2010				PLAN C ATTAINED (2010)	0	0	0.0	0	2,881	663	23.0	1
YES	MSAAF2010 KY	F	NO	346	.07/20/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	4,183	1,072	25.6	2
0199999.	Total Policy Experience on Individual Policies									211,756	119,521	56.4	48	7,064	1,735	24.6	3

360.KY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	11/15/1993			05/24/2001	PLAN C ISSUE AGE	4,712	1,355	28.8	1	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/14/1992			05/24/2001	PLAN F ISSUE AGE	15,994	2,126	13.3	3	0	0	0.0	0
YES	MS(F)-00 LA	F	NO	346	05/24/2001			02/20/2004	PLAN F ATTAINED AGE	0	16	0.0	0	0	0	0.0	0
YES	MS(G)-04 LA	G	NO	346	02/20/2004			02/16/2006	PLAN G ATTAINED AGE	9,966	5,964	59.8	2	0	0	0.0	0
YES	MS AC 06 LA	C	NO	346	02/16/2006			05/31/2010	PLAN C ATTAINED AGE	34,835	24,924	71.5	8	0	0	0.0	0
YES	MS AD 06 LA	D	NO	346	02/16/2006			05/31/2010	PLAN D ATTAINED AGE	8,019	4,559	56.9	2	0	0	0.0	0
YES	MS AF 06 LA	F	NO	346	02/16/2006			05/31/2010	PLAN F ATTAINED AGE	2,899,132	1,656,359	57.1	654	0	0	0.0	0
YES	MS AG 06 LA	G	NO	346	02/16/2006			05/31/2010	PLAN G ATTAINED AGE	268,935	133,731	49.7	71	0	0	0.0	0
YES	MSAAF2010 LA	F	NO	346	06/25/2010				PLAN F ATTAINED AGE (2010)	0	240	0.0	0	3,047	330	10.8	1
YES	MSAAG2010 LA	G	NO	346	06/25/2010				PLAN G ATTAINED AGE (2010)	3,230	783	24.2	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									3,244,823	1,830,057	56.4	742	3,047	330	10.8	1

360.LA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.MI

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	02/11/1992			08/01/2000	PLAN A ISSUE AGE	6,411	603	9.4	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	08/19/1993			08/01/2000	PLAN C ISSUE AGE	85,097	43,507	51.1	17	0	0	0.0	0
YES	MS(F)-91	F	NO	346	05/04/1992			08/01/2000	PLAN F ISSUE AGE	39,414	18,920	48.0	8	0	0	0.0	0
YES	MS(C)-00	C	NO	346	08/01/2000			12/31/2005	PLAN C ATTAINED AGE	16,184	3,951	24.4	5	0	0	0.0	0
YES	MS(D)-00	D	NO	346	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	7,629	712	9.3	2	0	0	0.0	0
YES	MS(F)-00	F	NO	346	08/01/2000			12/31/2005	PLAN F ATTAINED AGE	15,602	1,953	12.5	3	0	0	0.0	0
YES	MS(G)-04 MI	G	NO	346	08/05/2004			12/31/2005	PLAN G ATTAINED AGE	0	0	0.0	0	0	0	0.0	0
YES	MS AC 06	C	NO	346	12/09/2005			05/31/2010	PLAN C ATTAINED AGE	29,200	9,631	33.0	9	0	0	0.0	0
YES	MS AD 06	D	NO	346	12/09/2005			05/31/2010	PLAN D ATTAINED AGE	4,389	1,437	32.7	1	0	0	0.0	0
YES	MS AF 06	F	NO	346	12/09/2005			05/31/2010	PLAN F ATTAINED AGE	757,828	384,100	50.7	206	0	0	0.0	0
YES	MS AG 06	G	NO	346	12/09/2005			05/31/2010	PLAN G ATTAINED AGE	420,958	231,391	55.0	123	0	0	0.0	0
YES	MSAAF2010	F	NO	34	04/23/2010				PLAN F ATTAINED AGE (2010)	9,675	3,890	40.2	3	0	0	0.0	0
YES	MSAAG2010	G	NO	34	04/23/2010				PLAN G ATTAINED AGE (2010)	2,088	265	12.7	1	0	0	0.0	0
YES	MSAAN2010	N	NO	34	04/23/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	6,048	827	13.7	2
0199999.	Total Policy Experience on Individual Policies									1,394,475	700,360	50.2	380	6,048	827	13.7	2

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215

GENERAL INTERROGATORIES

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	8,902	6,206	69.7	3	0	0	0.0	0
YES	MS(B)-91	B	NO	346	01/14/1992			12/31/2005	PLAN B ISSUE AGE	11,276	3,071	27.2	3	0	0	0.0	0
YES	MS(C)-91	C	NO	346	11/10/1993			12/31/2005	PLAN C ISSUE AGE	91,999	42,233	45.9	18	0	0	0.0	0
YES	MS(F)-91	F	NO	346	06/01/1992			12/31/2005	PLAN F ISSUE AGE	76,455	45,849	60.0	16	0	0	0.0	0
YES	MS IF 06 MO	F	NO	346	09/21/2005			05/31/2010	PLAN F ISSUE AGE	4,472	191	4.3	1	0	0	0.0	0
YES	MSIAB2010	B	NO	346	08/10/2010				PLAN B ISSUE AGE (2010)	2,058	3,191	155.1	1	4,864	621	12.8	2
YES	MSIAC2010	C	NO	346	08/10/2010				PLAN C ISSUE AGE (2010)	0	311	0.0	0	23,041	13,092	56.8	9
YES	MSIAD2010	D	NO	346	08/10/2010				PLAN D ISSUE AGE (2010)	0	0	0.0	0	85,877	24,290	28.3	42
YES	MSIAF2010	F	NO	346	08/10/2010				PLAN F ISSUE AGE (2010)	0	0	0.0	0	217,049	137,161	63.2	84
YES	MSIAG2010	G	NO	346	08/10/2010				PLAN G ISSUE AGE (2010)	2,210	287	13.0	1	130,581	49,064	37.6	61
YES	MSIAN2010	N	NO	346	08/10/2010				PLAN N ISSUE AGE (2010)	1,931	1,874	97.0	1	154,580	77,056	49.8	86
0199999.	Total Policy Experience on Individual Policies									199,303	103,213	51.8	44	615,992	301,284	48.9	284

360.MO

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

5 6 3 8 3 2 0 1 4 3 6 0 2 5 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/22/1988		.12/26/1990	.07/01/1992	PRE-STANDARD	4,651	1,341	28.8	1	0	0	0.0	0
YES	MS(C)-91MS	C	NO	346	.08/16/1996			.08/18/2000	PLAN C ISSUE AGE	8,372	2,481	29.6	2	0	0	0.0	0
YES	MS(F)-91 MS	F	NO	346	.08/16/1996			.08/18/2000	PLAN F ISSUE AGE	60,010	40,342	67.2	12	0	0	0.0	0
YES	MS(C)-00 MS	C	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE	3,089	169	5.5	1	0	0	0.0	0
YES	MS(F)-00 MS	F	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE	7,421	1,720	23.2	2	0	0	0.0	0
YES	MS AB 06 MS	B	NO	346	.09/12/2005			.05/31/2010	PLAN B ATTAINED AGE	3,349	973	29.1	1	0	0	0.0	0
YES	MS AC 06 MS	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	79,352	151,097	190.4	19	0	0	0.0	0
YES	MS AD 06 MS	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	46,288	12,116	26.2	13	0	0	0.0	0
YES	MS AF 06 MS	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	6,247,588	3,825,915	61.2	1,698	0	0	0.0	0
YES	MS G 06 MS	G	NO	346	.12/14/2006			.05/31/2010	PLAN G ATTAINED AGE	123,099	41,019	33.3	39	0	0	0.0	0
YES	MSAAC2010 MS	C	NO	346	.07/21/2010				PLAN C ATTAINED AGE (2010)	57,274	131,052	228.8	15	4,556	10,140	222.6	1
YES	MSAAF2010 MS	F	NO	346	.07/21/2010				PLAN F ATTAINED AGE (2010)	14,102	20,908	148.3	4	0	0	0.0	0
YES	MSAAG2010 MS	G	NO	346	.07/21/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	2,645	678	25.6	1
YES	MSAAN2010 MS	N	NO	346	.07/21/2010				PLAN N ATTAINED AGE (2010)	1,795	566	31.5	1	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									6,656,390	4,229,699	63.5	1,808	7,201	10,818	150.2	2

360.MS

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215

GENERAL INTERROGATORIES

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/22/1988		01/29/1991	07/01/1992	PRE-STANDARD	5,122	424	8.3	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	06/26/1992			09/01/2004	PLAN B ISSUE AGE	2,777	1,677	60.4	1	0	0	0.0	0
YES	MS AC 06 MT	C	NO	346	01/17/2006			05/31/2010	PLAN C ATTAINED AGE	15,367	5,818	37.9	6	0	0	0.0	0
YES	MS AD 06 MT	D	NO	346	01/17/2006			05/31/2010	PLAN D ATTAINED AGE	14,217	4,894	34.4	5	0	0	0.0	0
YES	MS AF 06 MT	F	NO	346	01/17/2006			05/31/2010	PLAN F ATTAINED AGE	1,353,282	769,361	56.9	506	0	0	0.0	0
YES	MS AG 06 MT	G	NO	346	01/17/2006			05/31/2010	PLAN G ATTAINED AGE	93,835	65,590	69.9	40	0	0	0.0	0
YES	MS AAC 2010 MT	C	NO	346	07/12/2010				PLAN C ATTAINED AGE (2010)	0	0	0.0	0	2,285	107	4.7	1
YES	MS AAF 2010 MT	F	NO	34	07/12/2010				PLAN F ATTAINED AGE (2010)	7,783	4,963	63.8	3	5,751	414	7.2	1
YES	MS AAG 2010 MT	G	NO	34	07/12/2010				PLAN G ATTAINED AGE (2010)	1,900	843	44.4	1	0	0	0.0	0
YES	MS AAN 2010 MT	N	NO	34	07/12/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	0	10	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,494,283	853,570	57.1	563	8,036	531	6.6	2

360.MT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	10/24/1989			01/01/1992	PRE-STANDARD	3,287	104	3.2	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	09/14/1992			02/16/2001	PLAN A ISSUE AGE	3,256	1,049	32.2	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	07/22/1994			02/16/2001	PLAN C ISSUE AGE	38,265	22,143	57.9	7	0	0	0.0	0
YES	MS(F)-91	F	NO	346	07/22/1994			02/16/2001	PLAN F ISSUE AGE	51,432	20,483	39.8	9	0	0	0.0	0
YES	MS AC 06 NC	C	NO	346	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	308,292	345,592	112.1	65	0	0	0.0	0
YES	MS AD 06 NC	D	NO	346	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	6,578	3,933	59.8	2	0	0	0.0	0
YES	MS AF 06 NC	F	NO	346	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	1,334,778	667,545	50.0	341	0	0	0.0	0
YES	MS AG 08 NC	G	NO	346	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	326,207	159,523	48.9	104	0	0	0.0	0
YES	MS AAC 2010 NC	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	20,286	45,939	226.5	4	0	0	0.0	0
YES	MS AAF 2010 NC	F	NO	34	06/01/2010				PLAN F ATTAINED AGE (2010)	2,450	4,966	202.7	1	0	0	0.0	0
YES	MS AAG 2010 NC	G	NO	34	06/01/2010				PLAN G ATTAINED AGE (2010)	3,653	405	11.1	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									2,098,484	1,271,682	60.6	537	0	0	0.0	0

360.NC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	12/30/1989		01/15/1991	01/01/1992	PRE-STANDARD	3,635	291	8.0	1	0	0	0.0	0
YES	MS(A)-91	A	NO	346	11/18/1992			08/08/2000	PLAN A ISSUE AGE	0	0	0.0	0	0	0	0.0	0
YES	MS(B)-91	B	NO	346	08/09/1993			08/08/2000	PLAN B ISSUE AGE	6,964	669	9.6	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	08/09/1993			08/08/2000	PLAN C ISSUE AGE	38,070	13,129	34.5	10	0	0	0.0	0
YES	MS(F)-91	F	NO	346	11/18/1992			08/08/2000	PLAN F ISSUE AGE	48,131	54,989	114.2	11	0	0	0.0	0
YES	MS(F)-00	F	NO	346	08/08/2000			12/31/2005	PLAN F ATTAINED AGE	2,653	1,448	54.6	1	0	0	0.0	0
YES	MS AC 06 ND	C	NO	346	10/31/2005			05/31/2010	PLAN C ATTAINED AGE	8,908	4,829	54.2	3	0	0	0.0	0
YES	MS AD 06 ND	D	NO	346	10/31/2005			05/31/2010	PLAN D ATTAINED AGE	0	1,323	0.0	0	0	0	0.0	0
YES	MS AF 06 ND	F	NO	346	10/31/2005			05/31/2010	PLAN F ATTAINED AGE	2,198,900	1,618,671	73.6	753	0	0	0.0	0
YES	MSG 06 ND	G	NO	346	01/05/2007			05/31/2010	PLAN G ATTAINED AGE	3,325	11,967	359.9	1	0	0	0.0	0
YES	MSAAF2010 ND	F	NO	34	05/12/2010				PLAN F ATTAINED AGE (2010)	3,334	1,766	53.0	1	3,866	1,864	48.2	2
0199999.	Total Policy Experience on Individual Policies									2,313,920	1,709,082	73.9	783	3,866	1,864	48.2	2

360.ND

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

5 6 3 8 3 2 0 1 4 3 6 0 2 8 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.05/01/1989		.02/28/1991	.05/01/1992	PRE-STANDARD	3,177	2,142	67.4	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.05/22/1995			.10/04/2000	PLAN B ISSUE AGE	3,839	88	2.3	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.05/22/1995			.10/04/2000	PLAN C ISSUE AGE	0	0	0.0	0	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.05/22/1995			.10/04/2000	PLAN F ISSUE AGE	51,447	16,193	31.5	9	0	0	0.0	0
YES	MS(F)-00	F	NO	346	.10/04/2000			.01/05/2006	PLAN F ATTAINED AGE	19,989	6,500	32.5	5	0	0	0.0	0
YES	MS AC 06	C	NO	346	.01/05/2006			.05/31/2010	PLAN C ATTAINED AGE	6,730	534	7.9	2	0	0	0.0	0
YES	MS AF 06	F	NO	346	.01/05/2006			.05/31/2010	PLAN F ATTAINED AGE	6,242,399	3,767,064	60.3	1,792	0	0	0.0	0
YES	MS AG 06	G	NO	346	.01/05/2006			.05/31/2010	PLAN G ATTAINED AGE	95,215	61,938	65.1	31	0	0	0.0	0
YES	MS AAF 2010 NE	F	NO	34	.06/28/2010				PLAN F ATTAINED AGE (2010)	3,215	684	21.3	1	8,482	1,524	18.0	3
0199999.	Total Policy Experience on Individual Policies									6,426,011	3,855,143	60.0	1,842	8,482	1,524	18.0	3

360.NE

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MSE 06 NV.....	E.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	2,052	1,038	.....50.6	1	0	0	.....0.0	0
.....YES.....	MSF 06 NV.....	F.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	491,615	321,047	.....65.3	142	0	0	.....0.0	0
.....YES.....	MSG 06 NV.....	G.....	.....NO.....	....346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	218,767	146,615	.....67.0	73	0	0	.....0.0	0
.....YES.....	MSAAF2010 NV.....	F.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	10,856	2,347	.....21.6	5	7,258	476	.....6.6	3
.....YES.....	MS AAG 2010 NV.....	G.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	3,671	243	.....6.6	2	6,055	2,476	.....40.9	3
.....YES	MS AAN 2010 NV.....	N.....	.....NO.....	....34.....	.06/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	1,812	0	.....0.0	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									728,773	471,290	.....64.7	224	13,313	2,952	.....22.2	6

360.NV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

5 6 3 8 3 2 0 1 4 3 6 0 3 6 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/27/1988		01/.09/1991	.01/01/1992	PRE-STANDARD	18,729	16,333	87.2	4	0	0	0.0	0
YES	MS(A)-91	A	NO	346	.01/01/1992			.07/14/2000	PLAN A ISSUE AGE	5,851	1,323	22.6	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.01/30/1992			.07/14/2000	PLAN B ISSUE AGE	14,219	8,028	56.5	4	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.06/24/1993			.07/14/2000	PLAN C ISSUE AGE	284,727	96,047	33.7	63	0	0	0.0	0
YES	MS(F)-91	F	NO	346	.01/30/1992			.07/14/2000	PLAN F ISSUE AGE	50,268	14,722	29.3	11	0	0	0.0	0
YES	MS(C)-00 OH	C	NO	346	.07/14/2000			.12/31/2005	PLAN C ATTAINED AGE	6,955	3,024	43.5	1	0	0	0.0	0
YES	MS AC 06 OH	C	NO	346	.09/15/2005			.05/31/2010	PLAN C ATTAINED AGE	4,187	747	17.8	1	0	0	0.0	0
YES	MS AF 06 OH	F	NO	346	.09/15/2005			.05/31/2010	PLAN F ATTAINED AGE	8,970	(198)	(2.2)	2	0	0	0.0	0
YES	MSAAC2010 OH	C	NO	34	.06/29/2010				PLAN C ATTAINED AGE (2010)	0	0	0.0	0	8,398	2,238	26.6	4
YES	MSAAD2010 OH	D	NO	34	.06/29/2010				PLAN D ATTAINED AGE (2010)	0	0	0.0	0	6,351	1,048	16.5	5
YES	MSAAF2010 OH	F	NO	34	.06/29/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	15,772	6,998	44.4	14
YES	MSAAG2010 OH	G	NO	34	.06/29/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	27,586	9,235	33.5	22
YES	MSAAN2010 OH	N	NO	34	.06/29/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	25,746	4,784	18.6	23
0199999.	Total Policy Experience on Individual Policies									393,906	140,026	35.5	88	83,853	24,303	29.0	68

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

5 6 3 8 3 2 0 1 4 3 6 0 3 7 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	03/22/1998		01/12/1991	07/01/1992	PRE-STANDARD	5,440	3,342	61.4	2	0	0	0.0	0
YES	MS(A)-91	A	NO	346	01/01/1992			08/18/2000	PLAN A ISSUE AGE	5,852	2,808	48.0	3	0	0	0.0	0
YES	MS(B)-91	B	NO	346	09/23/1993			08/18/2000	PLAN B ISSUE AGE	10,503	1,893	18.0	3	0	0	0.0	0
YES	MS(C)-91	C	NO	346	09/23/1993			08/18/2000	PLAN C ISSUE AGE	152,320	65,032	42.7	42	0	0	0.0	0
YES	MS(F)-91	F	NO	346	04/03/1992			08/18/2000	PLAN F ISSUE AGE	143,545	62,825	43.8	33	0	0	0.0	0
YES	MS(A)-00	A	NO	346	08/18/2000			12/31/2005	PLAN A ATTAINED AGE	5,890	7,002	118.9	2	0	0	0.0	0
YES	MS(B)-00	B	NO	346	08/18/2000			12/31/2005	PLAN B ATTAINED AGE	2,883	7,977	276.7	1	0	0	0.0	0
YES	MS(C)-00	C	NO	346	08/18/2000			12/31/2005	PLAN C ATTAINED AGE	15,732	4,611	29.3	4	0	0	0.0	0
YES	MS(F)-00	F	NO	346	08/18/2000			12/31/2005	PLAN F ATTAINED AGE	213,383	89,738	42.1	51	0	0	0.0	0
YES	MS(G)-03	G	NO	346	11/04/2003			12/31/2005	PLAN G ATTAINED AGE	6,964	2,090	30.0	2	0	0	0.0	0
YES	MS AA 06 OK	A	NO	346	09/23/2005			05/31/2010	PLAN A ATTAINED AGE	2,850	3,299	115.8	1	0	0	0.0	0
YES	MS AC 06 OK	C	NO	346	09/23/2005			05/31/2010	PLAN C ATTAINED AGE	3,515	819	23.3	1	0	0	0.0	0
YES	MS AF 06 OK	F	NO	346	09/23/2005			05/31/2010	PLAN F ATTAINED AGE	57,203	32,325	56.5	16	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									626,080	283,761	45.3	161	0	0	0.0	0

360.OK

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

5 6 3 8 3 2 0 1 4 3 6 0 3 8 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-89.....	P.....	.....NO.....	....246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	6,213	1,592	.....25.6	2	0	0	.....0.0	0
.....YES.....	MSE 06.....	E.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	6,058	827	.....13.7	2	0	0	.....0.0	0
.....YES.....	MSF 06.....	F.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	2,064,603	1,352,766	.....65.5	548	0	0	.....0.0	0
.....YES.....	MSG 06.....	G.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	48,285	33,243	.....68.8	14	0	0	.....0.0	0
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	....346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	9,797	4,565	.....46.6	4	2,604	137	.....5.3	1
0199999.	Total Policy Experience on Individual Policies.....									2,134,956	1,392,993	.....65.2	570	2,604	137	.....5.3	1

360.OR

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

5 6 3 8 3 2 0 1 4 3 6 0 3 9 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.06/01/1989		.02/08/1991	.05/01/1992	PRE-STANDARD	31	43	138.7	0	0	0	0.0	0
YES	MS(A)-91	A	NO	346	.12/06/1993			.10/11/2001	PLAN A ISSUE AGE	4,398	1,048	23.8	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	.12/06/1993			.10/11/2001	PLAN B ISSUE AGE	44,521	17,331	38.9	16	0	0	0.0	0
YES	MS(C)-91	C	NO	346	.12/06/1993			.10/11/2001	PLAN C ISSUE AGE	592,858	293,747	49.5	155	0	0	0.0	0
YES	MS(D)-00	D	NO	346	.10/11/2001			.11/22/2006	PLAN D ATTAINED AGE	3,394	419	12.3	1	0	0	0.0	0
YES	MS AB 06 PA	B	NO	346	.11/22/2006			.05/31/2010	PLAN B ATTAINED AGE	1,479	286	19.3	1	0	0	0.0	0
YES	MS AAC 2010 PA	C	NO	346	.06/01/2010				PLAN C ATTAINED AGE (2010)	0	0	0.0	0	6,737	845	12.5	4
YES	MS AAF 2010 PA	F	NO	346	.06/01/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	9,573	3,936	41.1	5
YES	MS AAG 2010 PA	G	NO	346	.06/01/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	3,900	199	5.1	2
YES	MS AAN 2010 PA	N	NO	346	.06/01/2010				PLAN N ATTAINED AGE (2010)	0	0	0.0	0	4,998	2,224	44.5	4
0199999.	Total Policy Experience on Individual Policies									646,681	312,874	48.4	175	25,208	7,204	28.6	15

360.PA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	03/14/1995			09/14/2000	PLAN C ISSUE AGE	18,222	9,255	50.8	4	0	0	0.0	0
YES	MS(F)-91	F	NO	346	03/14/1995			09/14/2000	PLAN F ISSUE AGE	29,746	13,922	46.8	7	0	0	0.0	0
YES	MS(C)-00	C	NO	346	09/14/2000			12/31/2005	PLAN C ATTAINED AGE	2,166	8,726	402.9	1	0	0	0.0	0
YES	MS(F)-00	F	NO	346	09/14/2000			12/31/2005	PLAN F ATTAINED AGE	57,934	66,517	114.8	18	0	0	0.0	0
YES	MS AB 06 SC	B	NO	346	12/06/2005			05/31/2010	PLAN B ATTAINED AGE	8,688	2,847	32.8	3	0	0	0.0	0
YES	MS AC 06 SC	C	NO	346	12/06/2005			05/31/2010	PLAN C ATTAINED AGE	2,996	1,207	40.3	1	0	0	0.0	0
YES	MS AF 06 SC	F	NO	346	12/06/2005			05/31/2010	PLAN F ATTAINED AGE	135,530	73,769	54.4	44	0	0	0.0	0
YES	MS AG 06 SC	G	NO	346	12/06/2005			05/31/2010	PLAN G ATTAINED AGE	19,922	8,863	44.5	8	0	0	0.0	0
YES	MS(C)-91	C	NO	346	03/14/1995			09/14/2000	PLAN C ISSUE AGE	0	0	0.0	0	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									275,204	185,106	67.3	86	0	0	0.0	0

360.SC

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	04/25/1988		02/01/1991	07/01/1992	PRE-STANDARD	3,518	39	1.1	1	0	0	0.0	0
YES	MS(B)-91	B	NO	346	09/20/1993			06/27/2000	PLAN B ISSUE AGE	4,262	691	16.2	1	0	0	0.0	0
YES	MS(F)-91	F	NO	346	09/20/1993			06/27/2000	PLAN F ISSUE AGE	49,626	14,802	29.8	9	0	0	0.0	0
YES	MS(F)-00	F	NO	346	06/27/2000			12/31/2005	PLAN F ATTAINED AGE	92,869	31,420	33.8	25	0	0	0.0	0
YES	MS AC 06 SD	C	NO	346	09/01/2005			05/31/2010	PLAN C ATTAINED AGE	2,807	366	13.0	1	0	0	0.0	0
YES	MS AF 06 SD	F	NO	346	09/01/2005			05/31/2010	PLAN F ATTAINED AGE	830,539	437,477	52.7	223	0	0	0.0	0
YES	MS AG 06 SD	G	NO	346	09/01/2005			05/31/2010	PLAN G ATTAINED AGE	16,183	4,932	30.5	2	0	0	0.0	0
YES	MS AAC 2010 SD	C	NO	346	04/23/2010				PLAN C ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
YES	MS AAF 2010 SD	F	NO	346	04/23/2010				PLAN F ATTAINED AGE (2010)	5,716	7,196	125.9	2	3,145	3,761	119.6	1
0199999.	Total Policy Experience on Individual Policies									1,005,520	496,923	49.4	264	3,145	3,761	119.6	1

360.SD

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	08/02/1994			08/11/2000	PLAN B ISSUE AGE	7,912	2,010	25.4	2	0	0	0.0	0
YES	MS(C)-91	C	NO	346	08/02/1994			08/11/2000	PLAN C ISSUE AGE	65,924	26,133	39.6	13	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/02/1994			08/11/2000	PLAN F ISSUE AGE	136,039	84,927	62.4	26	0	0	0.0	0
YES	MS(F)-00 TN	F	NO	346	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	4,230	142	3.4	1	0	0	0.0	0
YES	MS AF 06 TN	F	NO	346	10/26/2005			05/31/2010	PLAN F ATTAINED AGE	0	(645)	0.0	0	0	0	0.0	0
YES	MSAAF2010	F	NO	346	07/23/2010				PLAN F ATTAINED AGE (2010)	1,779	1,048	58.9	1	2,777	363	13.1	1
0199999.	Total Policy Experience on Individual Policies									215,884	113,615	52.6	43	2,777	363	13.1	1

360.TN

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-89-TX	P	NO	346	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	73,532	24,030	32.7	11	0	0	0.0	0
YES	MS(A)-91	A	NO	346	08/20/1992			11/14/2000	PLAN A ISSUE AGE	10,107	3,683	36.4	2	0	0	0.0	0
YES	MS(B)-91	B	NO	346	08/20/1992			11/14/2000	PLAN B ISSUE AGE	5,747	9,412	163.8	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	10/19/1993			11/14/2000	PLAN C ISSUE AGE	234,993	168,825	71.8	47	0	0	0.0	0
YES	MS(F)-91	F	NO	346	08/20/1992			11/14/2000	PLAN F ISSUE AGE	517,463	228,238	44.1	105	0	0	0.0	0
YES	MS(A)-00	A	NO	346	11/14/2000			03/03/2006	PLAN A ATTAINED AGE	3,719	6,861	184.5	1	0	0	0.0	0
YES	MS(F)-00	F	NO	346	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	4,515	317	7.0	1	0	0	0.0	0
YES	MS AA 06 TX	A	NO	346	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	197,090	380,945	193.3	42	0	0	0.0	0
YES	MS AC 06 TX	C	NO	346	03/03/2006			05/31/2010	PLAN C ATTAINED AGE	0	96	0.0	0	0	0	0.0	0
YES	MS AF 06 TX	F	NO	346	03/03/2006			05/31/2010	PLAN F ATTAINED AGE	4,632	11,039	238.3	1	0	0	0.0	0
YES	MSAAA2010 TX	A	NO	346	09/09/2010				PLAN A ATTAINED AGE (2010)	20,001	37,591	187.9	5	0	0	0.0	0
YES	MSAAF2010 TX	F	NO	346	09/09/2010				PLAN F ATTAINED AGE (2010)	4,398	24,466	556.3	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									1,076,197	895,503	83.2	218	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

5 6 3 8 3 2 0 1 4 3 6 0 4 5 1 0 0 *

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1988		02/04/1991	07/01/1992	PRE-STANDARD	7,852	689	8.8	1	0	0	0.0	0
YES	MSF 06 UT	F	NO	346	11/15/2006			05/31/2010	PLAN F ATTAINED AGE	374,935	207,063	55.2	132	0	0	0.0	0
YES	MSG 06 UT	G	NO	346	11/15/2006			05/31/2010	PLAN G ATTAINED AGE	20,115	30,197	150.1	8	0	0	0.0	0
YES	MSAAF2010 UT	F	NO	34	07/22/2010				PLAN F ATTAINED AGE (2010)	7,665	1,469	19.2	4	5,651	10,127	179.2	3
YES	MSAAG2010 UT	G	NO	34	07/22/2010				PLAN G ATTAINED AGE (2010)	0	0	0.0	0	4,441	1,995	44.9	3
YES	MSAAN2010 UT	N	NO	34	07/22/2010				PLAN N ATTAINED AGE (2010)	3,374	905	26.8	2	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									413,941	240,323	58.1	147	10,092	12,122	120.1	6

360.UT

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

5 6 3 8 3 2 0 1 4 3 6 0 4 7 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	06/17/1988		02/13/1991	07/01/1992	PRE-STANDARD	2,357	1,616	68.6	1	0	0	0.0	0
YES	MS(C)-91	C	NO	346	04/15/1994			01/11/2006	PLAN C ISSUE AGE	28,405	7,823	27.5	4	0	0	0.0	0
YES	MS(F)-91	F	NO	346	04/15/1994			01/11/2006	PLAN F ISSUE AGE	9,447	1,291	13.7	1	0	0	0.0	0
YES	MS AA 06 VA	A	NO	346	06/18/2007			05/31/2010	PLAN A ATTAINED AGE	592	189	31.9	0	0	0	0.0	0
YES	MS AE 06 VA	E	NO	346	06/18/2007			05/31/2010	PLAN E ATTAINED AGE	64,577	42,217	65.4	27	0	0	0.0	0
YES	MS AF 06 VA	F	NO	346	06/18/2007			05/31/2010	PLAN F ATTAINED AGE	3,364,425	2,144,616	63.7	1,079	0	0	0.0	0
YES	MS AG 06 VA	G	NO	346	06/18/2007			05/31/2010	PLAN G ATTAINED AGE	253,141	145,104	57.3	99	0	0	0.0	0
YES	MSAAF2010 VA	F	NO	346	02/03/2011				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	0	0	0.0	0
YES	MSAAG2010 VA	G	NO	346	02/03/2011				PLAN G ATTAINED AGE (2010)	1,887	142	7.5	0	0	0	0.0	0
0199999.	Total Policy Experience on Individual Policies									3,724,831	2,342,998	62.9	1,211	0	0	0.0	0

360.VA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	1,628	3,391	.....208.3	1	0	0	.....0.0	0
0199999.	Total Policy Experience on Individual Policies.....									1,628	3,391	.....208.3	1	0	0	.....0.0	0

360.WA

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

5 6 3 8 3 2 0 1 4 3 6 0 5 0 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS-AT (BP) WI-04....	O.....	.....NO.....	....34500.....	.04/14/2004	.....	.....	.05/31/2010	MED SUPP WI CORE & RIDERS.....	4,222,064	2,785,731	.....66.0	1,142	0	0	.....0.0	0
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	....34500.....	.06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	2,240	979	.....43.7	1	5,299	2,622	.....49.5	10
0199999.	Total Policy Experience on Individual Policies.....									4,224,304	2,786,710	.....66.0	1,143	5,299	2,622	.....49.5	10

360.WI

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-89.....	P.....	.....NO.....	....246.....	.01/22/1988	.....	.01/10/1991	.08/02/1991	PRE-STANDARD.....	.....(257)	0	.....0.0	0	0	0	.....0.0	0
.....YES.....	MS AE 06 WV.....	E.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	46,185	15,851	.....34.3	14	0	0	.....0.0	0
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,619,672	775,344	.....47.9	505	0	0	.....0.0	0
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	204,863	205,045	.....100.1	79	0	0	.....0.0	0
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	....34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	10,057	9,283	.....92.3	4	4,035	997	.....24.7	2
0199999.	Total Policy Experience on Individual Policies.....									1,880,520	1,005,523	.....53.5	602	4,035	997	.....24.7	2

360.WV

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....1801 Watermark Drive Suite 100; Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS AC 06 WY.....	C.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	3,403	1,488	.....43.7	1	0	0	.....0.0	0
.....YES.....	MS AF 06 WY.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,222,805	609,390	.....49.8	401	0	0	.....0.0	0
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	37,259	15,600	.....41.9	16	0	0	.....0.0	0
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	....34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	9,781	3,892	.....39.8	4	4,154	2,283	.....55.0	2
0199999.	Total Policy Experience on Individual Policies.....									1,273,248	630,370	.....49.5	422	4,154	2,283	.....55.0	2

360.WY

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus OH 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

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