



ANNUAL STATEMENT

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

CENTRAL RESERVE LIFE INSURANCE COMPANY

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period)	NAIC Company Code..... 61727	Employer's ID Number..... 34-0970995
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... July 2, 1963	Commenced Business..... May 12, 1965	
Statutory Home Office	1300 East Ninth Street..... Cleveland OH US 44114 (Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Mail Address	11200 Lakeline Blvd Ste 100..... Austin TX US 78717 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	11200 Lakeline Blvd Ste 100..... Austin TX US 78717 (Street and Number) (City or Town, State, Country and Zip Code)	512-451-2224 (Area Code) (Telephone Number)
Internet Web Site Address	www.CignaSupplementalBenefits.com	
Statutory Statement Contact	Jesse Navarrete (Name) CSBFinRpt@cigna.com (E-Mail Address)	512-807-4801 (Area Code) (Telephone Number) (Extension) 512-467-1399 (Fax Number)

OFFICERS

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

DIRECTORS OR TRUSTEES

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

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

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

(Signature) Brian Case Evanko	(Signature) Byron Keith Buescher	(Signature) Brenda Weigilia Hardison
1. (Printed Name) President	2. (Printed Name) Treasurer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me This _____ day of February 2015	a. Is this an original filing? b. If no	Yes [X] No [] 1. State the amendment number 2. Date filed 3. Number of pages attached



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					0
25.2 Guaranteed renewable (b).....					0
25.3 Non-renewable for stated reasons only (b).....					0
25.4 Other accident only.....					0
25.5 All other (b).....					0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	381				381
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	381	0	0	0	381
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	80,000		(a).....					2	80,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	2	80,000	0	(a).....0	0	0	0	0	2	80,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

NONE



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	14,692				14,692
2. Annuity considerations.....	2,400				2,400
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	17,092	.0	.0	.0	17,092
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....	1,081				1,081
12. Surrender values and withdrawals for life contracts.....	25,075				25,075
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	26,156	.0	.0	.0	26,156

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	33	2,037,145	(a).....						33	2,037,145
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	1	(138,230)							1	(138,230)
23. In force December 31 of current year.....	34	1,898,915	(a).....	.0	.0	.0	.0	.0	34	1,898,915

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,136	4,137		8,641	8,635
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	10,642	10,216		6,271	6,234
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	35,774	35,865		9,206	9,443
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	35,774	35,865	.0	9,206	9,443
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	50,552	50,218	.0	24,118	24,312

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,484				12,484
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	12,484	.0	.0	.0	12,484
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	9,754				9,754
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	9,754	.0	.0	.0	9,754

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.13	332,250	(a).....						.13	332,250
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(3)	(225,000)							(3)	(225,000)
23. In force December 31 of current year.....	.10	107,250	(a).....	.0	.0	.0	.0	.0	.10	107,250

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	878	878		561	564
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	58,664	59,401		20,294	21,149
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	58,664	59,401	.0	20,294	21,149
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	59,542	60,279	.0	20,855	21,713

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,448				9,448
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,448	0	0	0	9,448
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,013				5,013
10. Matured endowments.....					0
11. Annuity benefits.....	344				344
12. Surrender values and withdrawals for life contracts.....	7,883				7,883
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	13,241	0	0	0	13,241

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,013							1	5,013
Settled during current year:										
18.1 By payment in full.....	1	5,013							1	5,013
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,013	0	0	0	0	0	0	1	5,013
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,013	0	0	0	0	0	0	1	5,013
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	21	1,367,870	(a).....						21	1,367,870
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	20	1,362,870	(a).....	0	0	0	0	0	20	1,362,870

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	501	462			(206)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,263	1,263		3,838	3,833
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	19,230	19,251		1,379	1,887
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	19,230	19,251	0	1,379	1,887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,994	20,976	0	5,217	5,514

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	220				220
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	220	0	0	0	220
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,017				5,017
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	384				384
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,401	0	0	0	5,401

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,017							1	5,017
Settled during current year:										
18.1 By payment in full.....	1	5,017							1	5,017
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,017	0	0	0	0	0	0	1	5,017
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,017	0	0	0	0	0	0	1	5,017
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	5,740	(a).....						2	5,740
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(5,050)							(1)	(5,050)
23. In force December 31 of current year.....	1	690	0	(a).....0	0	0	0	0	1	690

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	934	934		390	386
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		2,361			(326)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	2,361	0	0	(326)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	934	3,295	0	390	60

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,772				3,772
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	3,772	.0	.0	.0	3,772
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	75,697				75,697
10. Matured endowments.....					.0
11. Annuity benefits.....	39,512				39,512
12. Surrender values and withdrawals for life contracts.....	5,970				5,970
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	121,179	.0	.0	.0	121,179

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	75,697							1	75,697
Settled during current year:										
18.1 By payment in full.....	1	75,697							1	75,697
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	75,697	.0	.0	.0	.0	.0	.0	1	75,697
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	75,697	.0	.0	.0	.0	.0	.0	1	75,697
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	462,922	(a)						15	462,922
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(2)	(125,000)							(2)	(125,000)
23. In force December 31 of current year.....	13	337,922	.0	.0	.0	.0	.0	.0	13	337,922

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,104	6,806		358	(43)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,104	6,806	.0	358	(43)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,104	6,806	.0	358	(43)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	413				413
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	413	0	0	0	413
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	6,000		(a).....					1	6,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	6,000	0	(a).....0	0	0	0	0	1	6,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	313	313			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	313	313	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	313	313	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,269				6,269
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,269	0	0	0	6,269
DIRECT DIVIDENDS TO POLICYHOLDERS					
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.....	148				148
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	148	0	0	0	148
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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	148	0	0	0	148
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.....	1,896				1,896
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,896	0	0	0	1,896

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	26	732,583	(a).						26	732,583
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	3	161,334							3	161,334
23. In force December 31 of current year.....	29	893,917	(a).	0	0	0	0	0	29	893,917

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,829	1,800		317	298
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	14,723	14,212		5,176	4,346
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,723	14,212	0	5,176	4,346
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,552	16,012	0	5,493	4,644

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,205				1,205
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,205	.0	.0	.0	1,205
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.4	114,740		(a).....					.4	114,740
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.4	114,740	.0	(a)......0	.0	.0	.0	.0	.4	114,740

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	2,048	2,235		1,057	1,067
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,779	21,027		54,319	53,919
25.3 Non-renewable for stated reasons only (b).....	9,481	8,813		1,432	1,432
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	30,260	29,840	.0	55,751	55,351
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	32,308	32,075	.0	56,808	56,418

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	638,601				638,601
2. Annuity considerations.....	89,051				89,051
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	727,652	0	0	0	727,652
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	1,285				1,285
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,439				1,439
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,724	0	0	0	2,724
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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,724	0	0	0	2,724
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	680,858				680,858
10. Matured endowments.....					0
11. Annuity benefits.....	393,106				393,106
12. Surrender values and withdrawals for life contracts.....	660,322				660,322
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,734,286	0	0	0	1,734,286

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	13	56,448			2	60,092			15	116,540
17. Incurred during current year.....	57	671,622			(2)	(60,092)			55	611,530
Settled during current year:										
18.1 By payment in full.....	61	680,858							61	680,858
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	61	680,858	0	0	0	0	0	0	61	680,858
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	61	680,858	0	0	0	0	0	0	61	680,858
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	47,212	0	0	0	0	0	0	9	47,212
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,536	45,708,997		(a).....					1,536	45,708,997
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(127)	(3,201,522)							(127)	(3,201,522)
23. In force December 31 of current year.....	1,409	42,507,475	0	(a).....0	0	0	0	0	1,409	42,507,475

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	70,919	74,288		84,222	69,332
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	67,958	67,758		46,303	45,322
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,822,320	7,910,939		5,129,166	5,109,090
25.3 Non-renewable for stated reasons only (b).....	42,665	39,326		6,445	6,445
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,864,985	7,950,265	0	5,135,611	5,115,535
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,003,862	8,092,311	0	5,266,136	5,230,189

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,064				4,064
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,064	.0	.0	0	4,064
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	16,055				16,055
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	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	16,055	.0	.0	.0	16,055

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	16,055							1	16,055
Settled during current year:										
18.1 By payment in full.....	1	16,055							1	16,055
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	16,055	.0	.0	.0	.0	.0	.0	1	16,055
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	16,055	.0	.0	.0	.0	.0	.0	1	16,055
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7	59,407	(a).						7	59,407
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(16,000)							(1)	(16,000)
23. In force December 31 of current year.....	6	43,407	.0	(a).0	.0	.0	.0	.0	.6	43,407

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	182,745	184,476		157,423	157,603
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	182,745	184,476	.0	157,423	157,603
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	182,745	184,476	.0	157,423	157,603

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	190				190
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	190	0	0	0	190
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	90,000	(a).....						1	90,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	90,000	(a).....	0	0	0	0	0	1	90,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	30,864				30,864
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	30,864	0	0	0	30,864
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	41,140				41,140
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,310				2,310
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	43,449	0	0	0	43,449

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	5	41,140							5	41,140
Settled during current year:										
18.1 By payment in full.....	5	41,140							5	41,140
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	41,140	0	0	0	0	0	0	5	41,140
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	41,140	0	0	0	0	0	0	5	41,140
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	51	756,936		(a).....					51	756,936
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(150,000)							(7)	(150,000)
23. In force December 31 of current year.....	44	606,936	0	(a).....0	0	0	0	0	44	606,936

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	15,900	19,439		2,790	2,796
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,698	1,698		542	536
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	629,085	645,607		394,873	391,739
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	629,085	645,607	0	394,873	391,739
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	646,683	666,744	0	398,205	395,071

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,421				45,421
2. Annuity considerations.....	4,000				4,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	49,421	0	0	0	49,421
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	29,214				29,214
10. Matured endowments.....					0
11. Annuity benefits.....	4,598				4,598
12. Surrender values and withdrawals for life contracts.....	36,702				36,702
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	70,515	0	0	0	70,515

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	4,000							1	4,000
17. Incurred during current year.....	1	25,214							1	25,214
Settled during current year:										
18.1 By payment in full.....	2	29,214							2	29,214
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	29,214	0	0	0	0	0	0	2	29,214
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	29,214	0	0	0	0	0	0	2	29,214
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	133	7,125,079	(a).....						133	7,125,079
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(440,632)							(8)	(440,632)
23. In force December 31 of current year.....	125	6,684,447	0	0	0	0	0	0	125	6,684,447

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,609	1,609		33,366	33,366
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	6,215	6,218		3,394	3,271
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	296,954	315,635		170,706	167,050
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	296,954	315,635	0	170,706	167,050
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	304,778	323,462	0	207,466	203,687

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,507				43,507
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	44,707	0	0	0	44,707
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	31,162				31,162
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	12,378				12,378
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	43,540	0	0	0	43,540

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	30,092			1	30,092
17. Incurred during current year.....	5	46,162			(1)	(30,092)			4	16,070
Settled during current year:										
18.1 By payment in full.....	4	31,162							4	31,162
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	31,162	0	0	0	0	0	0	4	31,162
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	31,162	0	0	0	0	0	0	4	31,162
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	0	0	0	0	0	0	1	15,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	84	1,898,686		(a).....					84	1,898,686
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(76,500)							(8)	(76,500)
23. In force December 31 of current year.....	76	1,822,186	0	(a).....0	0	0	0	0	76	1,822,186

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,589	1,590			(2,075)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	4,492	4,492		2,914	2,897
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	372,800	378,136		258,520	257,797
25.3 Non-renewable for stated reasons only (b).....	33,184	30,513		5,013	5,013
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	405,984	408,649	0	263,533	262,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	412,065	414,731	0	266,447	263,632

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,973				2,973
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,973	.0	.0	.0	2,973
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,044				15,044
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	204				204
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	15,248	.0	.0	.0	15,248

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	15,044							1	15,044
Settled during current year:										
18.1 By payment in full.....	1	15,044							1	15,044
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	15,044	.0	.0	.0	.0	.0	.0	1	15,044
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	15,044	.0	.0	.0	.0	.0	.0	1	15,044
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4	135,000	(a).....						4	135,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(15,000)							(1)	(15,000)
23. In force December 31 of current year.....	3	120,000	(a).....	.0	.0	.0	.0	.0	3	120,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	165	180		1,200	1,120
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	81,964	82,010		56,937	57,166
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	81,964	82,010	.0	56,937	57,166
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	82,129	82,190	.0	58,137	58,286

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	301				301
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	301	0	0	0	301
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	175,566	(a).....						3	175,566
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(75,000)							(1)	(75,000)
23. In force December 31 of current year.....	2	100,566	(a).....	0	0	0	0	0	2	100,566

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	37,955	37,784		25,236	25,642
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	37,955	37,784	0	25,236	25,642
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	37,955	37,784	0	25,236	25,642

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	644	(a).....						1	644
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(644)							(1)	(644)
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	826				826
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	826	0	0	0	826
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	141,862		(a).....					1	141,862
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	141,862	0	(a).....0	0	0	0	0	1	141,862

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,845	5,880		2,950	2,470
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,845	5,880	0	2,950	2,470
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,845	5,880	0	2,950	2,470

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,858				9,858
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	9,858	.0	.0	.0	9,858
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	11,615				11,615
10. Matured endowments.....					.0
11. Annuity benefits.....	827				827
12. Surrender values and withdrawals for life contracts.....	59,030				59,030
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	71,472	.0	.0	.0	71,472

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	11,615							1	11,615
Settled during current year:										
18.1 By payment in full.....	1	11,615							1	11,615
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	11,615	.0	.0	.0	.0	.0	.0	1	11,615
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	11,615	.0	.0	.0	.0	.0	.0	1	11,615
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	36	2,200,025	(a).....						36	2,200,025
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(3)	(31,220)							(3)	(31,220)
23. In force December 31 of current year.....	33	2,168,805	(a).....	.0	.0	.0	.0	.0	33	2,168,805

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,566	5,711		1,041	(5,195)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,272	4,272		745	786
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,272	4,272	.0	745	786
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,838	9,983	.0	1,786	(4,409)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



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

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					..0
2. Annuity considerations.....					..0
3. Deposit-type contract funds.....		XXX		XXX	..0
4. Other considerations.....					..0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	..0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	..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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	..0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	..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	0	0	0	..0
14. All other benefits, except accident and health.....	0	0	0	0	..0
15. Totals.....	0	0	0	0	..0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	..0
18.4 Reduction by compromise.....									0	..0
18.5 Amount rejected.....									0	..0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	..0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	..0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	..0
21. Issued during year.....									0	..0
22. Other changes to in force (Net).....									0	..0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	..0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,210	2,850			371
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,210	2,850	0	0	371
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,210	2,850	0	0	371

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	37,150				37,150
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	37,150	0	0	0	37,150
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	27,307				27,307
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	8,461				8,461
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	35,768	0	0	0	35,768

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	4	22,307							4	22,307
Settled during current year:										
18.1 By payment in full.....	5	27,307							5	27,307
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	27,307	0	0	0	0	0	0	5	27,307
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	27,307	0	0	0	0	0	0	5	27,307
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	81	1,758,073	(a).....						81	1,758,073
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(193,001)							(12)	(193,001)
23. In force December 31 of current year.....	69	1,565,072	0	0	0	0	0	0	69	1,565,072

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	833	833		991	988
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	120,338	120,067		81,865	80,642
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	120,338	120,067	0	81,865	80,642
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	121,171	120,900	0	82,856	81,630

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,025				2,025
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,025	.0	.0	.0	2,025
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.6	62,500		(a).....					.6	62,500
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.6	62,500	.0	(a).....0	.0	.0	.0	.0	.6	62,500

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	720	785		149	146
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,548	17,802		8,234	8,429
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	17,548	17,802	.0	8,234	8,429
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,268	18,587	.0	8,383	8,575

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	(72)				(72)
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	(72)	.0	.0	.0	(72)
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,014				5,014
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	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	5,014	.0	.0	.0	5,014

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....		14							.0	14
Settled during current year:										
18.1 By payment in full.....	1	5,014							1	5,014
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	5,014	.0	.0	.0	.0	.0	.0	1	5,014
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	5,014	.0	.0	.0	.0	.0	.0	1	5,014
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	5,000		(a).....					1	5,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year.....	.0	.0	.0	(a).....	.0	.0	.0	.0	.0	.0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	224,837	230,211		137,882	138,003
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	224,837	230,211	.0	137,882	138,003
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	224,837	230,211	.0	137,882	138,003

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	111,770				111,770
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	111,770	.0	.0	.0	111,770
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	93,778				93,778
10. Matured endowments.....					.0
11. Annuity benefits.....	1,365				1,365
12. Surrender values and withdrawals for life contracts.....	9,139				9,139
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	104,282	.0	.0	.0	104,282

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	15,000							2	15,000
17. Incurred during current year.....	6	85,778							6	85,778
Settled during current year:										
18.1 By payment in full.....	7	93,778							7	93,778
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	7	93,778	.0	.0	.0	.0	.0	.0	7	93,778
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	7	93,778	.0	.0	.0	.0	.0	.0	7	93,778
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,000	.0	.0	.0	.0	.0	.0	1	7,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	194	4,126,250	(a).....						194	4,126,250
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(19)	(676,800)							(19)	(676,800)
23. In force December 31 of current year.....	175	3,449,450	.0	(a)......0	.0	.0	.0	.0	175	3,449,450

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,439	3,529		2,250	1,413
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	925,193	940,322		493,657	490,057
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	925,193	940,322	.0	493,657	490,057
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	928,632	943,851	.0	495,907	491,470

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,919				1,919
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,919	.0	.0	.0	1,919
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	1,034				1,034
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	1,034	.0	.0	.0	1,034

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.4	27,455	(a).....						.4	27,455
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	(10,000)							(1)	(10,000)
23. In force December 31 of current year.....	.3	17,455	(a).....	.0	.0	.0	.0	.0	.3	17,455

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	85,719	86,811		48,448	48,748
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	85,719	86,811	.0	48,448	48,748
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	85,719	86,811	.0	48,448	48,748

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,923				1,923
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,923	.0	.0	.0	1,923
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	274				274
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	274	.0	.0	.0	274

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.2	125,000		(a).....					.2	125,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.2	125,000	.0	(a)......0	.0	.0	.0	.0	.2	125,000

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	100	100			
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	605,362	612,237		430,065	430,330
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	605,362	612,237	.0	430,065	430,330
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	605,462	612,337	.0	430,065	430,330

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	100				100
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	100	.0	.0	.0	100
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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	.0	.0	.0	.0
14. All other benefits, except accident and health.....	.0				.0
15. Totals.....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.1	2,500		(a).....					.1	2,500
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.1	2,500	.0	(a)......0	.0	.0	.0	.0	.1	2,500

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,395	9,394		928	1,038
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,395	9,394	.0	928	1,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,395	9,394	.0	928	1,038

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,337	3,392		135	332
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,337	3,392	0	135	332
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,337	3,392	0	135	332

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	739				739
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	739	0	0	0	739
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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.....	160				160
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	160	0	0	0	160

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	139,180	(a).....						3	139,180
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(15,242)							(1)	(15,242)
23. In force December 31 of current year.....	2	123,938	(a).....	0	0	0	0	0	2	123,938

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,742	1,608		328	334
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,767	5,767		1,068	1,151
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,767	5,767	0	1,068	1,151
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,509	7,375	0	1,396	1,485

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.58				.58
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.58	.0	.0	.0	.58
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	.75				.75
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.75	.0	.0	.0	.75

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.1	10,000		(a).....					.1	10,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.1	10,000	.0	(a).....0	.0	.0	.0	.0	.1	10,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.0	.0	.0	.0	.0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	99,088				99,088
2. Annuity considerations.....	63,651				63,651
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	162,739	0	0	0	162,739
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	1,285				1,285
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,291				1,291
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,576	0	0	0	2,576
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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,576	0	0	0	2,576
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	74,022				74,022
10. Matured endowments.....					0
11. Annuity benefits.....	284,300				284,300
12. Surrender values and withdrawals for life contracts.....	451,209				451,209
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	809,531	0	0	0	809,531

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	14,146							5	14,146
17. Incurred during current year.....	13	60,786							13	60,786
Settled during current year:										
18.1 By payment in full.....	16	74,022							16	74,022
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	74,022	0	0	0	0	0	0	16	74,022
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	74,022	0	0	0	0	0	0	16	74,022
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	910	0	0	0	0	0	0	2	910
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	400	11,120,878	(a).....						400	11,120,878
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(34)	(685,970)							(34)	(685,970)
23. In force December 31 of current year.....	366	10,434,908	0	(a).....0	0	0	0	0	366	10,434,908

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	15,688	15,550		10,529	8,778
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	36,218	36,376		26,607	25,843
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	245,811	248,416		157,445	155,411
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	245,811	248,416	0	157,445	155,411
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	297,717	300,342	0	194,581	190,032

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,946				4,946
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	4,946	.0	.0	.0	4,946
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,035				10,035
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	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	10,035	.0	.0	.0	10,035

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	1	10,035							1	10,035
Settled during current year:										
18.1 By payment in full.....	1	10,035							1	10,035
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	10,035	.0	.0	.0	.0	.0	.0	1	10,035
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	10,035	.0	.0	.0	.0	.0	.0	1	10,035
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	.0	.0	.0	.0	.0	.0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	12	187,000		(a).....					12	187,000
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	12	187,000	.0	(a).....0	.0	.0	.0	.0	12	187,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	897	897			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	68,336	68,337		48,773	48,788
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	68,336	68,337	.0	48,773	48,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	69,233	69,234	.0	48,773	48,785

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	25,000	(a).....						1	25,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	25,000	(a).....0	0	0	0	0	0	1	25,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	19,964	20,372		9,646	10,384
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	19,964	20,372	0	9,646	10,384
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	19,964	20,372	0	9,646	10,384

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,333				6,333
2. Annuity considerations.....	2,200				2,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	8,533	0	0	0	8,533
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2				2
10. Matured endowments.....					0
11. Annuity benefits.....	13,431				13,431
12. Surrender values and withdrawals for life contracts.....	13,502				13,502
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	26,935	0	0	0	26,935

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	802			1	30,000			2	30,802
17. Incurred during current year.....		2			(1)	(30,000)			(1)	(29,998)
Settled during current year:										
18.1 By payment in full.....		2							0	2
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	2	0	0	0	0	0	0	0	2
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	2	0	0	0	0	0	0	0	2
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	802	0	0	0	0	0	0	1	802
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	23	1,112,686		(a).....					23	1,112,686
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	23	1,112,686	0	(a).....0	0	0	0	0	23	1,112,686

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	2,093	2,151			(959)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	396,056	392,295		285,075	284,102
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	396,056	392,295	0	285,075	284,102
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	398,149	394,446	0	285,075	283,143

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,895				17,895
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	17,895	.0	.0	.0	17,895
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	41,276				41,276
10. Matured endowments.....					.0
11. Annuity benefits.....	47,647				47,647
12. Surrender values and withdrawals for life contracts.....	1,761				1,761
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	90,684	.0	.0	.0	90,684

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	41,276							1	41,276
Settled during current year:										
18.1 By payment in full.....	1	41,276							1	41,276
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	41,276	.0	.0	.0	.0	.0	.0	1	41,276
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	41,276	.0	.0	.0	.0	.0	.0	1	41,276
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.51	2,377,737	(a).....						.51	2,377,737
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(4)	(154,610)							(4)	(154,610)
23. In force December 31 of current year.....	.47	2,223,127	(a).....	.0	.0	.0	.0	.0	.47	2,223,127

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	380	380			(1)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	302,172	302,281		183,405	183,403
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	302,172	302,281	.0	183,405	183,403
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	302,552	302,661	.0	183,405	183,402

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	632				632
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	632	0	0	0	632
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	5,000		(a).....					1	5,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	1	5,000	0	(a).....0	0	0	0	0	1	5,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	28,628	31,903		13,206	13,038
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	28,628	31,903	0	13,206	13,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	28,628	31,903	0	13,206	13,038

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,358				17,358
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	17,358	.0	.0	.0	17,358
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	133				133
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	133	.0	.0	.0	133

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.45	1,523,381	(a).....						.45	1,523,381
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(2)	(40,000)							(2)	(40,000)
23. In force December 31 of current year.....	.43	1,483,381	(a).....	.0	.0	.0	.0	.0	.43	1,483,381

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,388	4,342		18,417	16,260
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	178,524	178,643		151,160	140,071
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	178,524	178,643	.0	151,160	140,071
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	182,912	182,985	.0	169,577	156,331

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	42,843				42,843
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	42,843	0	0	0	42,843
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,050				20,050
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,049				3,049
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,099	0	0	0	23,099

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	20,050							2	20,050
Settled during current year:										
18.1 By payment in full.....	2	20,050							2	20,050
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	20,050	0	0	0	0	0	0	2	20,050
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	20,050	0	0	0	0	0	0	2	20,050
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	70	800,637	(a).....						70	800,637
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	116,321							(3)	116,321
23. In force December 31 of current year.....	67	916,958	0	0	0	0	0	0	67	916,958

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	8,593	8,312		3,725	3,427
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	2,324	2,324		539	530
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	863,604	865,385		537,276	544,188
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	863,604	865,385	0	537,276	544,188
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	874,521	876,021	0	541,540	548,145

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,739				2,739
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	2,739	.0	.0	.0	2,739
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.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.....	810				810
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	810	.0	.0	.0	810

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	106,524		(a).....					3	106,524
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	3	106,524	.0	(a)......0	.0	.0	.0	.0	3	106,524

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.0	.0	.0	.0	.0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	93,385				93,385
2. Annuity considerations.....	15,000				15,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	108,385	0	0	0	108,385
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	164,346				164,346
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,169				6,169
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	170,515	0	0	0	170,515

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,500							1	2,500
17. Incurred during current year.....	11	170,346							11	170,346
Settled during current year:										
18.1 By payment in full.....	10	164,346							10	164,346
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	164,346	0	0	0	0	0	0	10	164,346
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	164,346	0	0	0	0	0	0	10	164,346
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	8,500	0	0	0	0	0	0	2	8,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	170	3,422,859	(a)						170	3,422,859
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(374,278)							(15)	(374,278)
23. In force December 31 of current year.....	155	3,048,581	0	0	0	0	0	0	155	3,048,581

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	655	655			(291)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,827,079	1,837,454		1,295,205	1,289,010
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,827,079	1,837,454	0	1,295,205	1,289,010
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,827,734	1,838,109	0	1,295,205	1,288,719

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	660	660		537	534
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	13,473	13,200		3,834	4,509
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,473	13,200	0	3,834	4,509
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,133	13,860	0	4,371	5,043

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	575				575
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	575	0	0	0	575
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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.....	1,468				1,468
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,468	0	0	0	1,468

DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	7,846		(a).....					3	7,846
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(6,000)							(1)	(6,000)
23. In force December 31 of current year.....	2	1,846	0	(a).....0	0	0	0	0	2	1,846

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	421	421		131	129
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	17,776	18,786		15,104	17,530
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	17,776	18,786	0	15,104	17,530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	18,197	19,207	0	15,235	17,659

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,307				10,307
2. Annuity considerations.....	600				600
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	10,907	.0	.0	.0	10,907
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.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 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,073				15,073
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	1,491				1,491
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	16,564	.0	.0	.0	16,564

DETAILS OF WRITE-INS					
1301.					.0
1302.					.0
1303.					.0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	.0	.0	.0	.0	.0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	.0	.0	.0	.0	.0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....	1	15,073							1	15,073
Settled during current year:										
18.1 By payment in full.....	1	15,073							1	15,073
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	1	15,073	.0	.0	.0	.0	.0	.0	1	15,073
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	1	15,073	.0	.0	.0	.0	.0	.0	1	15,073
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.26	1,041,036	(a).....						.26	1,041,036
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(.1)	(15,000)							(.1)	(15,000)
23. In force December 31 of current year.....	.25	1,026,036	(a).....	.0	.0	.0	.0	.0	.25	1,026,036

(a) Includes Individual Credit Life Insurance, prior year \$.0 current year \$.0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.0 current year \$.0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.0 current year \$.0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	261	261			(1)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,033	16,033		9,385	9,531
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	16,033	16,033	.0	9,385	9,531
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,294	16,294	.0	9,385	9,530

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....0.



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
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 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	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 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	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	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
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 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	74,951	75,945		59,248	59,396
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	74,951	75,945	0	59,248	59,396
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	74,951	75,945	0	59,248	59,396

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

CENTRAL RESERVE LIFE INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	41,398
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
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).....	41,398
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	6,288
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	35,110

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.....	6,288			6,288
2. 2015.....	4,055			4,055
3. 2016.....	5,469			5,469
4. 2017.....	6,756			6,756
5. 2018.....	6,381			6,381
6. 2019.....	5,508			5,508
7. 2020.....	4,493			4,493
8. 2021.....	3,218			3,218
9. 2022.....	1,633			1,633
10. 2023.....	275			275
11. 2024.....	(304)			(304)
12. 2025.....	(404)			(404)
13. 2026.....	(376)			(376)
14. 2027.....	(257)			(257)
15. 2028.....	(212)			(212)
16. 2029.....	(228)			(228)
17. 2030.....	(244)			(244)
18. 2031.....	(228)			(228)
19. 2032.....	(181)			(181)
20. 2033.....	(134)			(134)
21. 2034.....	(82)			(82)
22. 2035.....	(28)			(28)
23. 2036.....				0
24. 2037.....				0
25. 2038.....				0
26. 2039.....				0
27. 2040.....				0
28. 2041.....				0
29. 2042.....				0
30. 2043.....				0
31. 2044 and Later.....				0
32. Total (Lines 1 to 31).....	41,398	0	0	41,398

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	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)	
1. Reserve as of December 31, prior year.....	3,763		3,763			0	3,763
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	1,198		1,198			0	1,198
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	4,962	0	4,962	0	0	0	4,962
9. Maximum reserve.....	8,988		8,988			0	8,988
10. Reserve objective.....	6,891		6,891			0	6,891
11. 20% of (Line 10 minus Line 8).....	386	0	386	0	0	0	386
12. Balance before transfers (Lines 8 + 11).....	5,348	0	5,348	0	0	0	5,348
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	5,348	0	5,348	0	0	0	5,348

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	7,045,715	XXX	XXX	7,045,715	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
3	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	7,045,715	XXX	XXX	7,045,715	XXX	0	XXX	0	XXX	0
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		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.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	2,996,029	XXX	XXX	2,996,029	0.0004	1,198	0.0023	6,891	0.0030	8,988
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	2,996,029	XXX	XXX	2,996,029	XXX	1,198	XXX	6,891	XXX	8,988
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		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).....	10,041,744	XXX	XXX	10,041,744	XXX	1,198	XXX	6,891	XXX	8,988

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In good standing:										
	35	Farm mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
	36	Farm mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
	37	Farm mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
	38	Farm mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
	39	Farm mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
	40	Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
	41	Residential mortgages-all other.....			XXX	0	0.0013	0	0.0030	0	0.0040	0
	42	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
	43	Commercial mortgages-all other - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
	44	Commercial mortgages-all other - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
	45	Commercial mortgages-all other - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
	46	Commercial mortgages-all other - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
	47	Commercial mortgages-all other - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, not in process:										
	48	Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
	49	Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
	50	Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
	51	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
	52	Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In process of foreclosure:										
	53	Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
	54	Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
	55	Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
	56	Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
	57	Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
	58	Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
	59	Schedule DA mortgages.....			XXX	0	0.0030	0	0.0100	0	0.0130	0
	60	Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Design- ation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....	0	(a).....	0
2		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....	14,589,119	XXX.....	XXX.....	14,589,119	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX.....		XXX.....		XXX.....	
6		Fixed income highest quality.....				0	XXX.....		XXX.....		XXX.....	
7		Fixed income high quality.....				0	XXX.....		XXX.....		XXX.....	
8		Fixed income medium quality.....				0	XXX.....		XXX.....		XXX.....	
9		Fixed income low quality.....				0	XXX.....		XXX.....		XXX.....	
10		Fixed income lower quality.....				0	XXX.....		XXX.....		XXX.....	
11		Fixed income in or near default.....				0	XXX.....		XXX.....		XXX.....	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX.....	XXX.....	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	14,589,119	0	0	14,589,119	XXX.....	0	XXX.....	0	XXX.....	0
		REAL ESTATE										
18		Home office property (General Account only).....				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

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		Group Accident and Health		Credit Accident and Health (Group and Individual)		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 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	5,511,943	XXX	37,732	XXX		XXX	34,680	XXX		XXX	5,439,531	XXX		XXX		XXX		XXX
2.	Premiums earned.....	5,579,226	XXX	37,738	XXX		XXX	34,953	XXX		XXX	5,506,535	XXX		XXX		XXX		XXX
3.	Incurred claims.....	3,718,616	66.7	15,881	42.1	0	0.0	23,000	65.8	0	0.0	3,679,735	66.8	0	0.0	0	0.0	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
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	3,718,616	66.7	15,881	42.1	0	0.0	23,000	65.8	0	0.0	3,679,735	66.8	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	71,986	1.3	79,343	210.2	0	0.0	0	0.0	0	0.0	(7,357)	(0.1)	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	(98,362)	(1.8)	(2,106)	(5.6)		0.0	(5,884)	(16.8)		0.0	(90,372)	(1.6)		0.0		0.0		0.0
8.	Other general insurance expenses.....	578,445	10.4	4,036	10.7		0.0	2,870	8.2		0.0	571,539	10.4		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	244,306	4.4	1,107	2.9		0.0	936	2.7		0.0	242,263	4.4		0.0		0.0		0.0
10.	Total other expenses incurred.....	724,389	13.0	3,037	8.0	0	0.0	(2,078)	(5.9)	0	0.0	723,430	13.1	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	17	0.0	(3)	(0.0)	0	0.0	(21)	(0.1)	0	0.0	41	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	1,064,218	19.1	(60,520)	(160.4)	0	0.0	14,052	40.2	0	0.0	1,110,686	20.2	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	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.....	1,064,218	19.1	(60,520)	(160.4)	0	0.0	14,052	40.2	0	0.0	1,110,686	20.2	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading.....	17	0.0	(3)	(0.0)		0.0	(21)	(0.1)		0.0	41	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
1103.	.....	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	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	17	0.0	(3)	(0.0)	0	0.0	(21)	(0.1)	0	0.0	41	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	3	4	Other Individual Contracts				
		Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5	6	7	8	9
	Total				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.....	395,015	196		2,765		392,054			
2. Advance premiums.....	60,775	778		1,194		58,803			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	455,790	974	0	3,959	0	450,857	0	0	0
5. Total premium reserves, prior year.....	517,353	716		4,092		512,545			
6. Increase in total premium reserves.....	(61,563)	258	0	(133)	0	(61,688)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	735,312	579,671				155,641			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	735,312	579,671	0	0	0	155,641	0	0	0
4. Total contract reserves, prior year.....	663,326	500,328				162,998			
5. Increase in contract reserves.....	71,986	79,343	0	0	0	(7,357)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	490,582	9,328	0	2,951	0	478,303	0	0	0
2. Total prior year.....	471,732	10,261		3,442		458,029			
3. Increase.....	18,850	(933)	0	(491)	0	20,274	0	0	0

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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.....	465,502	3,212		982		461,308			
1.2 On claims incurred during current year.....	3,234,264	13,602		22,509		3,198,153			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	20,827	9,288		2,951		8,588			
2.2 On claims incurred during current year.....	469,755	40				469,715			
3. Test:									
3.1 Lines 1.1 and 2.1.....	486,329	12,500	0	3,933	0	469,896	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	471,732	10,261		3,442		458,029			
3.3 Line 3.1 minus Line 3.2.....	14,597	2,239	0	491	0	11,867	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	2,478,349	32,148		32,531		2,369,720	43,950		
2. Premiums earned.....	2,514,456	32,182		32,805		2,405,511	43,958		
3. Incurred claims.....	1,511,573	53,450		22,321		1,429,357	6,445		
4. Commissions.....	315,336	5,436		5,884		303,838	178		

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

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	39,811	66,526	5,123,851	5,230,188
2. Beginning claim reserves and liabilities.....		9,836	789,886	799,722
3. Ending claim reserves and liabilities.....		8,854	754,920	763,774
4. Claims paid.....	39,811	67,508	5,158,817	5,266,136
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....	39,811	30,332	1,441,430	1,511,573
10. Beginning claim reserves and liabilities.....		4,919	722,362	727,281
11. Ending claim reserves and liabilities.....		4,428	671,515	675,943
12. Claims paid.....	39,811	30,823	1,492,277	1,562,911
D. Net:				
13. Incurred claims.....	0	36,194	3,682,421	3,718,615
14. Beginning claim reserves and liabilities.....	0	4,917	67,524	72,441
15. Ending claim reserves and liabilities.....	0	4,426	83,405	87,831
16. Claims paid.....	0	36,685	3,666,540	3,703,225
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....		36,194	3,682,421	3,718,615
18. Beginning reserves and liabilities.....		4,917	67,524	72,441
19. Ending reserves and liabilities.....		4,426	83,405	87,831
20. Paid claims and cost containment expenses.....	0	36,685	3,666,540	3,703,225

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						
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	.....	.....34,733
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	.....	.....4,000
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....	.....	.....60,092
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	.....	.....32,573
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				0	131,398
1099999.	Total - Life and Annuity Non-Affiliates.....				0	131,398
1199999.	Total - Life and Annuity.....				0	131,398
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	423	.....
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Co of America.....	FL.....	435	8,420
62235.....	01-0278678....	01/01/1994	UNUM Life Insurance Co of America.....	ME.....	.....	.....2,339
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	401,893	168,653
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				402,751	179,412
2199999.	Total - Accident and Health Non-Affiliates.....				402,751	179,412
2299999.	Total - Accident and Health.....				402,751	179,412
2399999.	Total U.S.....				402,751	310,810
9999999.	Total.....				402,751	310,810

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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	16,322,601	1,523,002	5,813,987	432,477	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	ACO/I.....	FL.....	.....	.....4,029,365	.....	.....44,525	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	ACO/I.....	FL.....	.....	.....3,886,545	4,101,464	44,525	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	OTH/I.....	OL.....	10,686,808	646,466	694,087	142,502	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	YRT/I.....	OL.....	1,011,807	2,838	3,675	2,382	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	CO/I.....	OL.....	31,448	441	441	.....	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	CT.....	CO/I.....	OL.....	12,376,342	284,076	287,578	37,881	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	OH.....	ACO/I.....	FL.....	.....	.....700,072	722,335	.....	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	OH.....	CO/I.....	OL.....	2,078,471	62,391	42,451	8,193	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						42,507,477	11,135,196	11,666,018	712,485	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						42,507,477	11,135,196	11,666,018	712,485	0	0	0	0
1199999.	Total - General Account - Authorized.....						42,507,477	11,135,196	11,666,018	712,485	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						42,507,477	11,135,196	11,666,018	712,485	0	0	0	0
6999999.	Total U.S.....						42,507,477	11,135,196	11,666,018	712,485	0	0	0	0
9999999.	Total.....						42,507,477	11,135,196	11,666,018	712,485	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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	..01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	LTDI.....	24,243	336	18,293	.....	.....	.....	.....
88340.....	59-2859797....	..01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OM,MS,A..	2,399,155	178,750	697,705	.....	.....	.....	.....
67679.....	23-1609793....	..08/01/2006	American Republic Insurance Company.....	IA.....	CO/G.....	OM.....	519	194	.....	.....	.....	.....	.....
67679.....	23-1609793....	..08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	OM.....	53,851	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	..01/01/2006	Continental General Insurance Company.....	OH.....	CO/G.....	LTDI,MS...	2,333	442	.....	.....	.....	.....	.....
71404.....	47-0463747....	..01/01/2006	Continental General Insurance Company.....	OH.....	CO/I.....	OM,MS.....	3,094	.....	.....5,898	.....	.....	.....	.....
62235.....	01-0278678....	..01/01/1994	UNUM Life Insurance Company.....	ME.....	CO/G.....	LTDI.....	5,053	.....	.....75,488	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						2,488,248	179,722	797,384	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-3190987....	..07/01/2014	Cigna Global Reinsurance Company.....	BMU.....	CAT/G.....	A.....	554	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						554	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						2,488,802	179,722	797,384	0	0	0	0
1199999.	Total - General Account - Authorized.....						2,488,802	179,722	797,384	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						2,488,802	179,722	797,384	0	0	0	0
6999999.	Total - U.S.....						2,488,248	179,722	797,384	0	0	0	0
7099999.	Total - Non-U.S.....						554	0	0	0	0	0	0
9999999.	Total.....						2,488,802	179,722	797,384	0	0	0	0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
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.....	3,201	3,642	10,322	4,752	26,861
2. Commissions and reinsurance expense allowances.....	353	452	651	1,034	3,654
3. Contract claims.....	2,745	2,439	2,807	3,081	15,511
4. Surrender benefits and withdrawals for life contracts.....					377
5. Dividends to policyholders.....					2
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	766	893	1,459	1,147	1,454
9. Aggregate reserves for life and accident and health contracts.....	12,103	12,608	12,495	7,018	6,830
10. Liability for deposit-type contracts.....	(9)	(18)	40	16	51
11. Contract claims unpaid.....	311	395	425	416	662
12. Amounts recoverable on reinsurance.....	403	399	676	617	936
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....				XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....				XXX	XXX
23. Funds deposited by and withheld from (F).....				XXX	XXX
24. Letters of credit (L).....				XXX	XXX
25. Trust agreements (T).....				XXX	XXX
26. Other (O).....				XXX	XXX

CENTRAL RESERVE LIFE INSURANCE COMPANY
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).....	24,958,671		24,958,671
2. Reinsurance (Line 16).....	469,901	(469,901)	0
3. Premiums and considerations (Line 15).....	(556,357)	766,421	210,064
4. Net credit for ceded reinsurance.....	XXX	12,150,255	12,150,255
5. All other admitted assets (balance).....	882,859		882,859
6. Total assets excluding Separate Accounts (Line 26).....	25,755,074	12,446,775	38,201,849
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	25,755,074	12,446,775	38,201,849
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	1,136,424	12,103,328	13,239,752
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....	484,485	310,810	795,295
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	60,775	32,637	93,412
14. Other contract liabilities (Line 9).....	35,110		35,110
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	381,119		381,119
20. Total liabilities excluding Separate Accounts (Line 26).....	2,097,913	12,446,775	14,544,688
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	2,097,913	12,446,775	14,544,688
23. Capital & surplus (Line 38).....	23,657,161	XXX	23,657,161
24. Total liabilities, capital & surplus (Line 39).....	25,755,074	12,446,775	38,201,849
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	12,103,328		
26. Claim reserves.....	310,810		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	32,637		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	469,901		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	12,916,676		
34. Premiums and considerations.....	766,421		
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.....	766,421		
41. Total net credit for ceded reinsurance.....	12,150,255		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			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
States, Etc.							
1.	Alabama.....	AL	14,692	2,400			17,092
2.	Alaska.....	AK	381	-			381
3.	Arizona.....	AZ	9,448	-	501		9,949
4.	Arkansas.....	AR	12,484	-			12,484
5.	California.....	CA	220	-			220
6.	Colorado.....	CO	3,772	-			3,772
7.	Connecticut.....	CT	-	-			0
8.	Delaware.....	DE	413	-	313		726
9.	District of Columbia.....	DC	-	-			0
10.	Florida.....	FL	6,269	-			6,269
11.	Georgia.....	GA	1,205	-			1,205
12.	Hawaii.....	HI	-	-			0
13.	Idaho.....	ID	190	-			190
14.	Illinois.....	IL	30,864	-			30,864
15.	Indiana.....	IN	45,421	4,000			49,421
16.	Iowa.....	IA	4,064	-			4,064
17.	Kansas.....	KS	43,507	1,200	261		44,968
18.	Kentucky.....	KY	2,973	-	165		3,138
19.	Louisiana.....	LA	301	-			301
20.	Maine.....	ME	-	-			0
21.	Maryland.....	MD	826	-			826
22.	Massachusetts.....	MA	-	-			0
23.	Michigan.....	MI	9,858	-	3,775		13,633
24.	Minnesota.....	MN	-	-			0
25.	Mississippi.....	MS	2,025	-			2,025
26.	Missouri.....	MO	37,150	-			37,150
27.	Montana.....	MT	(72)	-			(72)
28.	Nebraska.....	NE	1,923	-			1,923
29.	Nevada.....	NV	739	-	313		1,052
30.	New Hampshire.....	NH	-	-			0
31.	New Jersey.....	NJ	100	-			100
32.	New Mexico.....	NM	-	-			0
33.	New York.....	NY	58	-			58
34.	North Carolina.....	NC	111,770	-	1,718		113,488
35.	North Dakota.....	ND	1,919	-			1,919
36.	Ohio.....	OH	99,088	63,651	4,150		166,889
37.	Oklahoma.....	OK	4,946	-			4,946
38.	Oregon.....	OR	-	-			0
39.	Pennsylvania.....	PA	6,333	2,200	2,093		10,626
40.	Rhode Island.....	RI	-	-			0
41.	South Carolina.....	SC	17,895	-			17,895
42.	South Dakota.....	SD	632	-			632
43.	Tennessee.....	TN	17,358	-	4,388		21,746
44.	Texas.....	TX	42,843	-	421		43,264
45.	Utah.....	UT	2,739	-			2,739
46.	Vermont.....	VT	-	-			0
47.	Virginia.....	VA	93,385	15,000	655		109,040
48.	Washington.....	WA	-	-			0
49.	West Virginia.....	WV	10,307	600			10,907
50.	Wisconsin.....	WI	575	-			575
51.	Wyoming.....	WY	-	-			0
52.	American Samoa.....	AS	-	-			0
53.	Guam.....	GU	-	-			0
54.	Puerto Rico.....	PR	-	-			0
55.	US Virgin Islands.....	VI	-	-			0
56.	Northern Mariana Islands.....	MP	-	-			0
57.	Canada.....	CAN	-	-			0
58.	Aggregate Other Alien.....	OT	-	-			0
59.	Totals.....		638,601	89,051	18,754	0	746,406

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
0901.....	Cigna Group.....		06-1059331..	1591167.....	0000701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1072796..	1591167.....	0000701221		Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0402128..	1591167.....	0000701221		Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1095823..	1591167.....	0000701221		Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-0291385..	1591167.....	0000701221		Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1914061..	1591167.....	0000701221		Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0861092..	1591167.....	0000701221		Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, L.P.....	DE.....	NIA.....	Cigna Mezzanine Partners III, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		01-0947889..	1591167.....	0000701221		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0840391..	1591167.....	0000701221		Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0585518..	1591167.....	0000701221		Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12814..	20-4433475..	1591167.....	0000701221		Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3851464..	1591167.....	0000701221		Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0400550..	1591167.....	0000701221		Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		71-0916514..	1591167.....	0000701221		Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0425785..	1591167.....	0000701221		Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-1821898..	1591167.....	0000701221		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0628370..	1591167.....	0000701221		NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-1929677..	1591167.....	0000701221		Bravo Health, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	10095..	52-2259087..	1591167.....	0000701221		Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	Bravo Health, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11254..	52-2363406..	1591167.....	0000701221		Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	Bravo Health, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12902..	20-8534298..	1591167.....	0000701221		HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	95781..	63-0925225..	1591167.....	0000701221		HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11532..	65-1129599..	1591167.....	0000701221		HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		77-0632665..	1591167.....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4954206..	1591167.....	0000701221		NewQuest Management of Florida, LLC.....	FL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8647386..	1591167.....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-0633893..	1591167.....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108527..	1591167.....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108521..	1591167.....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0657035..	1591167.....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	99.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....	.....	33-1033586..	1591167.....	0000701221	.....	NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	72-1559530..	1591167.....	0000701221	.....	HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	62-1540621..	1591167.....	0000701221	.....	HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11522..	62-1593150..	1591167.....	0000701221	.....	HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	20-5524622..	1591167.....	0000701221	.....	Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	26-2353476..	1591167.....	0000701221	.....	HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	26-2353772..	1591167.....	0000701221	.....	HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	13733..	03-0452349..	1591167.....	0000701221	.....	Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	41-1648670..	1591167.....	0000701221	.....	Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	94-3107309..	1591167.....	0000701221	.....	Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	75-2751090..	1591167.....	0000701221	.....	Cigna Behavioral Health of Texas, Inc.	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-1346406..	1591167.....	0000701221	.....	MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2308055..	1591167.....	0000701221	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2600475..	1591167.....	0000701221	.....	Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11175..	59-2675861..	1591167.....	0000701221	.....	Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95380..	59-2676987..	1591167.....	0000701221	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52021..	59-1611217..	1591167.....	0000701221	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-1351097..	1591167.....	0000701221	.....	Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52024..	59-2625350..	1591167.....	0000701221	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52108..	59-2619589..	1591167.....	0000701221	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11160..	06-1582068..	1591167.....	0000701221	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11167..	59-2308062..	1591167.....	0000701221	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95179..	56-1803464..	1591167.....	0000701221	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47805..	59-2579774..	1591167.....	0000701221	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47041..	52-1220578..	1591167.....	0000701221	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95037..	59-2676977..	1591167.....	0000701221	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52617..	52-2188914..	1591167.....	0000701221	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47013..	86-0807222..	1591167.....	0000701221	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	48119..	59-2740468..	1591167.....	0000701221	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	62-1312478..	1591167.....	0000701221	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0387748..	1591167.....	0000701221	.....	Healthsource, Inc.....	NH.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95125..	86-0334392..	1591167.....	0000701221	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	95-3310115..	1591167.....	0000701221	.....	Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95604..	84-1004500..	1591167.....	0000701221	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95660..	06-1141174..	1591167.....	0000701221	.....	Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95136..	59-2089259..	1591167.....	0000701221		Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....	95602..	36-3385638..	1591167.....	0000701221	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95477..	01-0418220..	1591167.....	0000701221	.....	Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95220..	02-0402111..	1591167.....	0000701221	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95599..	52-1404350..	1591167.....	0000701221	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95493..	02-0387749..	1591167.....	0000701221	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95500..	22-2720890..	1591167.....	0000701221	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95121..	23-2301807..	1591167.....	0000701221	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95635..	36-3359925..	1591167.....	0000701221	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95518..	62-1230908..	1591167.....	0000701221	.....	Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	96229..	58-1641057..	1591167.....	0000701221	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95383..	74-2767437..	1591167.....	0000701221	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95525..	35-1679172..	1591167.....	0000701221	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95488..	11-2758941..	1591167.....	0000701221	.....	Cigna HealthCare of New York, Inc.....	NY.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95606..	62-1218053..	1591167.....	0000701221	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95132..	56-1479515..	1591167.....	0000701221	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95708..	06-1185590..	1591167.....	0000701221	.....	Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	86-3581583..	1591167.....	0000701221	.....	Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0467679..	1591167.....	0000701221	.....	Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0515554..	1591167.....	0000701221	.....	Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	35-1641636..	1591167.....	0000701221	.....	Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	84-0985843..	1591167.....	0000701221	.....	Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95388..	93-1174749..	1591167.....	0000701221	.....	Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0495422..	1591167.....	0000701221	.....	Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	AA-1560515..	1591167.....	0000701221	.....	Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	64548..	13-2556568..	3281743.....	0000701221	.....	Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	62308..	06-0303370..	1591167.....	0000701221	.....	Connecticut General Life Insurance Company.....	CT.....	UIP.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-0303370..	1591167.....	0000701221	.....	CG Gillette Ridge, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	74-3091940..	1591167.....	0000701221	.....	Gillette Ridge Apartments, LLC.....	MD.....	NIA.....	CG Gillette Ridge LLC.....	Ownership.....	65.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-0303370..	1591167.....	0000701221	.....	CG Merrick, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	52-2345309..	1591167.....	0000701221	.....	Merrick Park, LLC.....	DE.....	NIA.....	CG Merrick LLC.....	Ownership.....	30.000	General Growth Properties, Inc. (non-affiliate)....	.....
0901.....	Cigna Group.....	.....	52-2225244..	1591167.....	0000701221	.....	Merrick Park Parking, LLC.....	MD.....	NIA.....	CG Merrick LLC.....	Ownership.....	30.000	General Growth Properties, Inc. (non-affiliate)....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Civic Holding, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	45-3481107..	1591167.....	0000701221	.....	CG Mystic Center LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	..100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Station Landing Holding, LLC.....	DE.....	NIA.....	CG Mystic Center LLC.....	Ownership.....	85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....		45-3481241..	1591167.....	0000701221		CG Mystic Land LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	..100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND/CG HOLDING, LLC.....	MA.....	NIA.....	CG Mystic Land LLC.....	Ownership.....	...50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate)	
0901.....	Cigna Group.....		20-3870049..	1591167.....	0000701221		CG Skyline, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline ND/CG LLC.....	MA.....	NIA.....	CG Skyline LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND Mystic Center Note LLC.....	DE.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline Mezzanine Borrower LLC.....	MA.....	NIA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline at Station Landing LLC.....	MA.....	NIA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		26-0180898..	1591167.....	0000701221		CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Carson Bayport I LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...59.400	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CG Bayport LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Bayport Colony Apartments LLC.....	FL.....	NIA.....	CG Bayport LLC.....	Ownership.....	...99.900	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CG-LINA Bayport I LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		UNICO/CG Commonwealth LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Commonwealth Acquisition LLC.....	DE.....	NIA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		UNICO-CG Lovejoy LLC.....	OR.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		32-0222252..	1591167.....	0000701221		Cigna Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
													Charles River Realty Longwood, LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CR Longwood Investors L.P.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...24.600		
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND/CR Longwood LLC.....	DE.....	NIA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	NIA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	ARE-MA Region No. 41, LLC (non-affiliate).....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3700105..	1591167.....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...60.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-2149519..	1591167.....	0000701221		Hazard Center Investment Company LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
													South Coast Plaza Associates, LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Secon Properties, LP.....	CA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...50.000		
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Teal Rock 501 Grant Street GP, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...56.273	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Teal Rock 501 Grant Street, LP.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...55.710	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3074013..	1591167.....	0000701221		TEL-Drug of Pennsylvania, L.L.C.....	PA.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
													AEW Core Property Trust Holding LP (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		AEW/FDG, LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...13.640		
													Charles River Washington Street LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...33.820		
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND/CR Unicorn LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...70.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Union Wharf Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		AMD Apartments Limited Partership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		SP Newport Crossing LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CG Seventh Street LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...87.500	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		41-2189110..	1591167.....	0000701221		CG-LINA Realty Investors LLC.....	DE.....	NIA.....	Connectict General Life Insurance Company.....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		80-0668090..	1591167.....	0000701221		Alessandro Pamers, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...94.700	Cigna Corporation.....	
0901.....	Cigna Group.....		45-2242273..	1591167.....	0000701221		115 Sansome Street Associates, LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		121 Tasman Apartments LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Alto Apartments LLC.....	WA.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4786821..	1591167.....	0000701221		CG-LINA Paper Box LLC.....	DE.....	NIA.....	CG-LINA Realty Investors, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-5402196..	1591167.....	0000701221		Cigna Affiliates Realty Investment Group, LLC.....	DE.....	NIA.....	Connectict General Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-0268530..	1591167.....	0000701221		CORAC, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company...	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3923999..	1591167.....	0000701221		Bridgepoint Office Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3126102..	1591167.....	0000701221		Fairway Center Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3582688..	1591167.....	0000701221		Henry on the Park Associates, LLC.....	DE.....	NIA.....	Corac, LLC	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....	67369..	59-1031071..	1591167.....	0000701221		Cigna Health and Life Insurance Company.....	CT.....	IA.....	Connectict General Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-2681649..	1591167.....	0000701221		CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-3396038..	1591167.....	0000701221		Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-1903785..	1591167.....	0000701221		Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		34-1970892..				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	88366..	59-2760189..				American Retirement Life Insurance Company.....	OH.....	DS.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	61727..	34-0970995..				Central Reserve Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65722..	63-0343428..				Loyal American Life Insurance Company.....	OH.....		Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	67903..	23-1335885..				Provident American Life & Health Insurance Company	OH.....	IA.....	Central Reserve Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65269..	75-2305400..				United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1728483..	1591167.....	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8064696..	1591167.....	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65498..	23-1503749..	1591167.....	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna & CMC Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		58-1136865..	1591167.....	0000701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-0427127..	1591167.....	0000701221		Tel-Drug, Inc.....	SD.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vielife Holdings Limited	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vielife Limited	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-0463704..	1591167.....	0000701221		Vielife Services, Inc.	DE.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Businesshealth UK Limited.....	GBR.....	NIA.....	Vielife Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		06-1332403..	1591167.....	0000701221		CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332405..	1591167.....	0000701221		CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		62-1724116..	1591167.....	0000701221		Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741293..	1591167.....	0000701221		Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2924152..	1591167.....	0000701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741294..	1591167.....	0000701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1071502..	1591167.....	0000701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1522976..	1591167.....	0000701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1567902..	1591167.....	0000701221		Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252419..	1591167.....	0000701221		Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1533555..	1591167.....	0000701221		Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		35-2041388..	1591167.....	0000701221		IHN, Inc.	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252418..	1591167.....	0000701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0334401..	1591167.....	0000701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0344624..	1591167.....	0000701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0389196..	1591167.....	0000701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0111677..	1591167.....	0000701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2610178..	1591167.....	0000701221		Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		30-3087621..	1591167.....	0000701221		Cigna International Marketing (Thailand) Limited....	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.780	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	59.930	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-3190987..	1591167.....	0000701221		Cigna Global Reinsurance Company, Ltd.	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3009279..	1591167.....	0000701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Turkey Consultancy Services, A.S.....	TUR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-1240009..	1591167.....	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.....	BEL.....	IA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Apac Holdings Limited	BMU.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna Chestnut Holdings, Inc. Ltd.	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.6

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Hong Kong Holdings Company Limited.....	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Data Services (Shanghai) Company Limited	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna HLA Technology Services Limited	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Worldwide Life Insurance Company Limited.	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...97.500	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	...99.990	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...49.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Brokerage & Marketing (Thailand) Limited...	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		KDM (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...99.990	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vanbreda International Sdn. Bhd.....	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vanbreda International, LLC	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	90859..	23-2088429..	1591167.....	0000701221		Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-5360003.	1591167.....	0000701221		PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Group Holdings Limited	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Group Limited	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Administration Limited	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Legal Protection Limited.....	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Insurance Services (Europe) Limited	GBR.....	NIA.....	FirstAssist Group Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Market Street Retail Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...60.890	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Market Street South LLC.....	DE.....	NIA.....	Market Street Retail Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Houston Briar Forest Apartments Limited Partnership	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Finans Emekliilik Ve Hayat A.S.	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	...51.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				CignaTTK Health Insurance Company Limited.....	IND.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...26.000	TTK (non-affiliate).....	
0901.....	Cigna Group.....		00-0000000..				Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...71.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Reality Investment Group LLC...	Ownership.....	...50.000	Cigna Corporation and Newtown Square	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0901.....	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4266628..				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				LINA Financial Service.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...50.000	Cigna Corporation and SAICO (non affiliate).....	
0901.....	Cigna Group.....		00-0000000..				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Agua Mansa Partners, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331.....	Cigna Corporation.....	(48,028)			341,000	(2,213,534)				(1,920,562)	
	06-1072796.....	Cigna Holdings, Inc.....	1,647,522,271	(122,850,000)							1,524,672,271	
	23-1914061.....	Former Cigna Investments, Inc.....					2,121,033				2,121,033	
	06-0861092.....	Cigna Investments, Inc.....					2,565,942				2,565,942	
	01-0947889.....	Cigna Benefits Financing, Inc.....					983,568				983,568	
	06-0840391.....	Connecticut General Corporation.....	64,000,000	(6,000,000)							58,000,000	
	81-0585518.....	Benefit Management Corp.....									0	
12814.....	20-4433475.....	Allegiance Life & Health Insurance Company.....					(6,308,279)	181,066			(6,127,213)	721,013
	20-3851464.....	Allegiance Re, Inc.....						0			0	
	81-0400550.....	Allegiance Benefit Plan Management, Inc.....					1,520,792				1,520,792	
	71-0916514.....	Allegiance COBRA Services, Inc.....					661				661	
	26-2201582.....	Allegiance Provider Direct, LLC.....									0	
	84-1461840.....	Community Health Network, LLC.....									0	
	81-0425785.....	Intermountain Underwriters, Inc.....					57,146				57,146	
	03-0507057.....	Star Point, LLC.....					245,526				245,526	
	20-1821898.....	HealthSpring, Inc.....					45,151,080				45,151,080	
	52-1929677.....	Bravo Health, LLC.....		(10,000,000)			143,486,143				133,486,143	
10095.....	52-2259087.....	Bravo Health Mid-Atlantic, Inc.....					(35,566,496)				(35,566,496)	
11254.....	52-2363406.....	Bravo Health Pennsylvania, Inc.....		10,000,000			(119,094,232)				(109,094,232)	
12902.....	20-8534298.....	HealthSpring Life & Health Insurance Company, Inc.....	(57,400,000)				(315,635,882)				(373,035,882)	
95781.....	63-0925225.....	HealthSpring of Alabama, Inc.....	(14,900,000)				(79,312,273)				(94,212,273)	
11532.....	65-1129599.....	HealthSpring of Florida, Inc.....					(93,923,588)				(93,923,588)	
	77-0632665.....	NewQuest Management of Illinois, LLC.....					39,628,718				39,628,718	
	20-4954206.....	NewQuest Management of Florida, LLC.....	(5,000,000)				84,759,522				79,759,522	
	20-8647386.....	HealthSpring Management of America, LLC.....					293,239,950				293,239,950	
	33-1033586.....	NewQuest Management of Alabama, LLC.....					83,337,820				83,337,820	
	72-1559530.....	HealthSpring USA, LLC.....	(19,500,000)				14,179,253				(5,320,747)	
	62-1540621.....	HealthSpring Management, Inc.....					143,791,880				143,791,880	
11522.....	62-1593150.....	HealthSpring of Tennessee, Inc.....					(211,295,450)				(211,295,450)	
13733.....	03-0452349.....	Cigna Arbor Life Insurance Company.....	(24,000,000)								(24,000,000)	
	41-1648670.....	Cigna Behavioral Health, Inc.....	(151,000,000)				35,850,685				(115,149,315)	
	59-2308055.....	Cigna Dental Health, Inc.....	(43,246,296)				35,748,630				(7,497,666)	
	59-2600475.....	Cigna Dental Health Of California, Inc.....	(14,000,000)				(363,010)				(14,363,010)	
11175.....	59-2675861.....	Cigna Dental Health Of Colorado, Inc.....	(1,350,000)				(977,937)				(2,327,937)	
95380.....	59-2676987.....	Cigna Dental Health Of Delaware, Inc.....					(11,485)				(11,485)	
52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(9,000,000)				(3,536,795)				(12,536,795)	
52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(250,000)				(163,805)				(413,805)	
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(1,900,000)				(1,110,141)				(3,010,141)	
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(480,000)				(560,990)				(1,040,990)	
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(1,200,000)				(1,454,529)				(2,654,529)	
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....					(495,158)				(495,158)	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(1,980,000).....				(965,242).....				(2,945,242).....	
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(1,565,722).....				(579,318).....				(2,145,040).....	
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(8,877,982).....				(3,787,983).....				(12,665,965).....	
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,550,000).....				(609,063).....				(2,159,063).....	
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(3,700,000).....				124,392.....				(3,575,608).....	
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(2,900,000).....				(1,330,103).....				(4,230,103).....	
	62-1312478.....	Cigna Health Corporation.....	(2,500,000).....	(23,250,000).....			59,666,305.....				33,916,305.....	
	02-0387748.....	Healthsource, Inc.....									0.....	
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....		15,000,000.....			(8,031,809).....	495,095.....			7,463,286.....	607,334.....
	95-3310115.....	Cigna HealthCare of California, Inc.....				(147,500).....	(57,856,286).....	140,807.....			(57,862,979).....	3,900,259.....
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	(1,500,000).....				(1,512,272).....	(142,988).....			(3,155,260).....	63,678.....
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....					(1,828,751).....	(6,439).....			(1,835,190).....	2,868.....
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....					(123,172).....	(23,443).....			(146,615).....	10,440.....
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....		1,500,000.....		(23,000).....	(123,345).....	(16,775).....			1,336,880.....	7,470.....
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....	(5,000,000).....				(1,219).....				(5,001,219).....	
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....					(27).....				(27).....	
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....					(3,181).....				(3,181).....	
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....					(11,130).....				(11,130).....	
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....		1,000,000.....			74,731.....	585,827.....			1,660,558.....	8,913.....
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....					(39).....				(39).....	
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....		750,000.....			(924,548).....	(102,097).....			(276,645).....	45,468.....
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....					3.....				3.....	
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....		5,000,000.....			(3,479,704).....	(12,910).....			1,507,386.....	5,749.....
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	(1,000,000).....				(12,780,533).....	24,349.....			(13,756,184).....	439,003.....
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....					(128,576).....	(11,199).....			(139,775).....	4,987.....
95488.....	11-2758941.....	Cigna HealthCare of New York, Inc.....				(170,500).....	(30,186).....				(200,686).....	
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	(2,000,000).....				(3,731,942).....				(5,731,942).....	174,765.....
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.....					(5,441,624).....	154,746.....			(5,286,878).....	(240,162).....
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....		6,000,000.....			(15,683,890).....	(13,266).....			(9,697,156).....	5,908.....
	00-0000000.....	Temple Insurance Company Limited (Bermuda).....					(48,594).....				(48,594).....	
	35-1641636.....	Sagamore Health Network, Inc.....	(1,000,000).....				1,184,842.....				184,842.....	
95388.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....					(6,520,164).....	(681,412).....			(7,201,576).....	
	AA-1560515.....	Cigna Life Insurance Co. of Canada.....	(2,768,000).....				(6,183,752).....				(8,951,752).....	
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(15,000,000).....					(12,107,991).....			(27,107,991).....	(104,375,809).....
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(1,129,951,972).....	131,584,355.....			36,587,108.....	154,302,935.....			(807,477,574).....	1,415,510,689.....
	32-0222252.....	Cigna Onsite Health, LLC.....					7,427,560.....				7,427,560.....	
	23-3074013.....	TEL-DRUG of Pennsylvania, L.L.C.....	(70,000,000).....								(70,000,000).....	
	27-5402196.....	Cigna Affiliates Realty Investment Group, LLC.....		(64,539,623).....							(64,539,623).....	
	27-0268530.....	CORAC, LLC.....		(7,222,953).....							(7,222,953).....	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	1,250,000.....	(62,131,253).....			(175,796,459).....	(129,335,425).....			(366,013,137).....	(87,160,960).....
	23-1728483.....	Cigna Health Management, Inc.....	(6,000,000).....				161,351,755.....				155,351,755.....	
	20-8064696.....	Kronos Optimal Health Company.....					1,177,876.....				1,177,876.....	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
65498.....	23-1503749.....	Life Insurance Company of North America.....	20,870,442	(34,018,348)				(146,965,084)			(160,112,990)	(1,312,954,969)
	46-0427127.....	Tel-Drug, Inc.....	(49,000,000)								(49,000,000)	
	00-0000000.....	Vielife Holdings Limited (United Kingdom).....									0	
	35-2041388.....	IHN, Inc.....	(3,000,000)								(3,000,000)	
	51-0389196.....	Cigna Global Holdings, Inc.....	(45,269,000)	122,850,000							77,581,000	
	51-0111677.....	Cigna International Corporation, Inc.....					(12,000,000)				(12,000,000)	
	98-0210110.....	Cigna Global Reinsurance Company, Ltd. (Bermuda).....	(100,333,165)					133,489,885			33,156,720	84,746,346
	23-3009279.....	Cigna Holdings Overseas, Inc.....					414,489				414,489	
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....									0	
	00-0000000.....	Cigna Nederland Gamma B.V.....									0	
	AA-1240009.....	Cigna Life Insurance Co. of Europe S.A.-N.V.....					(5,347,797)	355,934			(4,991,863)	182,463
	00-0000000.....	Cigna Europe Insurance Company S.A.-N.V.....					4,080				4,080	
	00-0000000.....	Cigna Worldwide Life Insurance Company Limited.....									0	
	00-0000000.....	Cigna Global Insurance Company Limited (Guernsey).....					(2,683,881)	7,369			(2,676,512)	(1,299,663)
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....	18,104				4,886,684	(318,986)			4,585,802	(405,790)
	00-0000000.....	Cigna International Health Services (formerly Vanbreda).....	(4,170,210)								(4,170,210)	
	76-0628370.....	NewQuest, LLC.....	136,800,000								136,800,000	
	34-1970892.....	Ceres Sales of Ohio.....	(1,250,000)								(1,250,000)	
	76-0657035.....	GulfQuest LP.....	(42,000,000)								(42,000,000)	
	20-5524622.....	Tennessee Quest LLC.....	(4,000,000)								(4,000,000)	
	00-0000000.....	Life Insurance Company of Korea.....	(20,870,442)								(20,870,442)	
	00-0000000.....	Cigna & CMC Life Insurance Company Limited, China.....		36,327,822							36,327,822	
65722.....	63-0343428.....	Loyal American Life Insurance Company.....		(41,000,000)							(41,000,000)	
88366.....	59-2760189.....	American Retirement Life Insurance Company.....		41,000,000							41,000,000	
9999999.....	Control Totals.....		0	0	0	0	0	(2)	XXX	0	(2)	0

CENTRAL RESERVE LIFE INSURANCE COMPANY

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 the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	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		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	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?	YES
16.	Will the actuarial opinion 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
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	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
19.	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
20.	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
21.	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
22.	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
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	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
25.	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
26.	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
27.	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
28.	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
29.	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
30.	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
31.	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
32.	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
33.	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
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	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
38.	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
39.	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
40.	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		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	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
47.	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
48.	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
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	SEE EXPLANATION
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

CENTRAL RESERVE LIFE INSURANCE COMPANY

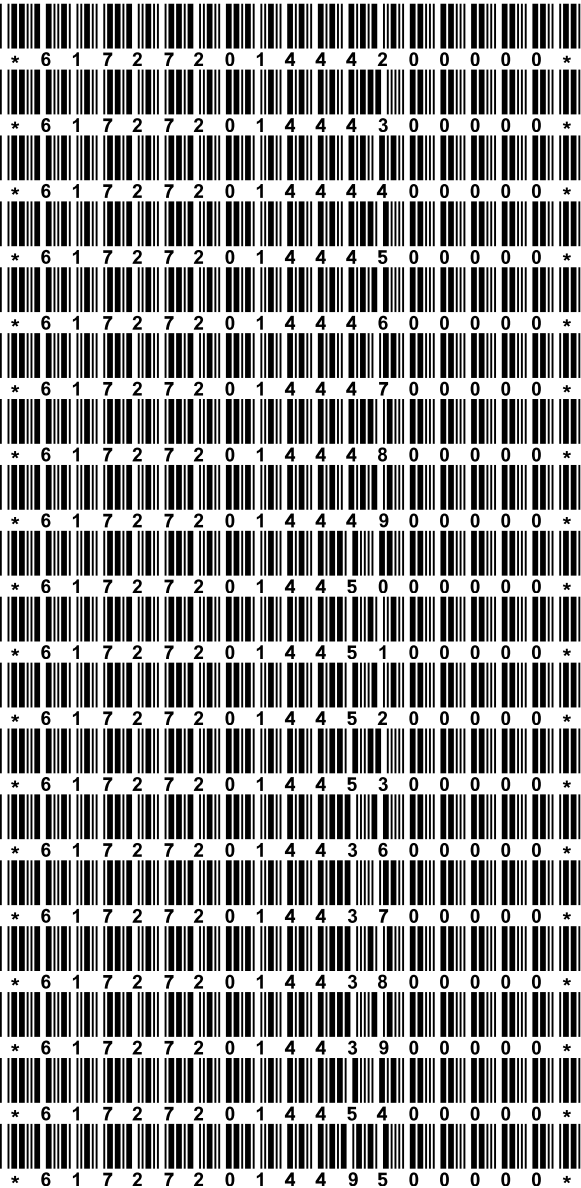
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

EXPLANATIONS:

BAR CODE:

1.
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CENTRAL RESERVE LIFE INSURANCE COMPANY

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.

35.	
36.	
37.	* 6 1 7 2 7 2 0 1 4 3 6 5 0 0 0 0 0 * 
38.	* 6 1 7 2 7 2 0 1 4 2 2 4 0 0 0 0 0 * 
39.	* 6 1 7 2 7 2 0 1 4 2 2 5 0 0 0 0 0 * 
40.	* 6 1 7 2 7 2 0 1 4 2 2 6 0 0 0 0 0 * 
41.	
42.	* 6 1 7 2 7 2 0 1 4 3 0 6 0 0 0 0 0 * 
43.	
44.	* 6 1 7 2 7 2 0 1 4 2 3 0 0 0 0 0 0 * 
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48.	* 6 1 7 2 7 2 0 1 4 2 1 6 0 0 0 0 0 * 
49.	* 6 1 7 2 7 2 0 1 4 2 1 7 0 0 0 0 0 * 
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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.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	3MG.....	G.....	NO.....	...34000.....	.03/16/2004	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	14,763	6,379	43.2	3	.....	.....	.....0.0	.....
.....YES.....	3MH.....	H.....	NO.....	...34000.....	.02/09/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,617	5	0.3	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.02/09/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	21,118	6,228	29.5	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									37,498	12,611	33.6	9	0	0	0.0	0

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.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	31F(AR).....	F.....	NO.....	34000.....	.01/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	56,689	17,503	30.9	14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									56,689	17,503	30.9	14	0	0	0.0	0

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.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	31F(AZ).....	F.....	NO.....	34000.....	.12/05/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,878	432	7.4	1	.....	.....	.....0.0	.....
.....YES.....	31G(AZ).....	G.....	NO.....	34000.....	.12/05/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,514	1,729	38.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									10,392	2,161	20.8	2	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Colorado



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MK(CO).....	F.....	NO.....	34060.....	.03/08/2004			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,892	.....	.....0.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,892	0	0.0	2	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Georgia



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3IE(GA).....	E.....	NO.....	...34000.....	.11/09/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,957	32,963	473.8	1	.....	.....	.....0.0	.....
.....YES.....	3IF(GA).....	F.....	NO.....	...34000.....	.12/31/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,798	1,761	25.9	2	.....	.....	.....0.0	.....
.....YES.....	3IG(GA).....	G.....	NO.....	...34000.....	.12/31/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,746	19,093	162.5	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									25,502	53,817	211.0	7	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Iowa



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME(IA).....	E.....	NO.....	...34000.....	.10/10/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,658	382	14.4	1	.....	.....	.....0.0	.....
.....YES.....	3MF(IA).....	F.....	NO.....	...34000.....	.01/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	103,971	70,679	68.0	24	.....	.....	.....0.0	.....
.....YES.....	3MG(IA).....	G.....	NO.....	...34000.....	.01/27/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	40,409	65,741	162.7	12	.....	.....	.....0.0	.....
.....YES.....	3MI(IA).....	I.....	NO.....	...34000.....	.05/11/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ(IA).....	J.....	NO.....	...34000.....	.02/16/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	33,232	16,305	49.1	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									180,270	153,108	84.9	47	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Illinois



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MD(IL).....	D.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,607	951	11.0	2	.....	.....	.....0.0	.....
...YES.....	3ME(IL).....	E.....	NO.....	...34060.....	.11/04/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,622	2,841	32.9	2	.....	.....	.....0.0	.....
.....YES.....	3MF(IL).....	F.....	NO.....	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	479,528	264,375	55.1	82	.....	.....	.....0.0	.....
.....YES.....	3MG(IL).....	G.....	NO.....	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	33,870	16,704	49.3	6	.....	.....	.....0.0	.....
.....YES.....	3MH(IL).....	H.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	19,640	11,897	60.6	6	.....	.....	.....0.0	.....
.....YES.....	3MI(IL).....	I.....	NO.....	...34060.....	.08/11/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	37,893	4,461	11.8	7	.....	.....	.....0.0	.....
.....YES.....	3MJ(IL).....	J.....	NO.....	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	37,532	50,844	135.5	10	.....	.....	.....0.0	.....
.....YES.....	3MK(IL).....	F.....	NO.....	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,028	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									626,719	352,073	56.2	116	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MD.....	D.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,478	5,937	38.4	2	.....	.....	.....0.0	.....
...YES.....	3ME.....	E.....	NO.....	...34000.....	.11/01/2005	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	50,789	40,607	80.0	16	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	82,904	33,235	40.1	14	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	63,357	46,068	72.7	14	.....	.....	.....0.0	.....
.....YES.....	3MH(IN).....	H.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	37,336	43,889	117.6	12	.....	.....	.....0.0	.....
.....YES.....	3MI(IN).....	I.....	NO.....	...34000.....	.12/05/2006	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	10,500	9,241	88.0	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IN).....	J.....	NO.....	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	64,978	29,346	45.2	16	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,971	.....	.....0.0	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									329,312	208,324	63.3	82	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Kansas



NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	3ME(KS).....	E.....	NO.....	...34060.....	.12/21/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	3,604	3,852	106.9	1	.....	.....	.....0.0	.....
.....YES.....	3MF(KS).....	F.....	NO.....	...34060.....	.02/04/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	126,897	57,851	45.6	28	.....	.....	.....0.0	.....
.....YES.....	3MG(KS).....	G.....	NO.....	...34060.....	.02/04/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	42,343	34,285	81.0	12	.....	.....	.....0.0	.....
.....YES.....	3MH(KS).....	H.....	NO.....	...34060.....	.03/06/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	35,177	52,606	149.5	12	.....	.....	.....0.0	.....
.....YES.....	3MI(KS).....	I.....	NO.....	...34060.....	.05/26/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	9,259	10,689	115.4	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(KS).....	J.....	NO.....	...34060.....	.03/06/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	177,200	101,464	57.3	49	.....	.....	.....0.0	.....
.....YES.....	3MK(KS).....	F.....	NO.....	...34060.....	.02/04/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	3,057	318	10.4	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									397,536	261,066	65.7	108	0	0	0.0	0

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.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME(KY).....	E.....	NO.....	...34060.....	.11/16/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	28,515	10,393	36.4	8	.....	.....	.....0.0	.....
.....YES.....	3MF(KY).....	F.....	NO.....	...34060.....	.10/30/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	36,301	16,237	44.7	7	.....	.....	.....0.0	.....
.....YES.....	3MG(KY).....	G.....	NO.....	...34060.....	.10/30/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	11,398	6,794	59.6	2	.....	.....	.....0.0	.....
.....YES.....	3MH(KY).....	H.....	NO.....	...34060.....	.09/10/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	6,394	1,671	26.1	1	.....	.....	.....0.0	.....
.....YES.....	3MI(KY).....	I.....	NO.....	...34060.....	.06/02/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	3,854	9,692	251.5	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									86,462	44,787	51.8	19	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Louisiana



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF(LA)R.....	F.....	NO.....	34060.....	.10/14/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,663	3,389	26.8	2	.....	.....	.....0.0	.....
.....YES.....	3MG(LA)R.....	G.....	NO.....	34060.....	.10/14/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,547	6,263	137.7	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									17,210	9,652	56.1	3	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Missouri



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ID.....	D.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,250	69	2.1	1	.....	.....	.....0.0	.....
.....YES.....	3IE.....	E.....	NO.....	...34060.....	.04/11/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,981	434	14.6	1	.....	.....	.....0.0	.....
.....YES.....	3IF.....	F.....	NO.....	...34060.....	.04/16/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	49,144	34,784	70.8	12	.....	.....	.....0.0	.....
.....YES.....	3IG.....	G.....	NO.....	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	59,885	42,756	71.4	18	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									115,260	78,044	67.7	32	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Mississippi



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF(MS).....	F.....	NO.....	...34060.....	.12/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,334	1,347	31.1	1	.....	.....	.....0.0	.....
.....YES.....	3MG(MS).....	G.....	NO.....	...34060.....	.12/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,703	4,191	54.4	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(MS).....	J.....	NO.....	...34060.....	.10/28/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,845	3,267	85.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									15,882	8,804	55.4	3	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Montana



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MD(MT).....	D.....	NO.....	...34000.....	.10/21/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	3,291	645	19.6	1	.....	.....	.....0.0	.....
.....YES.....	3MF(MT).....	F.....	NO.....	...34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	155,584	84,187	54.1	41	.....	.....	.....0.0	.....
.....YES.....	3MG(MT).....	G.....	NO.....	...34000.....	.10/21/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	59,605	41,866	70.2	19	.....	.....	.....0.0	.....
.....YES.....	3MJ(MT).....	J.....	NO.....	...34000.....	.03/30/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	14,347	9,160	63.8	4	.....	.....	.....0.0	.....
.....YES.....	3MK(MT).....	F.....	NO.....	...34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,268	.....	.....0.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									234,094	135,857	58.0	67	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....North Carolina

NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....



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.....	3MC(NC).....	C.....	NO.....	...34060.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	14,445	4,393	30.4	3	.....	.....	.....0.0	.....
.....YES.....	3MD(NC).....	D.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,391	319	9.4	1	.....	.....	.....0.0	.....
.....YES.....	3ME(NC).....	E.....	NO.....	...34000.....	.12/16/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,974	2,398	80.6	1	.....	.....	.....0.0	.....
.....YES.....	3MF(NC).....	F.....	NO.....	...34000.....	.06/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	338,437	163,578	48.3	74	.....	.....	.....0.0	.....
.....YES.....	3MG(NC).....	G.....	NO.....	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	175,503	116,318	66.3	44	.....	.....	.....0.0	.....
.....YES.....	3MH(NC).....	H.....	NO.....	...34000.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	79,197	40,337	50.9	24	.....	.....	.....0.0	.....
.....YES.....	3MI(NC).....	I.....	NO.....	...34000.....	.04/27/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,047	2,099	51.9	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(NC).....	J.....	NO.....	...34060.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	318,518	184,244	57.8	74	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									936,514	513,685	54.9	222	0	0	0.0	0

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.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF(ND).....	F.....	NO.....	...34000.....	.11/25/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	83,322	47,596	57.1	22	.....	.....	.....0.0	.....
.....YES.....	3MH(ND).....	H.....	NO.....	...34000.....	.02/27/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,362	474	20.1	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(ND).....	J.....	NO.....	...34000.....	.02/27/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,884	2,334	80.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									88,568	50,404	56.9	24	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Nebraska



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME(NE).....	E.....	NO.....	...34000.....	.07/27/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	4,124	7,294	176.9	1	.....	.....	.....0.0	.....
...YES.....	3MF.....	F.....	NO.....	...34000.....	.11/17/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	441,126	276,789	62.7	99	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.11/17/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	50,054	15,150	30.3	13	.....	.....	.....0.0	.....
.....YES.....	3MH.....	H.....	NO.....	...34000.....	.03/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	36	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	...34000.....	.06/19/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	2,781	2,373	85.4	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.03/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	116,646	95,769	82.1	29	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									614,766	397,376	64.6	143	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Nevada



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF.....	F.....	NO.....	34000.....	.11/17/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,358	473	8.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,358	473	8.8	1	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Ohio



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME(OH).....	E.....	NO.....	...34000.....	.08/08/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	17,494	23,694	135.4	5	.....	.....	.....0.0	.....
.....YES.....	3MF(OH).....	F.....	NO.....	...34000.....	.12/12/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	64,639	53,455	82.7	13	.....	.....	.....0.0	.....
.....YES.....	3MG(OH).....	G.....	NO.....	...34000.....	.12/12/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	66,850	16,140	24.1	16	.....	.....	.....0.0	.....
.....YES.....	3MH(OH).....	H.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	17,029	5,940	34.9	5	.....	.....	.....0.0	.....
.....YES.....	3MI(OH).....	I.....	NO.....	...34000.....	.05/01/2006	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	24,036	20,730	86.2	7	.....	.....	.....0.0	.....
.....YES.....	3MJ(OH).....	J.....	NO.....	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT	34,700	12,629	36.4	7	.....	.....	.....0.0	.....
.....YES.....	3MK(OH).....	F.....	NO.....	...34000.....	.12/12/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,032	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									225,780	132,587	58.7	54	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Oklahoma



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME(OK).....	E.....	NO.....	...34000.....	.11/14/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	8,089	2,272	28.1	3	.....	.....	.....0.0	.....
.....YES.....	3MF(OK).....	F.....	NO.....	...34000.....	.03/01/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	15,986	18,525	115.9	4	.....	.....	.....0.0	.....
.....YES.....	3MG(OK).....	G.....	NO.....	...34000.....	.03/01/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	16,959	2,920	17.2	4	.....	.....	.....0.0	.....
.....YES.....	3MH(OK).....	H.....	NO.....	...34000.....	.02/05/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	(20)	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	3MI(OK).....	I.....	NO.....	...34000.....	.05/05/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	1,278	2,787	218.1	.....	.....	.....	.....0.0	.....
.....YES.....	3MJ(OK).....	J.....	NO.....	...34000.....	.02/05/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT	12,479	11,204	89.8	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									54,771	37,707	68.8	15	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Oregon



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF(OR).....	F.....	NO.....	...34060.....	.06/15/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	7,829	8,050	102.8	2	.....	.....	.....0.0	.....
.....YES.....	3MG(OR).....	G.....	NO.....	...34060.....	.06/15/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,212	460	14.3	1	.....	.....	.....0.0	.....
.....YES.....	3MI(OR).....	I.....	NO.....	...34060.....	.09/07/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,694	1,921	52.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									14,735	10,431	70.8	4	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Pennsylvania



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MB(PA).....	B.....	NO.....	...34060.....	.05/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,170	3,748	89.9	1	.....	.....	.....0.0	.....
.....YES.....	3MC(PA).....	C.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,110	8,207	90.1	2	.....	.....	.....0.0	.....
.....YES.....	3MD(PA).....	D.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	65,297	53,114	81.3	17	.....	.....	.....0.0	.....
.....YES.....	3MF(PA).....	F.....	NO.....	...34060.....	.05/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	62,298	41,053	65.9	13	.....	.....	.....0.0	.....
.....YES.....	3MG(PA).....	G.....	NO.....	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	243,811	169,818	69.7	58	.....	.....	.....0.0	.....
.....YES.....	3MI(PA).....	I.....	NO.....	...34060.....	.08/23/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	13,876	9,215	66.4	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									398,562	285,155	71.5	94	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....South Carolina



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MD.....	D.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,770	868	23.0	1	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO.....	...34000.....	.10/09/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,364	23,399	64.3	9	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	...34000.....	.10/09/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	25,928	18,230	70.3	7	.....	.....	.....0.0	.....
.....YES.....	3MH.....	H.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,377	3,445	64.1	2	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO.....	...34000.....	.05/18/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	85,731	53,463	62.4	24	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34000.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	148,518	82,433	55.5	45	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									305,688	181,837	59.5	88	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....South Dakota



NAIC Group Code.....0901
Address (City, State and Zip Code)....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	3MF.....	F.....	NO.....	...34060.....	.11/19/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	25,681	10,378	40.4	6	.....	.....	.....0.0	.....
.....YES.....	3MG(SD).....	G.....	NO.....	...34060.....	.11/19/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,443	.....	.....0.0	1	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO.....	...34060.....	.01/17/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,519	2,497	70.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									33,643	12,875	38.3	8	0	0	0.0	0

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.....

2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....

3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	3MD(TN).....	D.....	NO.....	...34000.....	.12/02/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	9,067	15,722	173.4	2	.....	.....	.....0.0	.....
.....YES.....	3ME(TN).....	E.....	NO.....	...34000.....	.08/30/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	5,734	4,721	82.3	2	.....	.....	.....0.0	.....
.....YES.....	3MF(TN).....	F.....	NO.....	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	51,807	32,768	63.3	13	.....	.....	.....0.0	.....
.....YES.....	3MG(TN).....	G.....	NO.....	...34000.....	.12/02/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	98,462	94,880	96.4	30	.....	.....	.....0.0	.....
.....YES.....	3MI(TN).....	I.....	NO.....	...34000.....	.07/14/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	10,638	421	4.0	3	.....	.....	.....0.0	.....
.....YES.....	3MK(TN).....	F.....	NO.....	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	883	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									176,591	148,512	84.1	51	0	0	0.0	0

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.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MA(TX).....	A.....	NO.....	...34060.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,989	383	12.8	1	.....	.....	.....0.0	.....
.....YES.....	3MC(TX).....	C.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,919	238	6.1	1	.....	.....	.....0.0	.....
.....YES.....	3MD(TX).....	D.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	37,705	19,811	52.5	9	.....	.....	.....0.0	.....
.....YES.....	3ME(TX).....	E.....	NO.....	...34000.....	.12/30/2005	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	45,701	40,080	87.7	13	.....	.....	.....0.0	.....
.....YES.....	3MF(TX).....	F.....	NO.....	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	423,162	239,662	56.6	68	.....	.....	.....0.0	.....
.....YES.....	3MG(TX).....	G.....	NO.....	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	145,696	127,987	87.8	32	.....	.....	.....0.0	.....
.....YES.....	3MH(TX).....	H.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,393	4,470	82.9	2	.....	.....	.....0.0	.....
.....YES.....	3MI(TX).....	I.....	NO.....	...34000.....	.06/15/2006	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	22,776	42,030	184.5	7	.....	.....	.....0.0	.....
.....YES.....	3MJ(TX).....	J.....	NO.....	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	116,071	57,508	49.5	32	.....	.....	.....0.0	.....
.....YES.....	3MK(TX).....	F.....	NO.....	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,762	.....	.....0.0	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									806,172	532,168	66.0	168	0	0	0.0	0

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824

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.....Virginia



NAIC Group Code.....0901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

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.....	3MC(VA).....	C.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	4,362	1,535	35.2	1	.....	.....	.....0.0	.....
...YES.....	3MD(VA).....	D.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	31,322	13,968	44.6	9	.....	.....	.....0.0	.....
.....YES.....	3MF(VA).....	F.....	NO.....	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT	497,547	341,851	68.7	133	.....	.....	.....0.0	.....
.....YES.....	3MG(VA).....	G.....	NO.....	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	203,608	136,415	67.0	60	.....	.....	.....0.0	.....
.....YES.....	3MH(VA).....	H.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	119,450	93,034	77.9	43	.....	.....	.....0.0	.....
.....YES.....	3MI(VA).....	I.....	NO.....	...34000.....	.11/07/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	193,677	137,062	70.8	64	.....	.....	.....0.0	.....
.....YES.....	3MJ(VA).....	J.....	NO.....	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	807,627	603,941	74.8	249	.....	.....	.....0.0	.....
.....YES.....	3MK(VA).....	F.....	NO.....	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,398	.....	.....0.0	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,858,990	1,327,807	71.4	561	0	0	0.0	0

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.....
2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address.....
3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

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.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3ME.....	E.....	NO.....	34000.....	.12/01/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	3,777	544	14.4	1	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO.....	34000.....	.11/24/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT	9,457	201	2.1	2	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO.....	34000.....	.11/24/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,050	.....	.....0.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									14,283	746	5.2	4	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
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.....Wyoming



NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, Texas 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....61727

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

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.....	3MF(WY).....	F.....	NO.....	...34000.....	.12/05/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	60,756	37,993	62.5	13	.....	.....	.....0.0	.....
.....YES.....	3MG(WY).....	G.....	NO.....	...34000.....	.12/05/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,482	1,168	26.1	1	.....	.....	.....0.0	.....
.....YES.....	3MK(WY).....	F.....	NO.....	...34000.....	.12/05/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,055	8,910	844.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									66,294	48,070	72.5	15	0	0	0.0	0

360

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..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin Texas 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2014
(To Be Filed March 1)

Of The.....CENTRAL RESERVE LIFE INSURANCE COMPANY

Address (City, State, Zip Code).....Cleveland, OH 44114

NAIC Group Code.....0901

NAIC Company Code.....61727

Employer's ID Number.....34-0970995

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2010	2 2011	3 2012	4 2013	5 2014 (a)
1. Prior.....	(129)	(101)	(101)	(101)	(98)
2. 2010.....	56	61	61	61	61
3. 2011.....	XXX	41	46	46	46
4. 2012.....	XXX	XXX	32	34	34
5. 2013.....	XXX	XXX	XXX	14	14
6. 2014.....	XXX	XXX	XXX	XXX	97

Section B - Other Accident and Health

1. Prior.....	25,071	25,085	25,085	25,085	25,083
2. 2010.....	7,413	8,035	8,032	8,025	8,020
3. 2011.....	XXX	5,808	6,427	6,422	6,420
4. 2012.....	XXX	XXX	4,564	5,029	5,030
5. 2013.....	XXX	XXX	XXX	3,976	4,447
6. 2014.....	XXX	XXX	XXX	XXX	3,137

Section C - Credit Accident and Health

1. Prior.....					
2. 2010.....					
3. 2011.....	XXX				
4. 2012.....	XXX	XXX			
5. 2013.....	XXX	XXX	XXX		
6. 2014.....	XXX	XXX	XXX	XXX	

NONE

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

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....					
2. 2010.....					
3. 2011.....	XXX				
4. 2012.....	XXX	XXX			
5. 2013.....	XXX	XXX	XXX		
6. 2014.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2010.....					
3. 2011.....	XXX				
4. 2012.....	XXX	XXX			
5. 2013.....	XXX	XXX	XXX		
6. 2014.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2010.....					
3. 2011.....	XXX				
4. 2012.....	XXX	XXX			
5. 2013.....	XXX	XXX	XXX		
6. 2014.....	XXX	XXX	XXX	XXX	

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2010	2011	2012	2013	2014
1. 2010.....	61	9,934	122	XXX	XXX
2. 2011.....	XXX	46	1,858	46	XXX
3. 2012.....	XXX	XXX	43	34	34
4. 2013.....	XXX	XXX	XXX	16	24
5. 2014.....	XXX	XXX	XXX	XXX	97

Section B - Other Accident and Health

1. 2010.....	8,169	8,174	8,032	XXX	XXX
2. 2011.....	XXX	6,424	8,530	6,422	XXX
3. 2012.....	XXX	XXX	5,120	5,030	5,030
4. 2013.....	XXX	XXX	XXX	4,437	4,458
5. 2014.....	XXX	XXX	XXX	XXX	3,607

Section C - Credit Accident and Health

1. 2010.....				XXX	XXX
2. 2011.....	XXX				XXX
3. 2012.....	XXX	XXX			
4. 2013.....	XXX	XXX	XXX		
5. 2014.....	XXX	XXX	XXX	XXX	

NONE

CENTRAL RESERVE LIFE INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010.....	61	9,934	122		
2. 2011.....	XXX	46	1,858	46	
3. 2012.....	XXX	XXX	43	34	34
4. 2013.....	XXX	XXX	XXX	16	24
5. 2014.....	XXX	XXX	XXX	XXX	97

Section B - Other Accident and Health

1. 2010.....	8,169	8,174	8,032		
2. 2011.....	XXX	6,424	8,530	6,422	
3. 2012.....	XXX	XXX	5,120	5,030	5,030
4. 2013.....	XXX	XXX	XXX	4,437	4,458
5. 2014.....	XXX	XXX	XXX	XXX	3,607

Section C - Credit Accident and Health

1. 2010.....					
2. 2011.....	XXX				
3. 2012.....	XXX	XXX			
4. 2013.....	XXX	XXX	XXX		
5. 2014.....	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....	None.....	
2. Ordinary life.....	Standard Factor.....	
3. Individual annuity.....	None.....	
4. Supplementary contracts.....	None.....	
5. Credit life.....	None.....	
6. Group life.....	None.....	
7. Group annuities.....	None.....	
8. Group accident and health.....	Development.....	9
9. Credit accident and health.....	None.....	
10. Other accident and health.....	Development.....	481
11. Total.....		490

Sch. O-Pt. 1-Sn. D
NONE

Sch. O-Pt. 1-Sn. E
NONE

Sch. O-Pt. 1-Sn. F
NONE

Sch. O-Pt. 1-Sn. G
NONE

Sch. O-Pt. 2-Sn. D
NONE

Sch. O-Pt. 2-Sn. E
NONE

Sch. O-Pt. 2-Sn. F
NONE

Sch. O-Pt. 2-Sn. G
NONE

Sch. O-Pt. 3-Sn. D
NONE

Sch. O-Pt. 3-Sn. E
NONE

Sch. O-Pt. 3-Sn. F
NONE

Sch. O-Pt. 3-Sn. G
NONE

Sch. O-Pt. 4-Sn. D
NONE

Sch. O-Pt. 4-Sn. E
NONE

Sch. O-Pt. 4-Sn. F
NONE

Sch. O-Pt. 4-Sn. G
NONE

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