LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

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

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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., Suite 100….. Austin ..... TX ..... US..... 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 11200 Lakeline Blvd., Suite 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., Suite 100….. Austin ..... TX ..... US 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.CiganSupplementalBenefits.com

Statutory Statement Contact Jesse Navarrete (512) 807-4801
(Name) (Area Code) (Telephone Number) (Extension)
CSBFinRpt@cigna.com (512) 467-1399
(E-Mail Address) (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	Maureen Hardiman Ryan	Assistant Treasurer
Scott Ronald Lambert	Assistant Treasurer	Eric Paul Palmer	Vice President
Joanne Ruth Hart #	Assistant Treasurer	Man-Kit Simon Tang #	Chief Actuary
Patricia Julie Walsh #	Assistant Vice President		

DIRECTORS OR TRUSTEES

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

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

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

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

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

a. Is this an original filing? Yes [X] No [ ]

b. If 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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	251,243				251,243
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	251,258	0	0	0	251,258
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	(1,360)				(1,360)
6.2	Applied to pay renewal premiums	257				257
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	32				32
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	(1,071)	0	0	0	(1,071)
	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)	(1,071)	0	0	0	(1,071)
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	45,203				45,203
10.	Matured endowments	5,068				5,068
11.	Annuity benefits	1,136				1,136
12.	Surrender values and withdrawals for life contracts	121,994				121,994
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	173,401	0	0	0	173,401
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	154,059							1	154,059
17.	Incurred during current year	1	(120,990)							1	(120,990)
	Settled during current year:										
18.1	By payment in full	2	33,069							2	33,069
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	33,069	0	0	0	0	0	0	2	33,069
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	33,069	0	0	0	0	0	0	2	33,069
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	346	43,639,882		(a)					346	43,639,882
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(22)	(2,760,060)							(22)	(2,760,060)
23.	In force December 31 of current year	324	40,879,822	0	(a) 0	0	0	0	0	324	40,879,822

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	77	83		23	29
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)	186	157		96	(41)
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)	186	157	0	96	(41)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	263	240	0	119	(12)

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,143				1,143
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,151	0	0	0	1,151
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	258				258
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	34				34
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	292	0	0	0	292
	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)	292	0	0	0	292
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,583				7,583
10.	Matured endowments					0
11.	Annuity benefits	22,722				22,722
12.	Surrender values and withdrawals for life contracts	9,156				9,156
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	39,461	0	0	0	39,461
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,583							1	7,583
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	7,583							1	7,583
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	7,583	0	0	0	0	0	0	1	7,583
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	7,583	0	0	0	0	0	0	1	7,583
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	10	107,716		(a)					10	107,716
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(4,953)							(1)	(4,953)
23.	In force December 31 of current year	9	102,763	0	(a) 0	0	0	0	0	9	102,763

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	596	633		138	131
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)	50,922	50,864		12,543	18,625
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)	50,922	50,864	0	12,543	18,625
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	51,518	51,497	0	12,681	18,756

(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 ALABAMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	567,519		27,385		594,904
2.	Annuity considerations	4,999				4,999
3.	Deposit-type contract funds	1,498	XXX		XXX	1,498
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	574,016	0	27,385	0	601,401
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,929				13,929
6.2	Applied to pay renewal premiums	391				391
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	241				241
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	14,561	0	0	0	14,561
	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)	14,561	0	0	0	14,561
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	965,895		11,500		977,395
10.	Matured endowments	1,653				1,653
11.	Annuity benefits	133,141				133,141
12.	Surrender values and withdrawals for life contracts	434,713				434,713
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	1,535,402	0	11,500	0	1,546,902
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	96	376,069			2	6,000			98	382,069
17.	Incurred during current year	203	941,208			5	5,500			208	946,708
	Settled during current year:										
18.1	By payment in full	187	965,895			7	11,500			194	977,395
18.2	By payment on compromised claims									0	0
18.3	Totals paid	187	965,895	0	0	7	11,500	0	0	194	977,395
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	187	965,895	0	0	7	11,500	0	0	194	977,395
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	112	351,382	0	0	0	0	0	0	112	351,382
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,366	60,825,457		(a)	117	3,482,174			3,483	64,307,631
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(321)	(4,306,091)			(32)	(834,530)			(353)	(5,140,621)
23.	In force December 31 of current year	3,045	56,519,366	0	(a) 0	85	2,647,644	0	0	3,130	59,167,010

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	391,293	421,069		118,003	141,707
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	78		344	3,899
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,930,648	2,965,594		1,834,874	1,291,172
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)	2,930,648	2,965,594	0	1,834,874	1,291,172
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,321,993	3,386,741	0	1,953,221	1,436,778

(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.

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	187,658		1,682		189,340
2.	Annuity considerations	522				522
3.	Deposit-type contract funds	193	XXX		XXX	193
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	188,373	0	1,682	0	190,055
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,838				1,838
6.2	Applied to pay renewal premiums	50				50
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	(1,585)				(1,585)
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	303	0	0	0	303
	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)	303	0	0	0	303
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	222,843				222,843
10.	Matured endowments					0
11.	Annuity benefits	15,938				15,938
12.	Surrender values and withdrawals for life contracts	324,767				324,767
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	563,548	0	0	0	563,548
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	16	72,109							16	72,109
17.	Incurred during current year	47	207,396							47	207,396
	Settled during current year:										
18.1	By payment in full	43	222,843							43	222,843
18.2	By payment on compromised claims									0	0
18.3	Totals paid	43	222,843	0	0	0	0	0	0	43	222,843
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	43	222,843	0	0	0	0	0	0	43	222,843
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	56,662	0	0	0	0	0	0	20	56,662
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	952	14,535,817		(a)	18	430,470			970	14,966,287
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(83)	(989,427)			(4)	(3,626)			(87)	(993,053)
23.	In force December 31 of current year	869	13,546,390	0	(a) 0	14	426,844	0	0	883	13,973,234

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	80,823	85,991		22,820	25,516
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)	770,835	703,038		490,420	557,638
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)	770,835	703,038	0	490,420	557,638
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	851,658	789,029	0	513,240	583,154

(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 AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 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
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

NONE

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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

NONE

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	35,098		45		35,143
2.	Annuity considerations	49				49
3.	Deposit-type contract funds	3,093	XXX		XXX	3,093
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	38,240	0	45	0	38,285
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,072				3,072
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	158				158
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,230	0	0	0	3,230
	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)	3,230	0	0	0	3,230
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,342				11,342
10.	Matured endowments	35				35
11.	Annuity benefits	307,262				307,262
12.	Surrender values and withdrawals for life contracts	644,786				644,786
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	963,425	0	0	0	963,425
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	17							1	17
17.	Incurred during current year	2	11,325							2	11,325
	Settled during current year:										
18.1	By payment in full	3	11,342							3	11,342
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	11,342	0	0	0	0	0	0	3	11,342
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	11,342	0	0	0	0	0	0	3	11,342
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	53	2,674,497		(a)					53	2,674,497
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(9)	(847,267)							(9)	(847,267)
23.	In force December 31 of current year	44	1,827,230	0	(a) 0	0	0	0	0	44	1,827,230

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	20,037	21,508		5,846	7,150
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69			5,101
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	483,648	478,693		203,928	188,583
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)	483,648	478,693	0	203,928	188,583
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	503,754	500,270	0	209,774	200,834

(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 CALIFORNIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	113,290		403		113,693
2.	Annuity considerations	849				849
3.	Deposit-type contract funds	6,247	XXX		XXX	6,247
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	120,386	0	403	0	120,789
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,902				5,902
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	126				126
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	6,028	0	0	0	6,028
	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)	6,028	0	0	0	6,028
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	151,564				151,564
10.	Matured endowments	36				36
11.	Annuity benefits	829,678				829,678
12.	Surrender values and withdrawals for life contracts	1,316,865				1,316,865
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	2,298,143	0	0	0	2,298,143
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	16,879							7	16,879
17.	Incurred during current year	38	165,892							38	165,892
	Settled during current year:										
18.1	By payment in full	33	151,564							33	151,564
18.2	By payment on compromised claims									0	0
18.3	Totals paid	33	151,564	0	0	0	0	0	0	33	151,564
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	33	151,564	0	0	0	0	0	0	33	151,564
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	31,207	0	0	0	0	0	0	12	31,207
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	516	12,498,643		(a)	8	639,918			524	13,138,561
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(56)	(881,603)			(7)	(593,680)			(63)	(1,475,283)
23.	In force December 31 of current year	460	11,617,040	0	(a) 0	1	46,238	0	0	461	11,663,278

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	153,837	165,646		45,878	55,586
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)	1,021,809	875,996		464,185	587,227
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)	1,021,809	875,996	0	464,185	587,227
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,175,646	1,041,642	0	510,063	642,813

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	168				168
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	168	0	0	0	168
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	59				59
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)	59	0	0	0	59
	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)	59	0	0	0	59
	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
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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
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

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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

NONE

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,757				17,757
2.	Annuity considerations	403				403
3.	Deposit-type contract funds	560	XXX		XXX	560
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	18,720	0	0	0	18,720
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,224				1,224
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)	1,224	0	0	0	1,224
	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)	1,224	0	0	0	1,224
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,343				10,343
10.	Matured endowments					0
11.	Annuity benefits	61,191				61,191
12.	Surrender values and withdrawals for life contracts	241,941				241,941
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	313,475	0	0	0	313,475
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,927							1	1,927
17.	Incurred during current year	4	8,416							4	8,416
	Settled during current year:										
18.1	By payment in full	5	10,343							5	10,343
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	10,343	0	0	0	0	0	0	5	10,343
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	10,343	0	0	0	0	0	0	5	10,343
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	57	3,579,721		(a)	1	6,000			58	3,585,721
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(46,285)							(4)	(46,285)
23.	In force December 31 of current year	53	3,533,436	0	(a) 0	1	6,000	0	0	54	3,539,436

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	15,139	16,263		4,257	5,135
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)	1,420,764	1,417,962		668,219	698,018
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)	1,420,764	1,417,962	0	668,219	698,018
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,435,903	1,434,225	0	672,476	703,153

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,822				11,822
2.	Annuity considerations	38				38
3.	Deposit-type contract funds	415	XXX		XXX	415
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,275	0	0	0	12,275
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	257				257
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	61				61
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	318	0	0	0	318
	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)	318	0	0	0	318
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	19,074				19,074
10.	Matured endowments					0
11.	Annuity benefits	17,942				17,942
12.	Surrender values and withdrawals for life contracts	59,534				59,534
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	96,550	0	0	0	96,550
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	4	13,329							4	13,329
	Settled during current year:										
18.1	By payment in full	4	19,074							4	19,074
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	19,074	0	0	0	0	0	0	4	19,074
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	19,074	0	0	0	0	0	0	4	19,074
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	4,255	0	0	0	0	0	0	1	4,255
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	28	344,951		(a)					28	344,951
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(27,205)							(5)	(27,205)
23.	In force December 31 of current year	23	317,746	0	(a) 0	0	0	0	0	23	317,746

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,060	7,562		1,884	2,152
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)	385,515	346,416		183,713	244,310
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)	385,515	346,416	0	183,713	244,310
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	392,575	353,978	0	185,597	246,462

(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 5 7 2 2 2 0 1 4 4 3 0 0 9 1 0 0 *

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,730				7,730
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	28	XXX		XXX	28
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,766	0	0	0	7,766
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	728				728
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	90				90
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	818	0	0	0	818
	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)	818	0	0	0	818
	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	18,339				18,339
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	18,339	0	0	0	18,339
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	2,081							1	2,081
17.	Incurred during current year	3	23,895							3	23,895
	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)	4	25,976	0	0	0	0	0	0	4	25,976
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	81	950,795		(a)					81	950,795
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(13)	(155,208)							(13)	(155,208)
23.	In force December 31 of current year	68	795,587	0	(a) 0	0	0	0	0	68	795,587

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	(174)	(236)		-	(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)	42,984	42,340		23,574	24,103
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)	42,984	42,340	0	23,574	24,103
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	42,810	42,104	0	23,574	23,805

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	30,124				30,124
2.	Annuity considerations	53				53
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,177	0	0	0	30,177
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	124				124
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	156				156
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	280	0	0	0	280
	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)	280	0	0	0	280
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	111,596				111,596
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	7,680				7,680
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	119,276	0	0	0	119,276
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	111,596							2	111,596
	Settled during current year:										
18.1	By payment in full	2	111,596							2	111,596
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	111,596	0	0	0	0	0	0	2	111,596
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	111,596	0	0	0	0	0	0	2	111,596
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	195,218		(a)					13	195,218
21.	Issued during year									0	0
22.	Other changes to in force (Net)		(199)							0	(199)
23.	In force December 31 of current year	13	195,019	0	(a) 0	0	0	0	0	13	195,019

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	291	313		86	108
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)	35,831	36,568		21,480	21,636
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)	35,831	36,568	0	21,480	21,636
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,122	36,881	0	21,566	21,744

(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 FLORIDA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	678,237		1,534		679,771
2.	Annuity considerations	41,712				41,712
3.	Deposit-type contract funds	2,447	XXX		XXX	2,447
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	722,396	0	1,534	0	723,930
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	19,302				19,302
6.2	Applied to pay renewal premiums	13				13
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,806				5,806
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	25,121	0	0	0	25,121
	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)	25,121	0	0	0	25,121
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,116,637		3,000		1,119,637
10.	Matured endowments	6,273				6,273
11.	Annuity benefits	1,107,447				1,107,447
12.	Surrender values and withdrawals for life contracts	3,306,500				3,306,500
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	5,536,857	0	3,000	0	5,539,857
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	81	281,961							81	281,961
17.	Incurred during current year	263	1,261,043			1	3,000			264	1,264,043
	Settled during current year:										
18.1	By payment in full	226	1,118,146			1	3,000			227	1,121,146
18.2	By payment on compromised claims									0	0
18.3	Totals paid	226	1,118,146	0	0	1	3,000	0	0	227	1,121,146
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	226	1,118,146	0	0	1	3,000	0	0	227	1,121,146
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	118	424,858	0	0	0	0	0	0	118	424,858
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4,086	41,265,036		(a)	1	31,850			4,087	41,296,886
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(405)	(2,711,155)				(2,500)			(405)	(2,713,655)
23.	In force December 31 of current year	3,681	38,553,881	0	(a) 0	1	29,350	0	0	3,682	38,583,231

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	119,484	128,688		34,594	43,401
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	4,994	5,144		1,118	120,863
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	930,438	940,483		702,560	603,375
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)	930,438	940,483	0	702,560	603,375
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,054,916	1,074,315	0	738,272	767,639

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	284,357		2,381		286,738
2.	Annuity considerations	225				225
3.	Deposit-type contract funds	4,987	XXX		XXX	4,987
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	289,569	0	2,381	0	291,950
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	67,375				67,375
6.2	Applied to pay renewal premiums	2,451				2,451
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,430				2,430
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	72,256	0	0	0	72,256
	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)	72,256	0	0	0	72,256
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	516,024				516,024
10.	Matured endowments	2,703				2,703
11.	Annuity benefits	96,348				96,348
12.	Surrender values and withdrawals for life contracts	286,948				286,948
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	902,023	0	0	0	902,023
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	65	171,376							65	171,376
17.	Incurred during current year	130	521,400							130	521,400
	Settled during current year:										
18.1	By payment in full	141	517,764							141	517,764
18.2	By payment on compromised claims									0	0
18.3	Totals paid	141	517,764	0	0	0	0	0	0	141	517,764
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	141	517,764	0	0	0	0	0	0	141	517,764
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	54	175,012	0	0	0	0	0	0	54	175,012
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,041	25,143,125		(a)	4	201,000			3,045	25,344,125
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(199)	(1,867,634)							(199)	(1,867,634)
23.	In force December 31 of current year	2,842	23,275,491	0	(a) 0	4	201,000	0	0	2,846	23,476,491

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	71,948	77,110		20,838	25,867
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,398	3,462		612	239,162
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,052,835	1,025,866		665,358	617,547
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)	1,052,835	1,025,866	0	665,358	617,547
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,128,181	1,106,438	0	686,808	882,576

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,082,999		71,717		6,154,716
2.	Annuity considerations	561,529				561,529
3.	Deposit-type contract funds	69,093	XXX		XXX	69,093
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,713,621	0	71,717	0	6,785,338
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	240,509				240,509
6.2	Applied to pay renewal premiums	3,570				3,570
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,975				15,975
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	260,054	0	0	0	260,054
	Annuities:					
7.1	Paid in cash or left on deposit	360				360
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	360	0	0	0	360
8.	Grand Totals (Lines 6.5 + 7.4)	260,414	0	0	0	260,414
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,532,721		34,174		9,566,895
10.	Matured endowments	91,636				91,636
11.	Annuity benefits	8,232,880				8,232,880
12.	Surrender values and withdrawals for life contracts	23,218,166				23,218,166
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	41,075,403	0	34,174	0	41,109,577
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	743	2,997,694		(0)	5	13,500			748	3,011,194
17.	Incurred during current year	1,839	10,613,602			14	20,674			1,853	10,634,276
	Settled during current year:										
18.1	By payment in full	1,787	9,532,720			19	34,174			1,806	9,566,894
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,787	9,532,720	0	0	19	34,174	0	0	1,806	9,566,894
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	2,500							1	2,500
18.6	Total settlements	1,788	9,535,220	0	0	19	34,174	0	0	1,807	9,569,394
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	794	4,076,076	0	(0)	0	0	0	0	794	4,076,076
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	35,139	554,268,759		(a)	2,210	9,583,492			37,349	563,852,251
21.	Issued during year	10	94,500							10	94,500
22.	Other changes to in force (Net)	(2,999)	(44,221,904)			(118)	(2,674,817)			(3,117)	(46,896,721)
23.	In force December 31 of current year	32,150	510,141,355	0	(a) 0	2,092	6,908,675	0	0	34,242	517,050,030

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,942,937	5,006,987		1,447,246	1,492,898
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	27,839	28,582		18,264	1,700,982
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	379	389			2,431
25.2	Guaranteed renewable (b)	113,402,649	112,452,456		74,039,655	71,704,481
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)	113,403,028	112,452,845	0	74,039,655	71,706,912
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	118,373,804	117,488,414	0	75,505,165	74,900,792

(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.

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DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,634				3,634
2.	Annuity considerations					0
3.	Deposit-type contract funds	305	XXX		XXX	305
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,939	0	0	0	3,939
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	328				328
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)	328	0	0	0	328
	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)	328	0	0	0	328
	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
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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	87,000		(a)					4	87,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(2,000)							(1)	(2,000)
23.	In force December 31 of current year	3	85,000	0	(a) 0	0	0	0	0	3	85,000

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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

NONE

(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 HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,934		2,620		13,554
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	1,186	XXX		XXX	1,186
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,128	0	2,620	0	14,748
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,281				2,281
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)	2,281	0	0	0	2,281
	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)	2,281	0	0	0	2,281
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits	5,725				5,725
12.	Surrender values and withdrawals for life contracts	27,598				27,598
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	38,323	0	0	0	38,323
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	1	9							1	9
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	9	0	0	0	0	0	0	1	9
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	66	1,016,443		(a)	1	200,000			67	1,216,443
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(42,573)							(5)	(42,573)
23.	In force December 31 of current year	61	973,870	0	(a) 0	1	200,000	0	0	62	1,173,870

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	680	703		83	(30)
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)	133,651	133,758		12,085	(18,992)
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)	133,651	133,758	0	12,085	(18,992)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	134,331	134,461	0	12,168	(19,022)

(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.

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,836		367		12,203
2.	Annuity considerations	54				54
3.	Deposit-type contract funds	257	XXX		XXX	257
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,147	0	367	0	12,514
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	406				406
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	44				44
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	450	0	0	0	450
	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)	450	0	0	0	450
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	245				245
10.	Matured endowments					0
11.	Annuity benefits	144,774				144,774
12.	Surrender values and withdrawals for life contracts	817,678				817,678
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	962,697	0	0	0	962,697
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	245							1	245
	Settled during current year:										
18.1	By payment in full	1	245							1	245
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	245	0	0	0	0	0	0	1	245
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	245	0	0	0	0	0	0	1	245
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	304,354		(a)	1	100,000			37	404,354
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(13,233)							(1)	(13,233)
23.	In force December 31 of current year	35	291,121	0	(a) 0	1	100,000	0	0	36	391,121

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	21,557	23,321		6,346	7,741
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)	3,574,163	3,583,380		2,786,672	2,650,697
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)	3,574,163	3,583,380	0	2,786,672	2,650,697
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,595,720	3,606,701	0	2,793,018	2,658,438

(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.

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,331				3,331
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,346	0	0	0	3,346
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	174				174
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)	174	0	0	0	174
	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)	174	0	0	0	174
	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	25,137				25,137
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	25,137	0	0	0	25,137
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	15	961,869		(a)					15	961,869
21.	Issued during year	1	7,500							1	7,500
22.	Other changes to in force (Net)	(1)	(40,291)							(1)	(40,291)
23.	In force December 31 of current year	15	929,078	0	(a) 0	0	0	0	0	15	929,078

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,373	1,480		404	510
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)	933,614	938,076		632,728	635,381
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)	933,614	938,076	0	632,728	635,381
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	934,987	939,556	0	633,132	635,891

(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.

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	112,492		2,508		115,000
2.	Annuity considerations	37,276				37,276
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	149,768	0	2,508	0	152,276
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,854				1,854
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	(1,542)				(1,542)
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	312	0	0	0	312
	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)	312	0	0	0	312
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	67,640				67,640
10.	Matured endowments					0
11.	Annuity benefits	184,149				184,149
12.	Surrender values and withdrawals for life contracts	422,314				422,314
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	674,103	0	0	0	674,103
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	22,336							4	22,336
17.	Incurred during current year	26	56,350							26	56,350
	Settled during current year:										
18.1	By payment in full	25	67,640							25	67,640
18.2	By payment on compromised claims									0	0
18.3	Totals paid	25	67,640	0	0	0	0	0	0	25	67,640
18.4	Reduction by compromise									0	0
18.5	Amount rejected	1	2,500							1	2,500
18.6	Total settlements	26	70,140	0	0	0	0	0	0	26	70,140
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	8,546	0	0	0	0	0	0	4	8,546
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	448	8,715,342		(a)	7	448,981			455	9,164,323
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(33)	(231,994)			(1)	(76,916)			(34)	(308,910)
23.	In force December 31 of current year	415	8,483,348	0	(a) 0	6	372,065	0	0	421	8,855,413

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	25,430	26,099		6,462	2,596
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)	8,329,239	8,243,323		5,804,576	5,689,188
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)	8,329,239	8,243,323	0	5,804,576	5,689,188
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,354,669	8,269,422	0	5,811,038	5,691,784

(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.

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	252,700		1,951		254,651
2.	Annuity considerations	985				985
3.	Deposit-type contract funds	665	XXX		XXX	665
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	254,350	0	1,951	0	256,301
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	936				936
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)	936	0	0	0	936
	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)	936	0	0	0	936
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	240,084				240,084
10.	Matured endowments					0
11.	Annuity benefits	317,965				317,965
12.	Surrender values and withdrawals for life contracts	1,106,488				1,106,488
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	1,664,537	0	0	0	1,664,537
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	20,321							10	20,321
17.	Incurred during current year	42	331,031							42	331,031
	Settled during current year:										
18.1	By payment in full	38	240,084							38	240,084
18.2	By payment on compromised claims									0	0
18.3	Totals paid	38	240,084	0	0	0	0	0	0	38	240,084
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	38	240,084	0	0	0	0	0	0	38	240,084
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	111,268	0	0	0	0	0	0	14	111,268
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,189	17,880,979		(a)	8	427,869			1,197	18,308,848
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(88)	(1,150,291)			(2)	(191,153)			(90)	(1,341,444)
23.	In force December 31 of current year	1,101	16,730,688	0	(a) 0	6	236,716	0	0	1,107	16,967,404

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	61,340	65,816		16,436	18,940
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	36	48			3,542
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,263,990	6,103,732		4,355,491	4,204,104
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)	6,263,990	6,103,732	0	4,355,491	4,204,104
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,325,366	6,169,596	0	4,371,927	4,226,586

(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 KANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	46,399		52		46,451
2.	Annuity considerations	51				51
3.	Deposit-type contract funds	727	XXX		XXX	727
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	47,177	0	52	0	47,229
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	509				509
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	69				69
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	578	0	0	0	578
	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)	578	0	0	0	578
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	56,226				56,226
10.	Matured endowments					0
11.	Annuity benefits	177,879				177,879
12.	Surrender values and withdrawals for life contracts	197,719				197,719
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	431,824	0	0	0	431,824
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	27,140							8	27,140
17.	Incurred during current year	16	43,266							16	43,266
	Settled during current year:										
18.1	By payment in full	17	56,226							17	56,226
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	56,226	0	0	0	0	0	0	17	56,226
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	56,226	0	0	0	0	0	0	17	56,226
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	14,180	0	0	0	0	0	0	7	14,180
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	276	5,103,089		(a)					276	5,103,089
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(24)	(168,708)							(24)	(168,708)
23.	In force December 31 of current year	252	4,934,381	0	(a) 0	0	0	0	0	252	4,934,381

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	779,490	839,685		228,643	286,695
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	69	69			5,101
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,102,967	4,056,360		2,522,609	2,387,425
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)	4,102,967	4,056,360	0	2,522,609	2,387,425
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,882,526	4,896,114	0	2,751,252	2,679,221

(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.

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	42,698				42,698
2.	Annuity considerations	113				113
3.	Deposit-type contract funds	156	XXX		XXX	156
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	42,967	0	0	0	42,967
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,918				2,918
6.2	Applied to pay renewal premiums	82				82
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	50				50
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,050	0	0	0	3,050
	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)	3,050	0	0	0	3,050
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	27,364				27,364
10.	Matured endowments					0
11.	Annuity benefits	32,535				32,535
12.	Surrender values and withdrawals for life contracts	34,769				34,769
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	94,668	0	0	0	94,668
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,589							1	1,589
17.	Incurred during current year	6	36,222							6	36,222
	Settled during current year:										
18.1	By payment in full	4	27,364							4	27,364
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	27,364	0	0	0	0	0	0	4	27,364
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	27,364	0	0	0	0	0	0	4	27,364
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	10,447	0	0	0	0	0	0	3	10,447
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	87	2,710,071		(a)					87	2,710,071
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(60,473)							(8)	(60,473)
23.	In force December 31 of current year	79	2,649,598	0	(a) 0	0	0	0	0	79	2,649,598

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	30,808	33,200		9,069	11,423
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)	2,030,446	1,931,841		1,374,313	1,402,114
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)	2,030,446	1,931,841	0	1,374,313	1,402,114
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,061,254	1,965,041	0	1,383,382	1,413,537

(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.

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	202,514		247		202,761
2.	Annuity considerations	335				335
3.	Deposit-type contract funds	296	XXX		XXX	296
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	203,145	0	247	0	203,392
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,504				6,504
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)	6,504	0	0	0	6,504
	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)	6,504	0	0	0	6,504
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	339,330				339,330
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	303,384				303,384
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	642,714	0	0	0	642,714
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	117,279							15	117,279
17.	Incurred during current year	36	412,362							36	412,362
	Settled during current year:										
18.1	By payment in full	40	339,330							40	339,330
18.2	By payment on compromised claims									0	0
18.3	Totals paid	40	339,330	0	0	0	0	0	0	40	339,330
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	40	339,330	0	0	0	0	0	0	40	339,330
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	190,311	0	0	0	0	0	0	11	190,311
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,176	33,342,366		(a)	2	40,804			1,178	33,383,170
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(105)	(3,530,594)			(1)	(1,110)			(106)	(3,531,704)
23.	In force December 31 of current year	1,071	29,811,772	0	(a) 0	1	39,694	0	0	1,072	29,851,466

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	770,562	802,376		226,411	244,632
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	365			(187)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,516,147	2,483,327		1,276,953	1,458,587
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)	2,516,147	2,483,327	0	1,276,953	1,458,587
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,287,046	3,286,068	0	1,503,364	1,703,032

(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 MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	82,837		512		83,349
2.	Annuity considerations	391				391
3.	Deposit-type contract funds	420	XXX		XXX	420
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	83,648	0	512	0	84,160
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	551				551
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	73				73
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	624	0	0	0	624
	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)	624	0	0	0	624
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	109,210				109,210
10.	Matured endowments					0
11.	Annuity benefits	196,123				196,123
12.	Surrender values and withdrawals for life contracts	577,008				577,008
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	882,341	0	0	0	882,341
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	51,812							15	51,812
17.	Incurred during current year	23	85,056							23	85,056
	Settled during current year:										
18.1	By payment in full	30	112,173							30	112,173
18.2	By payment on compromised claims									0	0
18.3	Totals paid	30	112,173	0	0	0	0	0	0	30	112,173
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	30	112,173	0	0	0	0	0	0	30	112,173
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	24,695	0	0	0	0	0	0	8	24,695
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	415	5,571,846		(a)	1	73,800			416	5,645,646
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(37)	(299,560)				(3,600)			(37)	(303,160)
23.	In force December 31 of current year	378	5,272,286	0	(a) 0	1	70,200	0	0	379	5,342,486

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,120	2,355		144	(490)
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)	37,768	38,504		27,223	22,078
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)	37,768	38,504	0	27,223	22,078
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,888	40,859	0	27,367	21,588

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	69,766				69,766
2.	Annuity considerations	375,410				375,410
3.	Deposit-type contract funds	2,516	XXX		XXX	2,516
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	447,692	0	0	0	447,692
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,111				3,111
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	39				39
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,150	0	0	0	3,150
	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)	3,150	0	0	0	3,150
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	35,386				35,386
10.	Matured endowments					0
11.	Annuity benefits	436,755				436,755
12.	Surrender values and withdrawals for life contracts	99,011				99,011
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	571,152	0	0	0	571,152
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	9,965							5	9,965
17.	Incurred during current year	21	67,514							21	67,514
	Settled during current year:										
18.1	By payment in full	16	35,386							16	35,386
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	35,386	0	0	0	0	0	0	16	35,386
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	35,386	0	0	0	0	0	0	16	35,386
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	42,093	0	0	0	0	0	0	10	42,093
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	241	3,703,859		(a)	1	6,000			242	3,709,859
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(29)	(183,848)							(29)	(183,848)
23.	In force December 31 of current year	212	3,520,011	0	(a) 0	1	6,000	0	0	213	3,526,011

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,022	7,986		764	(844)
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)	271,351	278,086		64,201	47,776
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)	271,351	278,086	0	64,201	47,776
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	279,373	286,072	0	64,965	46,932

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	72,385				72,385
2.	Annuity considerations	487				487
3.	Deposit-type contract funds	34	XXX		XXX	34
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	72,906	0	0	0	72,906
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	624				624
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	46				46
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	670	0	0	0	670
	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)	670	0	0	0	670
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	49,905				49,905
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	45,534				45,534
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	95,439	0	0	0	95,439
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	15,803							3	15,803
17.	Incurred during current year	9	60,079							9	60,079
	Settled during current year:										
18.1	By payment in full	8	49,905							8	49,905
18.2	By payment on compromised claims									0	0
18.3	Totals paid	8	49,905	0	0	0	0	0	0	8	49,905
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	8	49,905	0	0	0	0	0	0	8	49,905
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	25,977	0	0	0	0	0	0	4	25,977
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	367	5,272,155		(a)					367	5,272,155
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(23)	(222,097)							(23)	(222,097)
23.	In force December 31 of current year	344	5,050,058	0	(a) 0	0	0	0	0	344	5,050,058

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	377	406		111	140
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)	296,333	298,383		69,355	33,164
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)	296,333	298,383	0	69,355	33,164
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	296,710	298,789	0	69,466	33,304

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	52,202				52,202
2.	Annuity considerations	2,355				2,355
3.	Deposit-type contract funds	352	XXX		XXX	352
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	54,909	0	0	0	54,909
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,645				1,645
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	132				132
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,777	0	0	0	1,777
	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)	1,777	0	0	0	1,777
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	30,000				30,000
10.	Matured endowments					0
11.	Annuity benefits	570,543				570,543
12.	Surrender values and withdrawals for life contracts	792,233				792,233
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	1,392,776	0	0	0	1,392,776
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	23,231							4	23,231
17.	Incurred during current year	4	40,000							4	40,000
	Settled during current year:										
18.1	By payment in full	5	33,231							5	33,231
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	33,231	0	0	0	0	0	0	5	33,231
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	33,231	0	0	0	0	0	0	5	33,231
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	30,000	0	0	0	0	0	0	3	30,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	91	6,267,686		(a)					91	6,267,686
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(266,083)							(4)	(266,083)
23.	In force December 31 of current year	87	6,001,603	0	(a) 0	0	0	0	0	87	6,001,603

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	14,927	13,388		4,394	2,799
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)	5,104,717	5,150,285		3,542,085	3,438,467
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)	5,104,717	5,150,285	0	3,542,085	3,438,467
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,119,644	5,163,673	0	3,546,479	3,441,266

(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 5 7 2 2 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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	30,191				30,191
2.	Annuity considerations	731				731
3.	Deposit-type contract funds	13	XXX		XXX	13
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	30,935	0	0	0	30,935
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	782				782
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	312				312
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,094	0	0	0	1,094
	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)	1,094	0	0	0	1,094
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	105,869				105,869
10.	Matured endowments					0
11.	Annuity benefits	112,070				112,070
12.	Surrender values and withdrawals for life contracts	1,368,242				1,368,242
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	1,586,181	0	0	0	1,586,181
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	13	26,484							13	26,484
17.	Incurred during current year	37	118,042							37	118,042
	Settled during current year:										
18.1	By payment in full	40	105,869							40	105,869
18.2	By payment on compromised claims									0	0
18.3	Totals paid	40	105,869	0	0	0	0	0	0	40	105,869
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	40	105,869	0	0	0	0	0	0	40	105,869
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	38,657	0	0	0	0	0	0	10	38,657
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	427	4,521,999		(a)					427	4,521,999
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(45)	(227,504)							(45)	(227,504)
23.	In force December 31 of current year	382	4,294,495	0	(a) 0	0	0	0	0	382	4,294,495

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	819	883		241	304
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)	424,359	426,064		299,567	285,459
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)	424,359	426,064	0	299,567	285,459
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	425,178	426,947	0	299,808	285,763

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	114,179		1,251		115,430
2.	Annuity considerations	311				311
3.	Deposit-type contract funds	1,462	XXX		XXX	1,462
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	115,952	0	1,251	0	117,203
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,649				1,649
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	31				31
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,680	0	0	0	1,680
	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)	1,680	0	0	0	1,680
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	256,196				256,196
10.	Matured endowments	145				145
11.	Annuity benefits	215,437				215,437
12.	Surrender values and withdrawals for life contracts	345,544				345,544
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	817,322	0	0	0	817,322
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	23	119,705							23	119,705
17.	Incurred during current year	59	250,928							59	250,928
	Settled during current year:										
18.1	By payment in full	51	256,196							51	256,196
18.2	By payment on compromised claims									0	0
18.3	Totals paid	51	256,196	0	0	0	0	0	0	51	256,196
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	51	256,196	0	0	0	0	0	0	51	256,196
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	31	114,437	0	0	0	0	0	0	31	114,437
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	924	12,050,011		(a)	1	75,000			925	12,125,011
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(90)	(642,089)							(90)	(642,089)
23.	In force December 31 of current year	834	11,407,922	0	(a) 0	1	75,000	0	0	835	11,482,922

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	128,213	137,375		37,154	45,146
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)	2,562,444	2,536,107		1,490,071	1,381,554
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)	2,562,444	2,536,107	0	1,490,071	1,381,554
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,690,657	2,673,482	0	1,527,225	1,426,700

(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.

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	256,774		7,829		264,603
2.	Annuity considerations	4,424				4,424
3.	Deposit-type contract funds	215	XXX		XXX	215
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	261,413	0	7,829	0	269,242
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,137				4,137
6.2	Applied to pay renewal premiums	153				153
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)	4,290	0	0	0	4,290
	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)	4,290	0	0	0	4,290
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	572,621				572,621
10.	Matured endowments	39				39
11.	Annuity benefits	6,528				6,528
12.	Surrender values and withdrawals for life contracts	215,497				215,497
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	794,685	0	0	0	794,685
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	45	259,536		(0)	2	6,000			47	265,536
17.	Incurred during current year	99	425,973			(2)	(6,000)			97	419,973
	Settled during current year:										
18.1	By payment in full	96	574,581							96	574,581
18.2	By payment on compromised claims									0	0
18.3	Totals paid	96	574,581	0	0	0	0	0	0	96	574,581
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	96	574,581	0	0	0	0	0	0	96	574,581
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	48	110,928	0	(0)	0	0	0	0	48	110,928
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,449	20,290,754		(a)	1,833	1,054,418			3,282	21,345,172
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(149)	(1,537,465)			(16)	(174,114)			(165)	(1,711,579)
23.	In force December 31 of current year	1,300	18,753,289	0	(a) 0	1,817	880,304	0	0	3,117	19,633,593

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	220,425	231,818		62,977	73,257
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52			3,825
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,058,444	4,997,272		3,170,979	2,937,028
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)	5,058,444	4,997,272	0	3,170,979	2,937,028
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,278,921	5,229,142	0	3,233,956	3,014,110

(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.

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,372				3,372
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,387	0	0	0	3,387
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	139				139
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)	139	0	0	0	139
	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)	139	0	0	0	139
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	6,860				6,860
12.	Surrender values and withdrawals for life contracts	9,220				9,220
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	16,080	0	0	0	16,080
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	5	24,709		(a)					5	24,709
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	5	24,709	0	(a) 0	0	0	0	0	5	24,709

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,570	1,693		462	502
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)	1,409,072	1,404,958		845,160	809,754
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)	1,409,072	1,404,958	0	845,160	809,754
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,410,642	1,406,651	0	845,622	810,256

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	499,061				499,061
2.	Annuity considerations	1,865				1,865
3.	Deposit-type contract funds	19,780	XXX		XXX	19,780
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	520,706	0	0	0	520,706
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	18,484				18,484
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,674				5,674
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,158	0	0	0	24,158
	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)	24,158	0	0	0	24,158
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,546,101				1,546,101
10.	Matured endowments	43,188				43,188
11.	Annuity benefits	199,714				199,714
12.	Surrender values and withdrawals for life contracts	583,526				583,526
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	2,372,529	0	0	0	2,372,529
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	36	192,487							36	192,487
17.	Incurred during current year	120	2,759,826							120	2,759,826
	Settled during current year:										
18.1	By payment in full	117	1,554,766							117	1,554,766
18.2	By payment on compromised claims									0	0
18.3	Totals paid	117	1,554,766	0	0	0	0	0	0	117	1,554,766
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	117	1,554,766	0	0	0	0	0	0	117	1,554,766
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	39	1,397,547	0	0	0	0	0	0	39	1,397,547
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,680	43,901,249		(a)					2,680	43,901,249
21.	Issued during year	4	37,500							4	37,500
22.	Other changes to in force (Net)	(199)	(7,956,557)							(199)	(7,956,557)
23.	In force December 31 of current year	2,485	35,982,192	0	(a) 0	0	0	0	0	2,485	35,982,192

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	218,873	229,100		64,223	72,211
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	10,735	10,971		13,981	755,844
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	379	389			2,431
25.2	Guaranteed renewable (b)	5,391,554	5,374,425		3,760,075	3,619,890
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)	5,391,933	5,374,814	0	3,760,075	3,622,321
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,621,541	5,614,885	0	3,838,279	4,450,376

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	857		286		1,143
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	857	0	286	0	1,143
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	159				159
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)	159	0	0	0	159
	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)	159	0	0	0	159
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	16,937				16,937
10.	Matured endowments					0
11.	Annuity benefits	58,889				58,889
12.	Surrender values and withdrawals for life contracts	2,539				2,539
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	78,365	0	0	0	78,365
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	10,862							3	10,862
17.	Incurred during current year	3	6,075							3	6,075
	Settled during current year:										
18.1	By payment in full	6	16,937							6	16,937
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	16,937	0	0	0	0	0	0	6	16,937
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	16,937	0	0	0	0	0	0	6	16,937
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	22	159,662		(a)	1	125,000			23	284,662
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(10,720)							(4)	(10,720)
23.	In force December 31 of current year	18	148,942	0	(a) 0	1	125,000	0	0	19	273,942

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,132	11,619		3,277	3,525
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)	121,272	121,584		53,380	59,691
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)	121,272	121,584	0	53,380	59,691
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	132,404	133,203	0	56,657	63,216

(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.

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DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,634				25,634
2.	Annuity considerations					0
3.	Deposit-type contract funds	2,248	XXX		XXX	2,248
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	27,882	0	0	0	27,882
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	827				827
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	831	0	0	0	831
	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)	831	0	0	0	831
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,070				5,070
10.	Matured endowments	331				331
11.	Annuity benefits	71,577				71,577
12.	Surrender values and withdrawals for life contracts	50,092				50,092
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	127,070	0	0	0	127,070
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	5,070							2	5,070
	Settled during current year:										
18.1	By payment in full	2	5,070							2	5,070
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	5,070	0	0	0	0	0	0	2	5,070
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	5,070	0	0	0	0	0	0	2	5,070
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	61	739,988		(a)					61	739,988
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(19,801)							(3)	(19,801)
23.	In force December 31 of current year	58	720,187	0	(a) 0	0	0	0	0	58	720,187

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	91,362	98,410		26,714	33,271
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)	2,543,516	2,548,169		1,796,119	1,705,053
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)	2,543,516	2,548,169	0	1,796,119	1,705,053
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,634,878	2,646,579	0	1,822,833	1,738,324

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,074		55		12,129
2.	Annuity considerations	64				64
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,138	0	55	0	12,193
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	270				270
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)	270	0	0	0	270
	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)	270	0	0	0	270
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	44,210				44,210
10.	Matured endowments					0
11.	Annuity benefits	4,022				4,022
12.	Surrender values and withdrawals for life contracts	49,471				49,471
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	97,703	0	0	0	97,703
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	11,175							1	11,175
17.	Incurred during current year	4	36,813							4	36,813
	Settled during current year:										
18.1	By payment in full	4	44,210							4	44,210
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	44,210	0	0	0	0	0	0	4	44,210
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	44,210	0	0	0	0	0	0	4	44,210
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,778	0	0	0	0	0	0	1	3,778
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	64	1,491,278		(a)					64	1,491,278
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(139,208)							(5)	(139,208)
23.	In force December 31 of current year	59	1,352,070	0	(a) 0	0	0	0	0	59	1,352,070

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	88	95		26	33
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)	146,714	148,708		17,454	32,213
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)	146,714	148,708	0	17,454	32,213
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,802	148,803	0	17,480	32,246

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	157,973				157,973
2.	Annuity considerations	4,977				4,977
3.	Deposit-type contract funds	118	XXX		XXX	118
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	163,068	0	0	0	163,068
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	879				879
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	30				30
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	909	0	0	0	909
	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)	909	0	0	0	909
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	132,209				132,209
10.	Matured endowments					0
11.	Annuity benefits	3,840				3,840
12.	Surrender values and withdrawals for life contracts	1,639,539				1,639,539
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	1,775,588	0	0	0	1,775,588
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	44,799							15	44,799
17.	Incurred during current year	27	131,125							27	131,125
	Settled during current year:										
18.1	By payment in full	26	132,209							26	132,209
18.2	By payment on compromised claims									0	0
18.3	Totals paid	26	132,209	0	0	0	0	0	0	26	132,209
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	26	132,209	0	0	0	0	0	0	26	132,209
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	43,715	0	0	0	0	0	0	16	43,715
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,431	12,873,168		(a)	1	500			2,432	12,873,668
21.	Issued during year	5	49,500							5	49,500
22.	Other changes to in force (Net)	(146)	(816,675)							(146)	(816,675)
23.	In force December 31 of current year	2,290	12,105,993	0	(a) 0	1	500	0	0	2,291	12,106,493

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,430	1,267		392	(39)
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)	3,171,486	3,073,314		1,755,748	1,900,781
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)	3,171,486	3,073,314	0	1,755,748	1,900,781
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,172,916	3,074,581	0	1,756,140	1,900,742

(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 MEXICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,145				11,145
2.	Annuity considerations	125				125
3.	Deposit-type contract funds	296	XXX		XXX	296
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,566	0	0	0	11,566
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,259				1,259
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)	1,259	0	0	0	1,259
	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)	1,259	0	0	0	1,259
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits	147,522				147,522
12.	Surrender values and withdrawals for life contracts	23,914				23,914
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	176,436	0	0	0	176,436
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
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	38	1,055,033		(a)					38	1,055,033
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(5,097)							(2)	(5,097)
23.	In force December 31 of current year	36	1,049,936	0	(a) 0	0	0	0	0	36	1,049,936

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,358	3,202		989	1,029
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)	535,631	527,018		318,940	332,935
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)	535,631	527,018	0	318,940	332,935
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	538,989	530,220	0	319,929	333,964

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,327				12,327
2.	Annuity considerations					0
3.	Deposit-type contract funds	4,883	XXX		XXX	4,883
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,210	0	0	0	17,210
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,771				1,771
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)	1,771	0	0	0	1,771
	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)	1,771	0	0	0	1,771
	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	29,747				29,747
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	29,747	0	0	0	29,747
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	1,000							1	1,000
	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	1,000	0	0	0	0	0	0	1	1,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	34	2,223,772		(a)					34	2,223,772
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(23,000)							(2)	(23,000)
23.	In force December 31 of current year	32	2,200,772	0	(a) 0	0	0	0	0	32	2,200,772

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,986	4,287		1,134	1,385
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)	104,556	105,582		41,124	35,683
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)	104,556	105,582	0	41,124	35,683
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	108,542	109,869	0	42,258	37,068

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,039				22,039
2.	Annuity considerations	257				257
3.	Deposit-type contract funds	1,011	XXX		XXX	1,011
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	23,307	0	0	0	23,307
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,287				2,287
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	72				72
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,359	0	0	0	2,359
	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)	2,359	0	0	0	2,359
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	17,237				17,237
10.	Matured endowments	160				160
11.	Annuity benefits	260,349				260,349
12.	Surrender values and withdrawals for life contracts	79,387				79,387
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	357,133	0	0	0	357,133
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	20,089							3	20,089
17.	Incurred during current year	7	20,238							7	20,238
	Settled during current year:										
18.1	By payment in full	6	17,237							6	17,237
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	17,237	0	0	0	0	0	0	6	17,237
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	17,237	0	0	0	0	0	0	6	17,237
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	23,090	0	0	0	0	0	0	4	23,090
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	83	1,527,500		(a)					83	1,527,500
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(43,274)							(4)	(43,274)
23.	In force December 31 of current year	79	1,484,226	0	(a) 0	0	0	0	0	79	1,484,226

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,191	1,284		351	442
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)	25,429	25,768		17,053	16,286
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)	25,429	25,768	0	17,053	16,286
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,620	27,052	0	17,404	16,728

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	174,421		115		174,536
2.	Annuity considerations	861				861
3.	Deposit-type contract funds	44	XXX		XXX	44
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	175,326	0	115	0	175,441
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,911				1,911
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)	1,911	0	0	0	1,911
	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)	1,911	0	0	0	1,911
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	206,859				206,859
10.	Matured endowments	200				200
11.	Annuity benefits	300,008				300,008
12.	Surrender values and withdrawals for life contracts	994,330				994,330
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	1,501,397	0	0	0	1,501,397
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	15,890							7	15,890
17.	Incurred during current year	11	214,870							11	214,870
	Settled during current year:										
18.1	By payment in full	14	206,859							14	206,859
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	206,859	0	0	0	0	0	0	14	206,859
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	206,859	0	0	0	0	0	0	14	206,859
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	23,901	0	0	0	0	0	0	4	23,901
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	443	20,601,970		(a)					443	20,601,970
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(954,291)							(28)	(954,291)
23.	In force December 31 of current year	415	19,647,679	0	(a) 0	0	0	0	0	415	19,647,679

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	23,374	24,639		14,085	15,874
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)	3,774,430	3,746,939		2,336,585	2,270,508
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)	3,774,430	3,746,939	0	2,336,585	2,270,508
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,797,804	3,771,578	0	2,350,670	2,286,382

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	81,695		1,303		82,998
2.	Annuity considerations	107				107
3.	Deposit-type contract funds	110	XXX		XXX	110
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	81,912	0	1,303	0	83,215
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,922				1,922
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	190				190
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,112	0	0	0	2,112
	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)	2,112	0	0	0	2,112
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	120,665				120,665
10.	Matured endowments					0
11.	Annuity benefits	1,186				1,186
12.	Surrender values and withdrawals for life contracts	180,938				180,938
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	302,789	0	0	0	302,789
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	5	58,627							5	58,627
17.	Incurred during current year	19	112,647							19	112,647
	Settled during current year:										
18.1	By payment in full	15	120,665							15	120,665
18.2	By payment on compromised claims									0	0
18.3	Totals paid	15	120,665	0	0	0	0	0	0	15	120,665
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	15	120,665	0	0	0	0	0	0	15	120,665
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	50,609	0	0	0	0	0	0	9	50,609
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	332	5,275,862		(a)	15	120,000			347	5,395,862
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(43)	(537,111)			(3)	(17,000)			(46)	(554,111)
23.	In force December 31 of current year	289	4,738,751	0	(a) 0	12	103,000	0	0	301	4,841,751

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	41,318	43,502		11,655	13,138
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)	2,595,329	2,599,407		1,763,271	1,667,252
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)	2,595,329	2,599,407	0	1,763,271	1,667,252
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,636,647	2,642,909	0	1,774,926	1,680,390

(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.

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,474				16,474
2.	Annuity considerations	53				53
3.	Deposit-type contract funds	59	XXX		XXX	59
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,586	0	0	0	16,586
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,098				1,098
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)	1,098	0	0	0	1,098
	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)	1,098	0	0	0	1,098
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,026				5,026
10.	Matured endowments					0
11.	Annuity benefits	120,899				120,899
12.	Surrender values and withdrawals for life contracts	254,135				254,135
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	380,060	0	0	0	380,060
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	5,026							2	5,026
	Settled during current year:										
18.1	By payment in full	2	5,026							2	5,026
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	5,026	0	0	0	0	0	0	2	5,026
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	5,026	0	0	0	0	0	0	2	5,026
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	34	2,299,171		(a)					34	2,299,171
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(56,100)							(4)	(56,100)
23.	In force December 31 of current year	30	2,243,071	0	(a) 0	0	0	0	0	30	2,243,071

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,414	5,838		1,594	2,011
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)	3,476,013	3,492,410		2,457,592	2,380,159
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)	3,476,013	3,492,410	0	2,457,592	2,380,159
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,481,427	3,498,248	0	2,459,186	2,382,170

(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.

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DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	251,243				251,243
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	251,258	0	0	0	251,258
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	(1,360)				(1,360)
6.2	Applied to pay renewal premiums	257				257
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	32				32
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	(1,071)	0	0	0	(1,071)
	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)	(1,071)	0	0	0	(1,071)
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	45,203				45,203
10.	Matured endowments	5,068				5,068
11.	Annuity benefits	1,136				1,136
12.	Surrender values and withdrawals for life contracts	121,994				121,994
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	173,401	0	0	0	173,401
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	154,059							1	154,059
17.	Incurred during current year	1	(120,990)							1	(120,990)
	Settled during current year:										
18.1	By payment in full	2	33,069							2	33,069
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	33,069	0	0	0	0	0	0	2	33,069
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	33,069	0	0	0	0	0	0	2	33,069
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	346	43,639,882		(a)					346	43,639,882
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(22)	(2,760,060)							(22)	(2,760,060)
23.	In force December 31 of current year	324	40,879,822	0	(a) 0	0	0	0	0	324	40,879,822

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	77	83		23	29
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)	186	157		96	(41)
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)	186	157	0	96	(41)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	263	240	0	119	(12)

(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.

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	63,920		45		63,965
2.	Annuity considerations	11,895				11,895
3.	Deposit-type contract funds	216	XXX		XXX	216
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	76,031	0	45	0	76,076
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,717				2,717
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	178				178
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,895	0	0	0	2,895
	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)	2,895	0	0	0	2,895
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	51,772				51,772
10.	Matured endowments					0
11.	Annuity benefits	680,464				680,464
12.	Surrender values and withdrawals for life contracts	832,186				832,186
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	1,564,422	0	0	0	1,564,422
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	14,221							8	14,221
17.	Incurred during current year	19	59,333							19	59,333
	Settled during current year:										
18.1	By payment in full	19	51,772							19	51,772
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	51,772	0	0	0	0	0	0	19	51,772
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	19	51,772	0	0	0	0	0	0	19	51,772
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	21,782	0	0	0	0	0	0	8	21,782
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	226	4,813,002		(a)	2	116,181			228	4,929,183
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(24)	(1,456,844)			(2)	(116,181)			(26)	(1,573,025)
23.	In force December 31 of current year	202	3,356,158	0	(a) 0	0	0	0	0	202	3,356,158

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	15,806	16,759		4,042	4,296
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)	875,280	839,485		576,609	690,995
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)	875,280	839,485	0	576,609	690,995
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	891,086	856,244	0	580,651	695,291

(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 PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,290				9,290
2.	Annuity considerations					0
3.	Deposit-type contract funds	481	XXX		XXX	481
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,771	0	0	0	9,771
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	703				703
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	39				39
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	742	0	0	0	742
	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)	742	0	0	0	742
	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	11,549				11,549
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	11,549	0	0	0	11,549
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	25,352							1	25,352
	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	25,352	0	0	0	0	0	0	1	25,352
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	25	1,032,189		(a)					25	1,032,189
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(18,513)							(2)	(18,513)
23.	In force December 31 of current year	23	1,013,676	0	(a) 0	0	0	0	0	23	1,013,676

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 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

NONE

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	21,485				21,485
2.	Annuity considerations	101				101
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,586	0	0	0	21,586
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	15				15
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	52				52
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	67	0	0	0	67
	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)	67	0	0	0	67
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	49,080				49,080
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	186,202				186,202
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	235,282	0	0	0	235,282
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	14,069							6	14,069
17.	Incurred during current year	25	48,329							25	48,329
	Settled during current year:										
18.1	By payment in full	22	49,080							22	49,080
18.2	By payment on compromised claims									0	0
18.3	Totals paid	22	49,080	0	0	0	0	0	0	22	49,080
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	22	49,080	0	0	0	0	0	0	22	49,080
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	13,318	0	0	0	0	0	0	9	13,318
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	305	4,191,111		(a)					305	4,191,111
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(33)	(109,471)							(33)	(109,471)
23.	In force December 31 of current year	272	4,081,640	0	(a) 0	0	0	0	0	272	4,081,640

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,180	1,264		315	397
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)	58,310	59,442		2,787	5,277
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)	58,310	59,442	0	2,787	5,277
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,490	60,706	0	3,102	5,674

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	251,464		222		251,686
2.	Annuity considerations	20,399				20,399
3.	Deposit-type contract funds	1,723	XXX		XXX	1,723
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	273,586	0	222	0	273,808
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,484				14,484
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	959				959
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	15,443	0	0	0	15,443
	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)	15,443	0	0	0	15,443
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	308,915				308,915
10.	Matured endowments	200				200
11.	Annuity benefits	3,791				3,791
12.	Surrender values and withdrawals for life contracts	202,178				202,178
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	515,084	0	0	0	515,084
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	41	169,111							41	169,111
17.	Incurred during current year	56	219,398							56	219,398
	Settled during current year:										
18.1	By payment in full	70	307,174							70	307,174
18.2	By payment on compromised claims									0	0
18.3	Totals paid	70	307,174	0	0	0	0	0	0	70	307,174
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	70	307,174	0	0	0	0	0	0	70	307,174
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	27	81,335	0	0	0	0	0	0	27	81,335
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,818	28,190,261		(a)					1,818	28,190,261
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(120)	(2,175,563)							(120)	(2,175,563)
23.	In force December 31 of current year	1,698	26,014,698	0	(a) 0	0	0	0	0	1,698	26,014,698

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	31,027	33,283		9,134	11,195
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	7,403	7,591		2,209	518,036
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,708,925	5,677,346		3,729,729	3,524,755
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)	5,708,925	5,677,346	0	3,729,729	3,524,755
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,747,355	5,718,220	0	3,741,072	4,053,986

(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 SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,594				14,594
2.	Annuity considerations					0
3.	Deposit-type contract funds	296	XXX		XXX	296
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,890	0	0	0	14,890
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	18				18
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	193				193
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	211	0	0	0	211
	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)	211	0	0	0	211
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,000				10,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	59,570				59,570
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	69,570	0	0	0	69,570
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	17,000							3	17,000
	Settled during current year:										
18.1	By payment in full	2	10,000							2	10,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	10,000	0	0	0	0	0	0	2	10,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	10,000	0	0	0	0	0	0	2	10,000
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	53	512,218		(a)					53	512,218
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(35,279)							(4)	(35,279)
23.	In force December 31 of current year	49	476,939	0	(a) 0	0	0	0	0	49	476,939

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	20,316	21,714		5,806	6,987
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)	1,304,721	1,308,755		931,855	876,770
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)	1,304,721	1,308,755	0	931,855	876,770
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,325,037	1,330,469	0	937,661	883,757

(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 TENNESSEE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	366,920		16,451		383,371
2.	Annuity considerations	1,400				1,400
3.	Deposit-type contract funds	543	XXX		XXX	543
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	368,863	0	16,451	0	385,314
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,915				5,915
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	45				45
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,960	0	0	0	5,960
	Annuities:					
7.1	Paid in cash or left on deposit	95				95
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	95	0	0	0	95
8.	Grand Totals (Lines 6.5 + 7.4)	6,055	0	0	0	6,055
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,058,527		19,674		1,078,201
10.	Matured endowments	6,605				6,605
11.	Annuity benefits	187,598				187,598
12.	Surrender values and withdrawals for life contracts	562,782				562,782
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	1,815,512	0	19,674	0	1,835,186
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	122	384,411			1	1,500			123	385,911
17.	Incurred during current year	275	995,237			10	18,174			285	1,013,411
	Settled during current year:										
18.1	By payment in full	277	1,055,296			11	19,674			288	1,074,970
18.2	By payment on compromised claims									0	0
18.3	Totals paid	277	1,055,296	0	0	11	19,674	0	0	288	1,074,970
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	277	1,055,296	0	0	11	19,674	0	0	288	1,074,970
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	120	324,352	0	0	0	0	0	0	120	324,352
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,818	31,289,164		(a)	175	1,739,061			2,993	33,028,225
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(337)	(2,278,762)			(47)	(564,099)			(384)	(2,842,861)
23.	In force December 31 of current year	2,481	29,010,402	0	(a) 0	128	1,174,962	0	0	2,609	30,185,364

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	75,712	80,828		19,014	19,229
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	121	138			10,198
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,783,624	2,577,113		1,717,117	1,655,604
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)	2,783,624	2,577,113	0	1,717,117	1,655,604
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,859,457	2,658,079	0	1,736,131	1,685,031

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	334,731		582		335,313
2.	Annuity considerations	17,873				17,873
3.	Deposit-type contract funds	5,947	XXX		XXX	5,947
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	358,551	0	582	0	359,133
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	11,989				11,989
6.2	Applied to pay renewal premiums	129				129
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	542				542
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	12,660	0	0	0	12,660
	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)	12,660	0	0	0	12,660
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	245,550				245,550
10.	Matured endowments					0
11.	Annuity benefits	354,781				354,781
12.	Surrender values and withdrawals for life contracts	1,438,957				1,438,957
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	2,039,288	0	0	0	2,039,288
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	34,673							9	34,673
17.	Incurred during current year	34	264,197							34	264,197
	Settled during current year:										
18.1	By payment in full	33	245,550							33	245,550
18.2	By payment on compromised claims									0	0
18.3	Totals paid	33	245,550	0	0	0	0	0	0	33	245,550
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	33	245,550	0	0	0	0	0	0	33	245,550
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	53,320	0	0	0	0	0	0	10	53,320
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	801	9,525,798		(a)					801	9,525,798
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(54)	(248,030)							(54)	(248,030)
23.	In force December 31 of current year	747	9,277,768	0	(a) 0	0	0	0	0	747	9,277,768

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,435,884	1,281,745		422,403	301,386
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	238	249			10,048
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	25,668,942	25,787,155		17,527,085	17,212,845
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)	25,668,942	25,787,155	0	17,527,085	17,212,845
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,105,064	27,069,149	0	17,949,488	17,524,279

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	15,434				15,434
2.	Annuity considerations	(10,485)				(10,485)
3.	Deposit-type contract funds	1,074	XXX		XXX	1,074
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,023	0	0	0	6,023
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	668				668
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)	668	0	0	0	668
	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)	668	0	0	0	668
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,000				8,000
10.	Matured endowments					0
11.	Annuity benefits	51,654				51,654
12.	Surrender values and withdrawals for life contracts	345,477				345,477
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	405,131	0	0	0	405,131
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	8,000							1	8,000
	Settled during current year:										
18.1	By payment in full	1	8,000							1	8,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	8,000	0	0	0	0	0	0	1	8,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	8,000	0	0	0	0	0	0	1	8,000
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	22	1,001,657		(a)					22	1,001,657
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(63,858)							(4)	(63,858)
23.	In force December 31 of current year	18	937,799	0	(a) 0	0	0	0	0	18	937,799

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,331	1,435		392	494
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)	596,823	596,378		365,035	368,205
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)	596,823	596,378	0	365,035	368,205
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	598,154	597,813	0	365,427	368,699

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	135,476		371		135,847
2.	Annuity considerations	615				615
3.	Deposit-type contract funds	1,518	XXX		XXX	1,518
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	137,609	0	371	0	137,980
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	24,904				24,904
6.2	Applied to pay renewal premiums	44				44
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	997				997
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	25,945	0	0	0	25,945
	Annuities:					
7.1	Paid in cash or left on deposit	154				154
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	154	0	0	0	154
8.	Grand Totals (Lines 6.5 + 7.4)	26,099	0	0	0	26,099
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	174,004				174,004
10.	Matured endowments					0
11.	Annuity benefits	61,917				61,917
12.	Surrender values and withdrawals for life contracts	301,013				301,013
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	536,934	0	0	0	536,934
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	39	55,053							39	55,053
17.	Incurred during current year	93	210,620							93	210,620
	Settled during current year:										
18.1	By payment in full	84	171,041							84	171,041
18.2	By payment on compromised claims									0	0
18.3	Totals paid	84	171,041	0	0	0	0	0	0	84	171,041
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	84	171,041	0	0	0	0	0	0	84	171,041
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	48	94,632	0	0	0	0	0	0	48	94,632
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,358	18,216,171		(a)	2	78,000			1,360	18,294,171
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(125)	(2,629,075)			(1)	(75,000)			(126)	(2,704,075)
23.	In force December 31 of current year	1,233	15,587,096	0	(a) 0	1	3,000	0	0	1,234	15,590,096

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	7,912	8,219		1,774	1,480
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	185	196			14,499
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	495,501	505,788		296,311	242,768
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)	495,501	505,788	0	296,311	242,768
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	503,598	514,203	0	298,085	258,747

(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 U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,166				12,166
2.	Annuity considerations	1,901				1,901
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,067	0	0	0	14,067
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	493				493
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	71				71
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	564	0	0	0	564
	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)	564	0	0	0	564
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	22,000				22,000
10.	Matured endowments	25,000				25,000
11.	Annuity benefits	15,393				15,393
12.	Surrender values and withdrawals for life contracts	36,271				36,271
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	98,664	0	0	0	98,664
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	36,317							3	36,317
	Settled during current year:										
18.1	By payment in full	2	22,000							2	22,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	22,000	0	0	0	0	0	0	2	22,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	22,000	0	0	0	0	0	0	2	22,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	14,317	0	0	0	0	0	0	1	14,317
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	69	765,266		(a)					69	765,266
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(87,725)							(4)	(87,725)
23.	In force December 31 of current year	65	677,541	0	(a) 0	0	0	0	0	65	677,541

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	179	193		53	67
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	104	104			7,651
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	992	1,013		223	67
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)	992	1,013	0	223	67
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,275	1,310	0	276	7,785

(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 VERMONT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	120,961		379		121,340
2.	Annuity considerations	596				596
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	121,557	0	379	0	121,936
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	233				233
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)	233	0	0	0	233
	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)	233	0	0	0	233
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	93,545				93,545
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	63,156				63,156
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	156,701	0	0	0	156,701
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	60,355							4	60,355
17.	Incurred during current year	4	33,190							4	33,190
	Settled during current year:										
18.1	By payment in full	8	93,545							8	93,545
18.2	By payment on compromised claims									0	0
18.3	Totals paid	8	93,545	0	0	0	0	0	0	8	93,545
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	8	93,545	0	0	0	0	0	0	8	93,545
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	452	13,097,851		(a)	2	84,168			454	13,182,019
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(18)	(447,881)				(5,814)			(18)	(453,695)
23.	In force December 31 of current year	434	12,649,970	0	(a) 0	2	78,354	0	0	436	12,728,324

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,063	1,146		313	395
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)	44,855	45,154		16,510	8,131
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)	44,855	45,154	0	16,510	8,131
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,918	46,300	0	16,823	8,526

(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.

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DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,613				10,613
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	91	XXX		XXX	91
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	10,712	0	0	0	10,712
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,519				2,519
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,554	0	0	0	2,554
	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)	2,554	0	0	0	2,554
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	115,109				115,109
10.	Matured endowments					0
11.	Annuity benefits	180,733				180,733
12.	Surrender values and withdrawals for life contracts	1,762,963				1,762,963
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	2,058,805	0	0	0	2,058,805
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	64,738							3	64,738
17.	Incurred during current year	4	74,671							4	74,671
	Settled during current year:										
18.1	By payment in full	5	115,109							5	115,109
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	115,109	0	0	0	0	0	0	5	115,109
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	115,109	0	0	0	0	0	0	5	115,109
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	24,300	0	0	0	0	0	0	2	24,300
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	32	884,605		(a)					32	884,605
21.	Issued during year									0	0
22.	Other changes to in force (Net)		(100)							0	(100)
23.	In force December 31 of current year	32	884,505	0	(a) 0	0	0	0	0	32	884,505

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,417	2,470		655	669
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)	161,840	162,937		99,396	106,633
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)	161,840	162,937	0	99,396	106,633
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	164,257	165,407	0	100,051	107,302

(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.

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DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,953				11,953
2.	Annuity considerations	36,220				36,220
3.	Deposit-type contract funds	21	XXX		XXX	21
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	48,194	0	0	0	48,194
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	647				647
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	165				165
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	812	0	0	0	812
	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)	812	0	0	0	812
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	40,701				40,701
10.	Matured endowments					0
11.	Annuity benefits	403,004				403,004
12.	Surrender values and withdrawals for life contracts	114,493				114,493
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	558,198	0	0	0	558,198
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	6,286							2	6,286
17.	Incurred during current year	6	48,479							6	48,479
	Settled during current year:										
18.1	By payment in full	6	40,701							6	40,701
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	40,701	0	0	0	0	0	0	6	40,701
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	40,701	0	0	0	0	0	0	6	40,701
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	14,064	0	0	0	0	0	0	2	14,064
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	54	1,412,742		(a)					54	1,412,742
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(6)	(65,341)							(6)	(65,341)
23.	In force December 31 of current year	48	1,347,401	0	(a) 0	0	0	0	0	48	1,347,401

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,997	7,545		2,060	2,599
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)	606,797	618,715		386,088	379,884
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)	606,797	618,715	0	386,088	379,884
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	613,794	626,260	0	388,148	382,483

(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.

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	141,406		1,141		142,547
2.	Annuity considerations	842				842
3.	Deposit-type contract funds	185	XXX		XXX	185
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	142,433	0	1,141	0	143,574
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,763				2,763
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	(74)				(74)
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,689	0	0	0	2,689
	Annuities:					
7.1	Paid in cash or left on deposit	111				111
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	111	0	0	0	111
8.	Grand Totals (Lines 6.5 + 7.4)	2,800	0	0	0	2,800
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	183,024				183,024
10.	Matured endowments					0
11.	Annuity benefits	35,502				35,502
12.	Surrender values and withdrawals for life contracts	251,002				251,002
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	469,528	0	0	0	469,528
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	21	46,586							21	46,586
17.	Incurred during current year	41	204,202							41	204,202
	Settled during current year:										
18.1	By payment in full	46	183,024							46	183,024
18.2	By payment on compromised claims									0	0
18.3	Totals paid	46	183,024	0	0	0	0	0	0	46	183,024
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	46	183,024	0	0	0	0	0	0	46	183,024
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	16	67,764	0	0	0	0	0	0	16	67,764
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,112	13,519,539		(a)	8	102,298			1,120	13,621,837
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(66)	(821,738)			(2)	(15,494)			(68)	(837,232)
23.	In force December 31 of current year	1,046	12,697,801	0	(a) 0	6	86,804	0	0	1,052	12,784,605

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,234	11,597		1,993	851
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	46	46			3,400
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	768,993	758,572		410,577	291,418
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)	768,993	758,572	0	410,577	291,418
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	780,273	770,215	0	412,570	295,669

(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.

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DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,496				4,496
2.	Annuity considerations	13				13
3.	Deposit-type contract funds	377	XXX		XXX	377
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,886	0	0	0	4,886
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	318				318
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)	318	0	0	0	318
	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)	318	0	0	0	318
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	89,889				89,889
12.	Surrender values and withdrawals for life contracts	2,150				2,150
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	92,039	0	0	0	92,039
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 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	7	83,142		(a)					7	83,142
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	6	77,142	0	(a) 0	0	0	0	0	6	77,142

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,229	2,332		384	168
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)	265,996	263,846		117,974	104,701
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)	265,996	263,846	0	117,974	104,701
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	268,225	266,178	0	118,358	104,869

(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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	6,248,716
2. Current year's realized pre-tax capital gains/(losses) of $.....1,978,993 transferred into the reserve net of taxes of $.....692,648	1,286,346
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)	7,535,062
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,719,517
6. Reserve as of December 31, current year (Line 4 minus Line 5)	5,815,545

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	1,515,335	204,182		1,719,517
2. 2015	1,304,698	386,109		1,690,807
3. 2016	1,112,599	314,833		1,427,432
4. 2017	907,577	226,615		1,134,192
5. 2018	721,633	135,787		857,420
6. 2019	547,205	41,268		588,473
7. 2020	369,061	(7,866)		361,195
8. 2021	193,049	(6,268)		186,781
9. 2022	9,441	(4,541)		4,900
10. 2023	(83,855)	(2,814)		(86,669)
11. 2024	(76,774)	(959)		(77,733)
12. 2025	(63,730)			(63,730)
13. 2026	(52,667)			(52,667)
14. 2027	(41,332)			(41,332)
15. 2028	(34,520)			(34,520)
16. 2029	(33,349)			(33,349)
17. 2030	(30,310)			(30,310)
18. 2031	(23,132)			(23,132)
19. 2032	(13,603)			(13,603)
20. 2033	(3,955)			(3,955)
21. 2034	2,740			2,740
22. 2035	5,688			5,688
23. 2036	6,752			6,752
24. 2037	4,958			4,958
25. 2038	2,717			2,717
26. 2039	1,695			1,695
27. 2040	763			763
28. 2041	74			74
29. 2042	(42)			(42)
30. 2043				0
31. 2044 and Later				0
32. Total (Lines 1 to 31)	6,248,716	1,286,346	0	7,535,062

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,150,909		1,150,909	0		0	1,150,909
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	235,431		235,431			0	235,431
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,386,340	0	1,386,340	0	0	0	1,386,340
9. Maximum reserve	1,203,381		1,203,381			0	1,203,381
10. Reserve objective	813,884		813,884			0	813,884
11. 20% of (Line 10 minus Line 8)	(114,491)	0	(114,491)	(0)	0	(0)	(114,491)
12. Balance before transfers (Lines 8 + 11)	1,271,849	0	1,271,849	0	0	0	1,271,849
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(68,468)		(68,468)			0	(68,468)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,203,381	0	1,203,381	0	0	0	1,203,381

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	5,119,768	XXX	XXX	5,119,768	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	88,776,493	XXX	XXX	88,776,493	0.0004	35,511	0.0023	204,186	0.0030	266,329
3	2	High quality	93,082,371	XXX	XXX	93,082,371	0.0019	176,857	0.0058	539,878	0.0090	837,741
4	3	Medium quality	2,060,561	XXX	XXX	2,060,561	0.0093	19,163	0.0230	47,393	0.0340	70,059
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)	189,039,193	XXX	XXX	189,039,193	XXX	231,530	XXX	791,457	XXX	1,174,130
		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	9,750,694	XXX	XXX	9,750,694	0.0004	3,900	0.0023	22,427	0.0030	29,252
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)	9,750,694	XXX	XXX	9,750,694	XXX	3,900	XXX	22,427	XXX	29,252
		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)	198,789,887	XXX	XXX	198,789,887	XXX	235,431	XXX	813,883	XXX	1,203,382

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		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

NONE

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 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	31,011,488	XXX	XXX	31,011,488	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)	31,011,488	0	0	31,011,488	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	243,675,863	XXX	4,591,717	XXX		XXX	899,710	XXX	1,204,203	XXX	236,496,766	XXX	434,833	XXX		XXX	48,634	XXX
2.	Premiums earned	244,987,705	XXX	4,646,808	XXX		XXX	906,875	XXX	1,227,339	XXX	237,702,325	XXX	455,032	XXX		XXX	49,326	XXX
3.	Incurred claims	153,496,626	62.7	3,172,534	68.3	0	0.0	597,626	65.9	617,956	50.3	148,891,839	62.6	134,584	29.6	0	0.0	82,087	166.4
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)	153,496,626	62.7	3,172,534	68.3	0	0.0	597,626	65.9	617,956	50.3	148,891,839	62.6	134,584	29.6	0	0.0	82,087	166.4
6	Increase in contract reserves	6,241,010	2.5	449,197	9.7	0	0.0	(178,767)	(19.7)	(573,576)	(46.7)	6,555,728	2.8	(180)	(0.0)	0	0.0	(11,392)	(23.1)
7	Commissions (a)	32,272,478	13.2	477,010	10.3		0.0	(28,464)	(3.1)	66,709	5.4	31,747,414	13.4	7,636	1.7		0.0	2,173	4.4
8	Other general insurance expenses	26,597,266	10.9	451,092	9.7		0.0	146,927	16.2	139,170	11.3	25,714,787	10.8	134,637	29.6		0.0	10,653	21.6
9	Taxes, licenses and fees	6,264,314	2.6	187,890	4.0		0.0	20,694	2.3	23,302	1.9	6,022,865	2.5	8,634	1.9		0.0	929	1.9
10	Total other expenses incurred	65,134,058	26.6	1,115,992	24.0	0	0.0	139,157	15.3	229,181	18.7	63,485,066	26.7	150,907	33.2	0	0.0	13,755	27.9
11.	Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	20,116,011	8.2	(90,915)	(2.0)	0	0.0	348,859	38.5	953,778	77.7	18,769,692	7.9	169,721	37.3	0	0.0	(35,124)	(71.2)
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	20,116,011	8.2	(90,915)	(2.0)	0	0.0	348,859	38.5	953,778	77.7	18,769,692	7.9	169,721	37.3	0	0.0	(35,124)	(71.2)
DETAILS OF WRITE-INS																			
1101.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
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)	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

(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				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	14,651,087	152,154		33,610	140,501	14,216,778	99,484		8,560
2. Advance premiums	4,065,784	55,854		5,359	8,696	3,987,601	7,265		1,009
3. Reserve for rate credits	0								
4. Total premium reserves, current year	18,716,871	208,008	0	38,969	149,197	18,204,379	106,749	0	9,569
5. Total premium reserves, prior year	18,756,551	261,879		52,379	177,129	18,131,245	123,378		10,541
6. Increase in total premium reserves	(39,680)	(53,871)	0	(13,410)	(27,932)	73,134	(16,629)	0	(972)
B. Contract Reserves:									
1. Additional reserves (a)	88,072,553	4,627,023		141,143	3,007,025	80,243,268	189		53,905
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	88,072,553	4,627,023	0	141,143	3,007,025	80,243,268	189	0	53,905
4. Total contract reserves, prior year	81,831,543	4,177,826		319,910	3,580,601	73,687,540	369		65,297
5. Increase in contract reserves	6,241,010	449,197	0	(178,767)	(573,576)	6,555,728	(180)	0	(11,392)
C. Claim Reserves and Liabilities:									
1. Total current year	44,008,718	860,470	0	146,690	9,818,679	32,743,109	63,880	0	375,890
2. Total prior year	48,547,753	922,242		90,534	11,864,863	35,198,210	75,479		396,425
3. Increase	(4,539,035)	(61,772)	0	56,156	(2,046,184)	(2,455,101)	(11,599)	0	(20,535)

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	28,939,189	806,722		33,553	2,414,406	25,541,365	46,614		96,529
1.2 On claims incurred during current year	129,096,472	2,427,584		507,917	249,734	125,805,575	99,569		6,093
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	18,484,690	93,547		65,016	9,071,895	8,880,932	11,516		361,784
2.2 On claims incurred during current year	25,524,028	766,923		81,674	746,784	23,862,177	52,364		14,106
3. Test:									
3.1 Lines 1.1 and 2.1	47,423,879	900,269	0	98,569	11,486,301	34,422,297	58,130	0	458,313
3.2 Claim reserves and liabilities, December 31, prior year	48,547,753	922,242		90,534	11,864,863	35,198,210	75,479		396,425
3.3 Line 3.1 minus Line 3.2	(1,123,874)	(21,973)	0	8,035	(378,562)	(775,913)	(17,349)	0	61,888

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	143,129,068	4,498,568		870,829	1,206,814	136,069,390	434,833		48,634
2. Premiums earned	144,290,781	4,553,298		877,839	1,226,950	137,128,337	455,031		49,326
3. Incurred claims	86,227,320	3,179,160		524,068	615,791	81,689,704	136,511		82,086
4. Commissions	16,023,410	482,416		(30,845)	66,703	15,495,327	7,636		2,173
B. Reinsurance Ceded:									
1. Premiums written	16,825,863	4,919,161				11,906,702			
2. Premiums earned	16,817,997	4,914,180				11,903,817			
3. Incurred claims	7,631,488	1,499,573				6,131,915			
4. Commissions	5,174,373	1,870,257				3,304,116			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	374		74,900,419	74,900,793
2.	Beginning claim reserves and liabilities	28		14,057,005	14,057,033
3.	Ending claim reserves and liabilities	402		13,452,259	13,452,661
4.	Claims paid	0	0	75,505,165	75,505,165
B.	Assumed Reinsurance:				
5.	Incurred claims	216,073	254,827	85,756,420	86,227,320
6.	Beginning claim reserves and liabilities	108,711	33,716	32,635,576	32,778,003
7.	Ending claim reserves and liabilities	73,044	29,019	29,067,431	29,169,494
8.	Claims paid	251,740	259,524	89,324,565	89,835,829
C.	Ceded Reinsurance:				
9.	Incurred claims			7,631,488	7,631,488
10.	Beginning claim reserves and liabilities			2,862,521	2,862,521
11.	Ending claim reserves and liabilities			3,010,972	3,010,972
12.	Claims paid	0	0	7,483,037	7,483,037
D.	Net:				
13.	Incurred claims	216,447	254,827	153,025,351	153,496,625
14.	Beginning claim reserves and liabilities	108,739	33,716	43,830,060	43,972,515
15.	Ending claim reserves and liabilities	73,446	29,019	39,508,718	39,611,183
16.	Claims paid	251,740	259,524	157,346,693	157,857,957
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	216,447	254,827	153,025,351	153,496,625
18.	Beginning reserves and liabilities	108,739	33,716	43,830,060	43,972,515
19.	Ending reserves and liabilities	73,446	29,019	39,508,718	39,611,183
20.	Paid claims and cost containment expenses	251,740	259,524	157,346,693	157,857,957

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	2,173,607	828,881	21,019			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					2,173,607	828,881	21,019	0	0	0
1099999.	Total - General Account - Non-Affiliates					2,173,607	828,881	21,019	0	0	0
1199999.	Total - General Account					2,173,607	828,881	21,019	0	0	0
2399999.	Total U.S.					2,173,607	828,881	21,019	0	0	0
9999999.	Total					2,173,607	828,881	21,019	0	0	0

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	10,129	556	32,117	942		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	CO/I	6,430,655	236,191	753,338	536,710		
63479	58-0869673	08/31/2012	United Teacher Associates Insurance Company	TX	CO/I	103,119,520	7,320,611	80,797,294	14,217,015		
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	CO/I	33,582,615	2,927,856	6,419,852	2,828,021		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					143,142,919	10,485,214	88,002,601	17,582,688	0	0
1099999.	Total - Non-Affiliates					143,142,919	10,485,214	88,002,601	17,582,688	0	0
1199999.	Total - U.S.					143,142,919	10,485,214	88,002,601	17,582,688	0	0
9999999.	Total					143,142,919	10,485,214	88,002,601	17,582,688	0	0

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						
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	180,000	11,697
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	10,000	42,398
91472	63-0782739	05/17/1972	Globe Life & Accident Company	OK	27,500	
87572	23-2038295	10/01/1981	Scottish Re Life Corporation	CO		917,412
86258	13-2572994	11/01/1982	General Re Life Corp	CT	48,535	
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		5,934,962
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	40,000	
88340	59-2859797	03/01/2002	Hanover Life Reassurance Company of America	FL	240,000	
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Co	CO	60,000	
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				606,035	6,906,469
1099999.	Total - Life and Annuity Non-Affiliates				606,035	6,906,469
1199999.	Total - Life and Annuity				606,035	6,906,469
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX	69,872	678
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		2,989,152
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	4,327,663	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				4,397,535	2,989,830
2199999.	Total - Accident and Health Non-Affiliates				4,397,535	2,989,830
2299999.	Total - Accident and Health				4,397,535	2,989,830
2399999.	Total U.S.				5,003,570	9,896,299
9999999.	Total				5,003,570	9,896,299

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
86231	39-0989781	04/24/1975	Transamerica LIfe Ins Co	IA	YRT/I	OL	2,377,043	20,290	26,435	103,035				
93572	43-1235868	06/01/1989	RGA Reinsurance Co	MO	YRT/I	OL	120,888	31	44	872				
93572	43-1235868	12/15/1989	RGA Reinsurance Co	MO	YRT/I	OL	64,500	693	633	1,374				
93572	43-1235868	09/01/1986	RGA Reinsurance Co	MO	YRT/I	OL	233,334	103	95	3,127				
60895	35-0145825	05/01/1980	American United Life Ins Co	IN	CO/I	OL	360,000	7,020	6,431	10,281				
60895	35-0145825	10/04/1963	American United Life Ins Co	IN	YRT/I	OL	100,000	9,680	9,680	(6,773)				
60895	35-0145825	03/01/1965	American United Life Ins Co	IN	YRT/I	OL	70,798	5,648	5,415	370				
60895	35-0145825	02/14/1962	American United Life Ins Co	IN	YRT/I	OL	55,000	1,173	2,188	733				
61492	44-0188050	01/01/1975	Business Mens Assur Co of Amer	MO	YRT/I	OL	59,518			246				
86258	13-2572994	02/01/1990	General Re Life Corp	CT	YRT/I	OL	25,269	7	8	173				
86258	13-2572994	12/15/1989	General Re Life Corp	CT	YRT/I	OL	64,500	693	635	1,374				
86258	13-2572994	11/22/1966	General Re Life Corp	CT	YRT/I	OL	58,000	1,162	3,276	323				
86258	13-2572994	02/12/1965	General Re Life Corp	CT	YRT/I	OL	19,451	95,175	98,195	(5,955)				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	OL	103,924	31	29	704				
68276	48-1024691	01/01/1984	Employers Reassur Corp	KS	ADB/I	OL	2,043,291	3,167	4,484	12,336				
68276	48-1024691	07/01/1983	Employers Reassur Corp	KS	YRT/I	OL	276,429	279	247	6,080				
68276	48-1024691	02/17/1965	Employers Reassur Corp	KS	DIS/I	OL		40,929	42,657					
68276	48-1024691	10/01/1976	Employers Reassur Corp	KS	YRT/I	OL	2,153,105	81,819	69,152	202,713				
68276	48-1024691	10/01/1986	Employers Reassur Corp	KS	CO/I	OL	33,333	189	173	802				
68276	48-1024691	01/01/1976	Employers Reassur Corp	KS	ADB/I	OL	1,183,298	3,698	3,847	1,898				
91472	63-0782739	05/17/1972	Globe Life & Accident Ins Co	OK	CO/I	OL	2,910,605	1,995,575	1,998,003	46,692				
86258	13-2572994	03/01/1982	General Re Life Corp	CT	CO/I	OL	1,052,358	21,891	23,805	(371)				
86258	13-2572994	05/01/1984	General Re Life Corp	CT	CO/I	OL	3,228,570	966,309	997,349	101,309				
82627	06-0839705	04/01/1984	Swiss Re Life & Health Amer Inc	CT	CO/I	OL	300,000	82,085	18,200	17,611				
82627	06-0839705	10/01/1980	Swiss Re Life & Health Amer Inc	CT	MCO/I	OL	50,000	18,446	16,900	3,608				
82627	06-0839705	04/01/1982	Swiss Re Life & Health Amer Inc	CT	YRT/I	OL	562,293	48,274	12,272	51,306				
66346	58-0828824	09/01/1980	Munich American Reassur Co	GA	MCO/I	OL	200,000			(12,581)				
88099	75-1608507	12/31/1985	Optimum Re Ins Co	TX	CO/I	OL	850,000	28,975	26,189	16,854				
88099	75-1608507	12/31/1966	Optimum Re Ins Co	TX	YRT/I	OL	110,000	9,074	3,698	9,074				
88099	75-1608507	10/15/1980	Optimum Re Ins Co	TX	YRT/I	OL	836,915	3,158	2,577	7,490				
87572	23-2038295	10/01/1981	Scottish Re Life Corporation	CO	CO/I	OL	735,000	28,883	28,883	87,013				
87572	23-2038295	10/01/1981	Scottish Re Life Corporation	CO	YRT/I	OL	1,082,020	1,802	284	53,838				
87572	23-2038295	10/01/1981	Scottish Re Life Corporation	CO	YRT/I	OL	631,379	21,837	22,956	23,281				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	YRT/I	OL	7,017,292	2,881	2,779	70,540				
88340	59-2859797	11/01/1991	Hannover Life Reassur Co Of Amer	FL	ADB/I	OL	380,000	606	683	1,138				
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	OL	1,032,577	357,807	362,639	54,644				
88340	59-2859797	07/01/1983	Hannover Life Reassur Co Of Amer	FL	YRT/I	OL	3,027,717	264		9,099				

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
88340	59-2859797	03/01/1981	Hannover Life Reassur Co Of Amer	FL	YRT/I	OL			20,040	(11,239)				
88340	59-2859797	04/01/1996	Hannover Life Reassur Co Of Amer	FL	CO/I	OL	241,545	482	469	1,127				
86231	39-0989781	06/01/1989	SCOR Global Life Americas Reeinsurance Company	DE	YRT/I	OL	89,895	24	38	695				
86231	39-0989781	09/01/1986	SCOR Global Life Americas Reeinsurance Company	DE	YRT/I	OL	33,334	103	173	758				
86231	39-0989781	08/01/1987	SCOR Global Life Americas Reeinsurance Company	DE	YRT/I	OL	62,450			(723)				
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	YRT/I	OL	38,972	143	285	206				
88099	75-1608507	03/01/1976	Optimum Re Ins Co	TX	DIS/I	OL				(10)				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	CO/I	OL	25,000	1,989	229	568				
88099	75-1608507	04/19/1976	Optimum Re Ins Co	TX	DIS/I	OL				46				
82627	06-0839705	07/01/1981	Swiss Re Life & Health Amer Inc	NY	YRT/I	OL	222,821	330	571	928				
97071	13-3126819	03/01/2002	Optimum Re Ins Co	TX	CO/I	OL	18,274,561	469,125	470,538	23,932				
88340	59-2859797	03/01/2002	Hannover Life Reassur Co Of Amer	FL	CO/I	OL	25,713,520	625,500	627,384	31,910				
68713	84-0499703	03/01/2002	Security Life of Denver Ins Co	CO	CO/I	OL	6,091,522	156,375	156,846	15,955				
93572	43-1235868	03/01/2002	RGA Reins Co	MO	CO/I	OL	12,183,040	312,750	313,692	7,978				
63312	13-1935920	08/31/2012	Great American Life Insurance	OH	CO/I	IA	416,985,000	138,373,645	131,882,373	5,252,222				
63312	13-1935920	08/31/2012	Great American Life Insurance	OH	ACO/I	IA		140,966,150	164,008,369	493,735				
63312	13-1935920	01/01/2007	Great American Life Insurance	OH	ACO/I	IA		39,368,234	45,497,875	35,616				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						513,370,067	324,134,504	346,769,723	6,727,962	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates														
	AA-1340017	06/01/1991	Zurich Versicherung Ag	DEU	YRT/I	OL	3,335,893	1,602	1,547	39,143				
	AA-1340017	11/01/1989	Zurich Versicherung Ag	DEU	YRT/I	OL	249,041	250	224	6,309				
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						3,584,934	1,852	1,771	45,452	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						516,955,001	324,136,356	346,771,494	6,773,414	0	0	0	0
1199999	Total - General Account - Authorized						516,955,001	324,136,356	346,771,494	6,773,414	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						516,955,001	324,136,356	346,771,494	6,773,414	0	0	0	0
6999999	Total U.S.						513,370,067	324,134,504	346,769,723	6,727,962	0	0	0	0
7099999	Total Non-U.S.						3,584,934	1,852	1,771	45,452	0	0	0	0
9999999	Total						516,955,001	324,136,356	346,771,494	6,773,414	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	STDI,OM,A	16,748,014	229,266	9,270,100				
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX	CO/I	LTC	76,236	16,058	706,123				
62308	06-0303370	01/01/1984	Connecticut General Life Insurance Co	CT	CO/I								
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						16,824,250	245,324	9,976,223	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	07/01/2014	Gigna Global Reinsurance Company	BMU	CAT/G	A	18,444						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						18,444	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						16,842,694	245,324	9,976,223	0	0	0	0
1199999.	Total - General Account - Authorized						16,842,694	245,324	9,976,223	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						16,842,694	245,324	9,976,223	0	0	0	0
6999999.	Total - U.S.						16,824,250	245,324	9,976,223	0	0	0	0
7099999.	Total - Non-U.S.						18,444	0	0	0	0	0	0
9999999.	Total						16,842,694	245,324	9,976,223	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	23,616	24,128	384,055	18,670	25,029
2.	Commissions and reinsurance expense allowances	5,383	5,696	4,590	6,262	12,702
3.	Contract claims	26,598	29,201	20,002	15,697	14,659
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
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	1,815	1,743	3,817	1,683	1,781
9.	Aggregate reserves for life and accident and health contracts	322,978	343,430	384,411	188,616	198,945
10.	Liability for deposit-type contracts	695	647	12,819		
11.	Contract claims unpaid	9,290	8,499	7,955	2,914	3,303
12.	Amounts recoverable on reinsurance	5,004	4,615	2,554	1,756	1,428
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)				120,843	122,010
19.	Letters of credit (L)					10,000
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

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)	226,770,106	(105,902)	226,664,204
2.	Reinsurance (Line 16)	5,916,770		5,916,770
3.	Premiums and considerations (Line 15)	(4,336,950)	1,815,460	(2,521,490)
4.	Net credit for ceded reinsurance	XXX	338,680,297	338,680,297
5.	All other admitted assets (balance)	20,999,308		20,999,308
6.	Total assets excluding Separate Accounts (Line 26)	249,349,234	340,389,855	589,739,089
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	249,349,234	340,389,855	589,739,089
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	120,565,420	322,978,055	443,543,475
10.	Liability for deposit-type contracts (Line 3)	8,861	8,012,243	8,021,104
11.	Claim reserves (Line 4)	26,773,880	9,290,264	36,064,144
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	4,065,783	109,293	4,175,076
14.	Other contract liabilities (Line 9)	8,836,593		8,836,593
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)	15,554,606		15,554,606
20.	Total liabilities excluding Separate Accounts (Line 26)	175,805,143	340,389,855	516,194,998
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	175,805,143	340,389,855	516,194,998
23.	Capital & surplus (Line 38)	73,544,091	XXX	73,544,091
24.	Total liabilities, capital & surplus (Line 39)	249,349,234	340,389,855	589,739,089
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	322,978,055		
26.	Claim reserves	9,290,264		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	109,293		
29.	Liability for deposit-type contracts	8,012,243		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	105,902		
33.	Total ceded reinsurance recoverables	340,495,757		
34.	Premiums and considerations	1,815,460		
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	1,815,460		
41.	Total net credit for ceded reinsurance	338,680,297		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	594,904	4,999	20,580		1,498	621,981
2.	Alaska AK	1,143	8	24			1,175
3.	Arizona AZ	35,143	49	1,521	1,610	3,093	41,416
4.	Arkansas AR	189,339	522	3,857		193	193,911
5.	California CA	113,694	849	8,018	1,830	6,247	130,638
6.	Colorado CO	17,756	403	729	9,452	560	28,900
7.	Connecticut CT	11,822	38	323		415	12,598
8.	Delaware DE	30,124	53	15			30,192
9.	District of Columbia DC	7,730	8			28	7,766
10.	Florida FL	679,771	41,712	13,708	3,849	2,447	741,487
11.	Georgia GA	286,737	225	4,664	17,406	4,987	314,019
12.	Hawaii HI	13,554	8	14		1,186	14,762
13.	Idaho ID	3,331	15	69			3,415
14.	Illinois IL	115,000	37,276	1,064			153,340
15.	Indiana IN	254,651	985	2,815		665	259,116
16.	Iowa IA	12,203	54	1,087		257	13,601
17.	Kansas KS	46,451	51	39,159		727	86,388
18.	Kentucky KY	42,698	113	1,553		156	44,520
19.	Louisiana LA	202,762	335	39,379		296	242,772
20.	Maine ME	72,385	487	19		34	72,925
21.	Maryland MD	69,766	375,410	241		2,516	447,933
22.	Massachusetts MA	83,349	391	25		420	84,185
23.	Michigan MI	52,202	2,355	753		352	55,662
24.	Minnesota MN	30,191	731	41		13	30,976
25.	Mississippi MS	264,603	4,424	10,786		215	280,028
26.	Missouri MO	115,430	311	6,363	6,407	1,462	129,973
27.	Montana MT	3,372	15	79			3,466
28.	Nebraska NE	25,634		4,575	1,793	2,248	34,250
29.	Nevada NV	12,327		390		4,883	17,600
30.	New Hampshire NH	12,130	64	4			12,198
31.	New Jersey NJ	157,972	4,977	26		118	163,093
32.	New Mexico NM	11,145	125	169		296	11,735
33.	New York NY	22,039	257	60		1,011	23,367
34.	North Carolina NC	499,062	1,865	11,379	11,939	19,780	544,025
35.	North Dakota ND	1,143		561			1,704
36.	Ohio OH	174,536	861	4,924		44	180,365
37.	Oklahoma OK	82,998	107	1,996		110	85,211
38.	Oregon OR	16,474	53	273		59	16,859
39.	Pennsylvania PA	63,965	11,895	692		216	76,768
40.	Rhode Island RI	21,485	101	54			21,640
41.	South Carolina SC	251,686	20,399	2,941	6,966	1,723	283,715
42.	South Dakota SD	14,594		994		296	15,884
43.	Tennessee TN	383,371	1,400	3,205	2,465	543	390,984
44.	Texas TX	335,313	17,873	73,374		5,947	432,507
45.	Utah UT	15,434	(10,485)	67		1,074	6,090
46.	Vermont VT	121,340	596	54			121,990
47.	Virginia VA	135,847	615	304		1,518	138,284
48.	Washington WA	10,613	8	112	1,308	91	12,132
49.	West Virginia WV	142,547	842	320		185	143,894
50.	Wisconsin WI	11,953	36,220	353	11,212	21	59,759
51.	Wyoming WY	4,496	13	66		377	4,952
52.	American Samoa AS						0
53.	Guam GU	3,634				305	3,939
54.	Puerto Rico PR	9,290				481	9,771
55.	US Virgin Islands VI	12,166	1,901	9			14,076
56.	Northern Mariana Islands MP						0
57.	Canada CAN	168					168
58.	Aggregate Other Alien OT	251,243	15	4			251,262
59.	Totals	6,154,716	561,529	263,792	76,237	69,093	7,125,367

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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

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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

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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 Tennesee, 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	

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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 Acquistion 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	
0901	Cigna Group		00-0000000	1591167	0000701221		CR Longwood Investors L.P.	DE	NIA	Connecticut General Life Insurance Company	Ownership	24.600	Charles River Realty Longwood, LLC (non-affiliate)	
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	
0901	Cigna Group		00-0000000	1591167	0000701221		Secon Properties, LP	CA	NIA	Connecticut General Life Insurance Company	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	
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	
0901	Cigna Group		00-0000000	1591167	0000701221		AEW/FDG, LP	DE	NIA	Cigna Affiliates Realty Investment Group, LLC	Ownership	13.640	AEW Core Property Trust Holding LP (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	Charles River Washington Street LLC (non-affiliate)	
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	

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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	Connecticut General Life Insurance Company	Ownership	75.000	Cigna Corporation	
0901	Cigna Group		80-0668090	1591167	0000701221		Alessandro Parners, 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	

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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 Servicos 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	

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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 Emeklilik 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 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
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 Reality 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 Reality 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 Affilates 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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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	
	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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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 Tennesee, 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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 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

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.

		Responses
	MARCH FILING	
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?	YES
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	YES
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?	YES
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

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.	
2.	
3.	
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6.	
7.	
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24.	
25. Reinsurer assumes this into their RBC calcuation	
26. Reinsurer assumes this into their RBC calculation	
27.	
28.	
29. Reinsurer assumes this into their RBC calculation	
30.	
31.	
32.	
33. Not applicable	
34.	

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. Not applicable

38. Not applicable

39. Not applicable

40.

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42.

43.

44.

45.

46.

47.

48.

49. Not applicable

50. Not applicable

51.

Overflow Page for Write-Ins

Additional Write-ins for Summary of Operations:

	1 Current Year	2 Prior Year
08.304 Gain/Loss on Reinsurance		194
08.397 Summary of remaining write-ins for Line 8.3	0	194

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. Allocated home office				374,486		374,486
09.305. Change in LAE			(72,437)			(72,437)
09.397. Summary of remaining write-ins for Line 9.3	0	0	(72,437)	374,486	0	302,049

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-G-AK	G.....	.....NO.....	....34000.....	.05/02/2013	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	9,389	2,276	.....24.2	16
.....YES.....	LOYAL-MS-AA-F-AK	F.....	.....NO.....	....34000.....	.05/02/2013	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	14,865	11,168	.....75.1	13
.....YES.....	LOYAL-MS-AA-N-AK	N.....	.....NO.....	....34000.....	.05/02/2013	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	4,279	1,758	.....41.1	14
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	28,533	15,202	.....53.3	43

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....Alabama

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-6202-AL	J	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	129,445	74,052	57.2	42			0.0	
YES	L-6201-AL	I	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,028	20,599	128.5	5			0.0	
YES	L-6200-AL	H	NO	34000	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,229	18,773	153.5	4			0.0	
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	91,085	68,749	75.5	46	160,187	121,432	75.8	81
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	34,889	10,458	30.0	22	29,117	10,901	37.4	18
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	170,619	122,193	71.6	81	79,015	60,621	76.7	43
0199999.	Total Policy Experience on Individual Policies									454,295	314,824	69.3	200	268,319	192,954	71.9	142

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Arkansas

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-5235-AR	G	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,381	4,980	92.5	3			0.0	
YES	L-5233-AR	D	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,876	1,239	66.0	1			0.0	
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,500	28	1.9	1	1,743		0.0	3
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	10,319	8,160	79.1	6			0.0	
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	32,773	28,838	88.0	17	10,636	11,716	110.2	7
YES	L-5234-AR	F	NO	34060	09/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	125,533	80,607	64.2	62			0.0	
0199999.	Total Policy Experience on Individual Policies									177,382	123,852	69.8	90	12,379	11,716	94.6	10

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-N-AZ	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,234	2,342	104.8	1	3,501	17	0.5	1
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	66,865	18,827	28.2	24	24,314	10,500	43.2	8
YES	L-5230-AZ	A	NO	34000	.11/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,351	401	9.2	2			0.0	
YES	L-5234-AZ	F	NO	34000	.11/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	85,347	54,304	63.6	26			0.0	
YES	L-5233-AZ	D	NO	34000	.11/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,712	335	12.4	1			0.0	
YES	L-5235-AZ	G	NO	34000	.11/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	591	27	4.6				0.0	
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	9,015	2,269	25.2	3	3,996	391	9.8	2
0199999.	Total Policy Experience on Individual Policies									171,115	78,505	45.9	57	31,811	10,908	34.3	11

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....California

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-CA	F.....	.....NO.....	....34060.....	.04/02/2014	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	103,235	72,845	.....70.6	226
.....YES.....	LOYAL-MS-AA-G-CA	G.....	.....NO.....	....34000.....	.04/02/2014	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	26,227	8,325	.....31.7	73
.....YES.....	LOYAL-MS-AA-N-CA	N.....	.....NO.....	....34060.....	.04/02/2014	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	10,486	2,942	.....28.1	39
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	139,948	84,112	.....60.1	338

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	414,892	197,168	.....47.5	189	469,221	345,799	.....73.7	214
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	27,977	8,353	.....29.9	14	82,722	44,635	.....54.0	43
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	9,297	9,063	.....97.5	5	1,610	38	.....2.4	1
0199999.	Total Policy Experience on Individual Policies.....									452,166	214,584	.....47.5	208	553,553	390,472	.....70.5	258

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-CR-A-CT	A	NO	34060	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,214	6,181	192.3	4
YES	LOYAL-MS-CR-N-CT	N	NO	34000	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		31,485	21,981	69.8	36
YES	LOYAL-MS-CR-F-CT	F	NO	34000	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		89,078	75,763	85.1	73
YES	LOYAL-MS-CR-G-CT	G	NO	34000	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		185,964	109,907	59.1	169
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	309,741	213,832	69.0	282

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....District of Columbia

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-DC	F	NO	34000	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		16,612	12,017	72.3	12
YES	LOYAL-MS-AA-G-DC	G	NO	34000	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		6,725	3,602	53.6	5
YES	LOYAL-MS-AA-N-DC	N	NO	34000	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,460		0.0	2
YES	LOYAL-MSD-AA-F-DC	F	NO	204000	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,234	8,717	166.5	6
YES	LOYAL-MSD-AA-G-DC	G	NO	204000	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		4,711	852	18.1	6
YES	LOYAL-MSD-AA-N-DC	N	NO	204000	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,254		0.0	2
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	35,996	25,188	70.0	33

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Georgia

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-G-GA.	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	24,583	9,827	40.0	12	43,327	14,020	32.4	18
YES	LOYAL-MS-IA-N-GA.	N	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,967	13,518	96.8	7	7,709	6,839	88.7	5
YES	LOYAL-MS-IA-F-GA.	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	108,218	60,168	55.6	43	58,560	30,962	52.9	24
YES	L-6201-GA	I	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,581	22,866	101.3	9			0.0	
YES	L-6200-GA	H	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,178	17,969	430.1	1			0.0	
YES	L-6202-GA	J	NO	34000	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	298,529	179,214	60.0	104			0.0	
0199999.	Total Policy Experience on Individual Policies									472,056	303,562	64.3	176	109,596	51,821	47.3	47

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MSD-AA-F-HI	F	NO	204060	.02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		707	188	26.6	1
YES	LOYAL-MSD-AA-G-HI	G	NO	204060	.02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		4,959	2,511	50.6	8
YES	LOYAL-MS-AA-F-HI..	F	NO	34060	.01/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		273		0.0	1
YES	LOYAL-MSD-AA-N-HI	N	NO	204060	.02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		895		0.0	1
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	6,834	2,699	39.5	11

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-5235-IA	G	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,486	7,503	60.1	4			0.0	
YES	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	7,840	3,471	44.3	5	10,587	18,324	173.1	6
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,090	6,960	53.2	7	44,904	28,652	63.8	20
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	908,575	812,976	89.5	379	383,777	247,063	64.4	152
YES	LOYAL-MS-AA-C-IA	C	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	846	1,009	119.3				0.0	
YES	L-6202-IA	J	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,580,019	1,160,133	73.4	553			0.0	
YES	L-6200-IA	H	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,270	2,558	59.9	2			0.0	
YES	L-5234-IA	F	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	520,129	467,542	89.9	196			0.0	
YES	L-5233-IA	D	NO	34000	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,644	6,791	146.2	2			0.0	
YES	L-6201-IA	I	NO	34000	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,564	1,316	17.4	3			0.0	
0199999.	Total Policy Experience on Individual Policies									3,059,463	2,470,259	80.7	1,151	439,268	294,039	66.9	178

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....Idaho

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-IA-G-ID..	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	43,018	25,804	60.0	21	27,090	27,353	101.0	17
YES	LOYAL-MS-IA-F-ID...	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	283,575	189,150	66.7	119	68,633	42,995	62.6	34
YES	LOYAL-MS-IA-N-ID...	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,013	5,092	39.1	8	6,595	1,949	29.6	11
YES	LOYAL-MS-IA-B-ID...	B	NO	34000	08/04/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	6,563	9,661	147.2	3			0.0	
YES	L-6201-ID	I	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,063	3,299	159.9	1			0.0	
YES	L-5235-ID	G	NO	34000	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,380	33,719	76.0	20			0.0	
YES	L-5234-ID	F	NO	34000	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	66,385	44,984	67.8	28			0.0	
YES	L-6202-ID	J	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	374,652	249,796	66.7	141			0.0	
0199999.	Total Policy Experience on Individual Policies									833,649	561,505	67.4	341	102,318	72,297	70.7	62

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6201-IL	I	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,997	23,291	64.7	13			0.0	
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	139,700	70,548	50.5	74	172,820	150,521	87.1	94
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	171,375	97,511	56.9	72	223,460	191,371	85.6	93
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,895,597	2,294,547	79.2	1,211	1,170,375	773,708	66.1	475
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,520	800	17.7	2	2,545		0.0	1
YES	L-6202-IL	J	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,522,433	1,592,932	63.2	835			0.0	
YES	L-5235-IL	G	NO	34060	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,035	8,825	40.0	9			0.0	
YES	L-5234-IL	F	NO	34060	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	620,687	401,396	64.7	208			0.0	
YES	L-5233-IL	D	NO	34060	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,303	1,196	51.9	1			0.0	
YES	L-6200-IL	H	NO	34060	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,928	708	8.9	3			0.0	
0199999.	Total Policy Experience on Individual Policies									6,422,575	4,491,754	69.9	2,428	1,569,200	1,115,600	71.1	663

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-IN.	A	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,192	4,996	119.2	3	5,018	850	16.9	4
YES	LOYAL-MS-AA-C-IN.	C	NO	34000	.07/26/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	12,516	13,317	106.4	6	7,288	9,019	123.8	3
YES	LOYAL-MS-AA-D-IN.	D	NO	34000	.07/26/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	27,538	9,491	34.5	14	17,028	11,430	67.1	6
YES	LOYAL-MS-AA-F-IN.	F	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,096,366	806,627	73.6	510	970,906	722,770	74.4	486
YES	LOYAL-MS-AA-G-IN.	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	181,924	141,474	77.8	91	363,445	321,429	88.4	189
YES	L-5233-IN	D	NO	34000	.12/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,406	4,548	29.5	6			0.0	
YES	LOYAL-MS-AA-N-IN.	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	138,412	108,211	78.2	88	243,346	187,664	77.1	154
YES	L-6201-IN	I	NO	34000	.11/14/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	36,586	21,023	57.5	15			0.0	
YES	L-6200-IN	H	NO	34000	.11/14/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,187	17,909	63.5	8			0.0	
YES	L-5234-IN	F	NO	34000	.12/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	653,962	474,778	72.6	227			0.0	
YES	L-5235-IN	G	NO	34000	.12/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	352,036	284,694	80.9	131			0.0	
YES	L-5232-IN	C	NO	34000	.12/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,896	5,562	94.3	2			0.0	
YES	L-5231-IN	B	NO	34000	.12/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,222	84	3.8	1			0.0	
YES	L-6202-IN	J	NO	34000	.11/14/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,566,797	1,113,171	71.0	535			0.0	
0199999.	Total Policy Experience on Individual Policies									4,122,040	3,005,885	72.9	1,637	1,607,031	1,253,162	78.0	842

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-6201-KS	I	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	69,014	53,329	77.3	27			0.0	
YES	LOYAL-MS-AA-N-KS	N	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,568	3,975	154.8	1	6,446	8,139	126.3	3
YES	LOYAL-MS-AA-G-KS	G	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	63,841	31,034	48.6	33	9,022	2,336	25.9	4
YES	LOYAL-MS-AA-F-KS	F	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	559,928	443,860	79.3	262	284,807	222,238	78.0	121
YES	L-6202-KS	J	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	987,291	707,799	71.7	325			0.0	
YES	L-6200-KS	H	NO	34060	.11/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,850	1,297	26.7	2			0.0	
0199999.	Total Policy Experience on Individual Policies									1,687,492	1,241,294	73.6	650	300,275	232,713	77.5	128

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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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Kentucky

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

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,823	548	14.3	3			0.0	
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	15,277	18,765	122.8	10	37,864	41,351	109.2	22
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	87,002	64,932	74.6	42	93,379	60,303	64.6	47
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	583,292	462,745	79.3	260	272,708	203,806	74.7	128
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,417	245	5.5	1	2,043	1,566	76.7	1
YES	L-5235-KY	G	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	58,680	47,284	80.6	19			0.0	
YES	L-5230-KY	A	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,417	280	11.6	1			0.0	
YES	L-5234-KY	F	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	501,032	364,949	72.8	165			0.0	
YES	L-5233-KY	D	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,059	1,423	17.7	2			0.0	
YES	L-5232-KY	C	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,885	5,442	92.5	1			0.0	
YES	L-5231-KY	B	NO	34060	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	48,658	20,066	41.2	14			0.0	
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	12,789	5,362	41.9	6	10,598	8,046	75.9	4
0199999.	Total Policy Experience on Individual Policies									1,331,331	992,041	74.5	524	416,592	315,072	75.6	202

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5234-LA	F	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	168,060	133,752	79.6	50			0.0	
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	34,649	20,924	60.4	16	9,678	4,167	43.1	5
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	50,421	37,201	73.8	18	55,936	21,546	38.5	20
YES	L-5334-LA	G	YES	34060	06/30/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,258	2,231	98.8	1			0.0	
YES	L-5235-LA	G	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,987	16,396	38.1	15			0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,728	1,230	33.0	1			0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,010	593	14.8	1			0.0	
YES	L-5231-LA	B	NO	34060	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,441	20,307	151.1	4			0.0	
YES	L-5333-LA	F	YES	34060	06/30/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,668	2,737	48.3	2			0.0	
0199999.	Total Policy Experience on Individual Policies									325,222	235,371	72.4	108	65,614	25,713	39.2	25

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.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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 TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Maine

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MSD-CR-G-M	G	NO	204000	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		14,810	19,831	133.9	18
YES	LOYAL-MSD-CR-N-M	N	NO	204000	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		4,813	3,339	69.4	8
YES	LOYAL-MSD-CR-F-MI	F	NO	204000	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,726	523	14.0	4
YES	LOYAL-MS-CR-G-ME	G	NO	34000	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		14,890	18,409	123.6	12
YES	LOYAL-MS-CR-F-ME	F	NO	34000	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,296	2,876	54.3	5
YES	LOYAL-MS-CR-N-ME	N	NO	34000	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		6,058	4,627	76.4	5
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	49,593	49,605	100.0	52

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Michigan

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	339,889	196,716	57.9	189	265,639	178,311	67.1	176
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	452,813	341,375	75.4	214	525,353	338,917	64.5	295
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,632,864	1,185,886	72.6	714	885,250	603,764	68.2	440
YES	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	57,345	37,827	66.0	24	24,391	12,082	49.5	12
YES	LOYAL-MS-AA-B-MI	B	NO	34000	06/07/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,718	11,886	437.3	1			0.0	
YES	L-6202-MI	J	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	802,430	453,254	56.5	251			0.0	
YES	L-6201-MI	I	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	45,106	23,644	52.4	15			0.0	
YES	L-6200-MI	H	NO	34000	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,996	11,522	115.3	4			0.0	
YES	L-5235-MI	G	NO	34000	09/21/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	255		0.0				0.0	
YES	L-5234-MI	F	NO	34000	09/21/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,509	27,304	52.0	14			0.0	
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	38,387	38,625	100.6	13	9,930	2,963	29.8	5
0199999.	Total Policy Experience on Individual Policies									3,434,312	2,328,039	67.8	1,439	1,710,563	1,136,037	66.4	928

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....Minnesota

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	1,116	26,589	.....2,382.5	1
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	4,042	66	.....1.6	2	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	136,430	66,593	.....48.8	56	201,219	103,958	.....51.7	103
0199999.	Total Policy Experience on Individual Policies.....									140,472	66,659	.....47.5	58	202,335	130,547	.....64.5	104

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-6202-MO	J	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,229,524	778,442	63.3	383			0.0	
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	15,428	20,974	135.9	7	7,742	5,291	68.3	3
YES	LOYAL-MS-IA-F-MO.	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	310,078	199,332	64.3	108	189,138	91,698	48.5	66
YES	L-6200-MO	H	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,136	20,870	109.1	6			0.0	
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	79,360	81,034	102.1	32	55,894	27,943	50.0	21
YES	L-6201-MO	I	NO	34060	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,546	14,078	68.5	7			0.0	
0199999.	Total Policy Experience on Individual Policies									1,674,072	1,114,730	66.6	543	252,774	124,932	49.4	90

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Mississippi

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

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

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5333-MS	F	YES	34060	.03/11/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	313,148	146,051	46.6	106			0.0	
YES	LOYAL-MS-AA-G-MS	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	93,691	48,927	52.2	42	86,286	40,568	47.0	39
YES	LOYAL-MS-AA-F-MS	F	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,285,920	906,599	70.5	524	688,644	498,930	72.5	289
YES	LOYAL-MS-AA-D-MS	D	NO	34000	.07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,467	2,670	48.8	2	3,457	358	10.4	2
YES	LOYAL-MS-AA-C-MS	C	NO	34060	.07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	8,575	1,853	21.6	4	11,252	7,158	63.6	4
YES	LOYAL-MS-AA-B-MS	B	NO	34060	.07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	9,277	1,105	11.9	5	6,303	3,343	53.0	3
YES	L-6202-MS	J	NO	34060	.11/20/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,035,235	749,760	72.4	335			0.0	
YES	L-6201-MS	I	NO	34060	.11/20/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,301	5,965	71.9	3			0.0	
YES	L-5334-MS	G	YES	34060	.03/11/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,981	1,195	17.1	3			0.0	
YES	L-5332-MS	D	YES	34060	.03/11/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,941	1,231	31.2	2			0.0	
YES	L-5235-MS	G	NO	34060	.07/29/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,478	35,608	285.4	3			0.0	
YES	L-5234-MS	F	NO	34060	.07/29/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	149,066	92,849	62.3	52			0.0	
YES	L-5232-MS	C	NO	34060	.07/29/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,271	2,334	25.2	3			0.0	

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-N-MS	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	43,066	23,511	54.6	25	36,881	10,599	28.7	19
YES	L-6200-MS	H	NO	34060	.11/20/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,221	1,204	23.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									2,989,638	2,020,862	67.6	1,110	832,823	560,956	67.4	356

360.1

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5233-MT	D	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,930	253	13.1	1			0.0	
YES	L-5234-MT	F	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,965	12,190	43.6	9			0.0	
YES	L-6201-MT	I	NO	34000	02/25/2009	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,807	40	1.4	1			0.0	
YES	L-6202-MT	J	NO	34000	02/25/2009	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,268,332	778,540	61.4	502			0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	49,371	37,813	76.6	21	8,965	9,038	100.8	6
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	17,946	9,446	52.6	9			0.0	
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	6,339	745	11.8	4	1,453		0.0	1
YES	L-5235-MT	G	NO	34000	09/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,807	3,428	122.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,377,497	842,455	61.2	548	10,418	9,038	86.8	7

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-5235-NC	G	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	40,470	55,567	137.3	13			0.0	
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	79,028	57,103	72.3	45	36,169	30,765	85.1	26
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	158,084	120,734	76.4	70	83,743	102,075	121.9	40
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,574,930	1,224,503	77.7	654	328,833	261,535	79.5	139
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,177	11,363	86.2	5	11,089	11,925	107.5	5
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	35,398	23,156	65.4	12	12,733	11,505	90.4	4
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,442	1,073	43.9	1	4		0.0	
YES	L-6202-NC	J	NO	34060	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,882,761	1,252,509	66.5	611			0.0	
YES	L-6200-NC	H	NO	34000	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,252	26,089	142.9	6			0.0	
YES	L-5234-NC	F	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	347,225	262,340	75.6	108			0.0	
YES	L-5233-NC	D	NO	34000	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,746	2,852	24.3	3			0.0	
YES	L-5232-NC	C	NO	34060	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,057	4,150	34.4	3			0.0	
YES	L-6201-NC	I	NO	34000	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,025	19,232	46.9	15			0.0	
0199999.	Total Policy Experience on Individual Policies									4,216,595	3,060,671	72.6	1,546	472,571	417,805	88.4	214

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 Dakota

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

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	3,681	1,873	.....50.9	2	10,316	3,169	.....30.7	4
.....YES.....	L-6202-ND.....	J.....	.....NO.....	....34000.....	.10/21/2008	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,972	13,975	.....70.0	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									23,653	15,848	.....67.0	10	10,316	3,169	.....30.7	4

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-N-NE	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,026	4,127	82.1	2	5,394	2,315	42.9	3
YES	L-5233-NE	D	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,623	429	16.4	1			0.0	
YES	L-5234-NE	F	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	151,833	78,646	51.8	52			0.0	
YES	L-5235-NE	G	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,992	2,195	44.0	2			0.0	
YES	L-6200-NE	H	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,875	4,811	81.9	2			0.0	
YES	L-6201-NE	I	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,903	852	29.3	1			0.0	
YES	L-6202-NE	J	NO	34000	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	961,048	700,063	72.8	334			0.0	
YES	LOYAL-MS-AA-C-NE	C	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,264	256	11.3	1			0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	642,413	468,193	72.9	275	477,589	329,538	69.0	211
YES	LOYAL-MS-AA-G-NE	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	30,574	16,069	52.6	14	39,788	24,037	60.4	19
YES	L-5232-NE	C	NO	34000	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,071	1,502	36.9	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,813,622	1,277,143	70.4	685	522,771	355,890	68.1	233

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....New Hampshire

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	7,649	4,292	.....56.1	4
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	7,649	4,292	.....56.1	4

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-C-NJ	C	NO	34060	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		35,230	38,793	110.1	26
YES	LOYAL-MS-AA-F-NJ.	F	NO	34000	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,362,314	789,842	58.0	890
YES	LOYAL-MS-AA-G-NJ	G	NO	34000	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,291,934	835,810	64.7	945
YES	LOYAL-MS-AA-N-NJ	N	NO	34000	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		299,448	223,669	74.7	276
YES	LOYAL-MSD-AA-F-NJ	F	NO	204000	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		64,311	57,066	88.7	62
YES	LOYAL-MSD-AA-G-N.	G	NO	204000	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		41,771	39,855	95.4	56
YES	LOYAL-MSD-AA-N-N.	N	NO	204000	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		19,839	11,396	57.4	28
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	3,114,847	1,996,431	64.1	2,283

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....New Mexico

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-G-NM	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,495	7,887	58.4	8	3,524	5,032	142.8	3
YES	LOYAL-MS-AA-F-NM	F	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	45,563	31,458	69.0	23	10,171	1,986	19.5	6
YES	LOYAL-MS-AA-N-NM	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,676	2,630	156.9	1	1,454	1,745	120.0	1
YES	L-6200-NM	H	NO	34000	.10/07/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,193	2,393	109.1	1			0.0	
YES	L-6201-NM	I	NO	34000	.10/07/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,168	8,550	44.6	10			0.0	
YES	L-6202-NM	J	NO	34000	.10/07/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	431,107	240,208	55.7	173			0.0	
0199999.	Total Policy Experience on Individual Policies									513,202	293,126	57.1	216	15,149	8,763	57.8	10

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Ohio

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

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6201-OH	I	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	40,911	10,197	24.9	11			0.0	
YES	L-5230-OH	A	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,385	6,012	137.1	1			0.0	
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	53,388	47,257	88.5	28	117,812	68,442	58.1	57
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	103,506	77,030	74.4	47	149,909	58,541	39.1	60
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	558,154	373,319	66.9	210	333,820	201,130	60.3	129
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	27,946	8,018	28.7	11	15,964	9,996	62.6	7
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	176,040	153,280	87.1	65	56,555	33,874	59.9	24
YES	L-6202-OH	J	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,152,599	638,082	55.4	359			0.0	
YES	L-6200-OH	H	NO	34060	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,394	17,559	57.8	8			0.0	
YES	L-5235-OH	G	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	48,260	53,015	109.9	16			0.0	
YES	L-5234-OH	F	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	299,800	183,526	61.2	100			0.0	
YES	L-5233-OH	D	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	60,496	43,100	71.2	20			0.0	
YES	L-5232-OH	C	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	81,783	41,797	51.1	26			0.0	
YES	L-5231-OH	B	NO	34000	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,620	444	5.8	3			0.0	
0199999.	Total Policy Experience on Individual Policies									2,645,282	1,652,636	62.5	905	674,060	371,983	55.2	277

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-6202-OK	J	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,126,815	692,335	61.4	377			0.0	
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	25,645	16,686	65.1	10	51,834	59,470	114.7	24
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	347,317	285,609	82.2	144	214,873	134,117	62.4	87
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,619	145	5.5	1	4,454	401	9.0	2
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	54,885	49,657	90.5	31	15,389	6,987	45.4	8
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,831	2,164	44.8	2			0.0	
YES	L-6200-OK	H	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	25,398	8,832	34.8	9			0.0	
YES	L-5235-OK	G	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,765	19,272	35.8	19			0.0	
YES	L-5234-OK	F	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	322,972	225,283	69.8	99			0.0	
YES	L-5233-OK	D	NO	34000	08/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,798	4,898	72.1	3			0.0	
YES	L-6201-OK	I	NO	34060	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	33,530	15,844	47.3	12			0.0	
0199999.	Total Policy Experience on Individual Policies									2,004,575	1,320,725	65.9	707	286,550	200,975	70.1	121

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-6200-OR	H	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,129	2,530	118.8	1			0.0	
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	75,898	73,203	96.4	46	137,113	94,111	68.6	118
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	33,994	23,217	68.3	16	157,820	87,041	55.2	112
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,031,289	747,725	72.5	408	1,060,183	802,389	75.7	536
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		12,759	13,019	102.0	9
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	35,394	30,367	85.8	13	47,080	40,602	86.2	22
YES	L-6201-OR	I	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,481	2,620	25.0	4			0.0	
YES	L-5235-OR	G	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,241	28,043	162.7	5			0.0	
YES	L-5234-OR	F	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	71,211	64,828	91.0	23			0.0	
YES	L-5230-OR	A	NO	34060	09/08/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,687	834	49.4	1			0.0	
YES	L-6202-OR	J	NO	34060	10/13/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	796,318	479,115	60.2	279			0.0	
0199999.	Total Policy Experience on Individual Policies									2,075,642	1,452,482	70.0	796	1,414,955	1,037,162	73.3	797

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-C-PA	C	NO	34060	.06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,447	8,150	149.6	2	5,162	1,127	21.8	2
YES	LOYAL-MS-AA-G-PA	G	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	48,155	38,558	80.1	23	11,477	7,269	63.3	6
YES	LOYAL-MS-AA-F-PA	F	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	176,989	130,949	74.0	79	94,528	45,761	48.4	42
YES	L-5232-PA	C	NO	34060	.12/02/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,367	21,634	124.6	6			0.0	
YES	LOYAL-MS-AA-D-PA	D	NO	34060	.06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,275	661	12.5	2	1,599	379	23.7	1
YES	LOYAL-MS-AA-N-PA	N	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	9,461	4,545	48.0	6	26,525	27,607	104.1	15
YES	L-5233-PA	D	NO	34060	.12/02/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	55,195	42,653	77.3	19			0.0	
YES	L-5230-PA	A	NO	34060	.12/02/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,144	2,848	68.7	2			0.0	
YES	L-5235-PA	G	NO	34060	.12/02/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	74,894	38,083	50.8	26			0.0	
YES	L-5234-PA	F	NO	34060	.12/02/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	211,389	143,201	67.7	77			0.0	
0199999.	Total Policy Experience on Individual Policies									608,316	431,282	70.9	242	139,291	82,143	59.0	66

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	L-6201-SC	I	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	86,531	49,480	57.2	34			0.0	
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	98,456	57,950	58.9	62	33,014	12,770	38.7	22
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	352,213	231,303	65.7	170	96,000	94,536	98.5	51
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,386,149	1,029,162	74.2	608	348,608	248,248	71.2	159
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	15,381	5,544	36.0	6	1,700	8,476	498.6	1
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	7,187	2,632	36.6	3			0.0	
YES	L-6202-SC	J	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,522,410	1,672,300	66.3	856			0.0	
YES	L-6200-SC	H	NO	34000	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	56,200	38,757	69.0	20			0.0	
YES	L-5235-SC	G	NO	34000	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	55,802	22,830	40.9	23			0.0	
YES	L-5234-SC	F	NO	34000	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	276,563	210,175	76.0	108			0.0	
YES	L-5233-SC	D	NO	34000	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,357	426	18.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									4,859,249	3,320,559	68.3	1,891	479,322	364,030	75.9	233

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-SD	F	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	211,352	185,710	87.9	100	163,959	98,062	59.8	82
YES	LOYAL-MS-AA-A-SD	A	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,582	284	18.0	1
YES	LOYAL-MS-AA-N-SD	N	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		688		0.0	
YES	L-6202-SD	J	NO	34060	.08/01/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	858,663	605,360	70.5	326			0.0	
YES	LOYAL-MS-AA-G-SD	G	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,538	31	2.0	1	7,563	7,295	96.5	5
0199999.	Total Policy Experience on Individual Policies									1,071,553	791,101	73.8	427	173,792	105,641	60.8	88

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Tennessee

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	562,094	465,076	82.7	256	294,115	199,605	67.9	136
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	52,397	54,693	104.4	27	96,585	119,664	123.9	53
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	36,198	55,819	154.2	6	1,670	2,153	128.9	1
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,785	1,214	43.6	1			0.0	
YES	L-5235-TN	G	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,301	28,876	81.8	12			0.0	
YES	L-5234-TN	F	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	164,597	97,930	59.5	55			0.0	
YES	L-5233-TN	D	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,754	7,512	77.0	2			0.0	
YES	L-5232-TN	C	NO	34000	09/15/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,813	1,676	59.6	1			0.0	
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,514	7,081	128.4	1			0.0	
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	25,225	18,517	73.4	14	14,002	15,297	109.2	11
0199999.	Total Policy Experience on Individual Policies									896,678	738,394	82.3	375	406,372	336,719	82.9	201

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....Texas

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-F-TX.	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,673,670	2,836,662	77.2	1,451	1,302,181	974,527	74.8	535
YES	L-6200-TX	H	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,086,960	892,592	82.1	393			0.0	
YES	LOYAL-MS-AA-N-TX	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	250,407	172,402	68.8	146	165,179	84,766	51.3	98
YES	L-6202-TX	J	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,830,755	5,853,217	66.3	2,670			0.0	
YES	L-5334-TX	G	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	77,305	20,940	27.1	27			0.0	
YES	LOYAL-MS-AA-B-TX.	B	NO	34000	08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,193	108	4.9	1	1,967		0.0	1
YES	LOYAL-MS-AA-D-TX	D	NO	34000	08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	44,586	61,093	137.0	17	17,703	7,416	41.9	6
YES	LOYAL-MS-AA-G-TX	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	698,949	570,587	81.6	328	688,044	476,666	69.3	322
YES	L-6201-TX	I	NO	34000	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,634,078	1,084,797	66.4	615			0.0	
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	16,569	4,582	27.7	5	7,027	4,336	61.7	3
YES	L-5332-TX	D	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,460	869	35.3	1			0.0	
YES	L-5331-TX	C	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,562	390	7.0	2			0.0	
YES	L-5330-TX	B	YES	34000	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,864	178	9.5	1			0.0	
YES	L-5235-TX	G	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	326,040	260,263	79.8	103			0.0	
YES	L-5234-TX	F	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,262,652	1,609,423	71.1	744			0.0	
YES	L-5233-TX	D	NO	34000	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	25,235	7,407	29.4	7			0.0	

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	L-5232-TX	C	NO	34000	.10/19/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,156	9,558	78.6	3			0.0	
YES	L-5231-TX	B	NO	34000	.10/19/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,293	10,083	234.9	1			0.0	
YES	L-5230-TX	A	NO	34060	.02/14/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,632	24,960	81.5	7			0.0	
YES	LOYAL-MS-AA-A-TX	A	NO	34060	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	111,826	173,117	154.8	31	43,132	44,342	102.8	12
YES	L-5333-TX	F	YES	34000	.02/14/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,889	5,643	28.4	6			0.0	
0199999.	Total Policy Experience on Individual Policies									19,118,081	13,598,871	71.1	6,559	2,225,233	1,592,053	71.5	977

360.1

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Utah

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

NAIC Company Code.....65722

Title.....Actuary.....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	L-6202-UT	J	NO	34000	.10/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	288,422	221,389	76.8	105			0.0	
YES	LOYAL-MS-AA-N-UT	N	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,944	327	5.5	4	2,787	2,235	80.2	3
YES	LOYAL-MS-AA-F-UT	F	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	144,184	117,051	81.2	65	43,949	17,129	39.0	19
YES	L-6201-UT	I	NO	34000	.10/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,643	3,946	149.3	1			0.0	
YES	L-6200-UT	H	NO	34000	.10/04/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,274	199	8.8	1			0.0	
YES	LOYAL-MS-AA-G-UT	G	NO	34000	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	10,368	7,823	75.5	6	11,271	1,137	10.1	7
0199999.	Total Policy Experience on Individual Policies									453,835	350,735	77.3	182	58,007	20,501	35.3	29

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	147,045	102,580	.....69.8	65	59,815	40,125	.....67.1	23
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	75,041	73,989	.....98.6	36	18,076	5,248	.....29.0	9
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	4,700	3,876	.....82.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									226,786	180,445	.....79.6	103	77,891	45,373	.....58.3	32

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2014 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MSD-CR-N-VT	N	NO	204060	07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,443	270	7.8	4
YES	LOYAL-MS-CR-G-VT	G	NO	34060	06/18/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,759	440	11.7	4
YES	LOYAL-MS-CR-N-VT	N	NO	34060	06/18/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		721	7	1.0	1
YES	LOYAL-MSD-CR-F-VT	F	NO	204060	07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,521	647	18.4	3
YES	LOYAL-MSD-CR-G-VT	G	NO	204060	07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		563	175	31.1	1
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	12,007	1,539	12.8	13

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Washington

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MSD-CR-F-W	F	NO	204000	.08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		12,996	15,929	122.6	12
YES	LOYAL-MSD-CR-G-W	G	NO	204000	.08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		17,692	1,578	8.9	19
YES	LOYAL-MSD-CR-N-W	N	NO	204000	.08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		23,352	9,944	42.6	26
YES	LOYAL-MS-CR-N-WA	N	NO	34000	.06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		12,064	3,540	29.3	10
YES	LOYAL-MS-CR-G-WA	G	NO	34000	.06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		14,397	8,461	58.8	10
YES	LOYAL-MS-CR-F-WA	F	NO	34000	.06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		4,468	85	1.9	3
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	84,969	39,537	46.5	80

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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.....Wisconsin

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	L-5220-WI.....	O.....	.....NO.....	....34060.....	.04/23/2004	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	162,096	85,810	.....52.9	38	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....34060.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	270,536	203,135	.....75.1	109	29,627	13,729	.....46.3	11
0199999.	Total Policy Experience on Individual Policies.....									432,632	288,945	.....66.8	147	29,627	13,729	.....46.3	11

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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.....West Virginia

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

NAIC Company Code.....65722

Title.....Actuary.....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	LOYAL-MS-AA-C-WV	C	NO	34000	06/23/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,479	1,531	61.8	1			0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,810	2,476	136.8	1			0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	47,748	40,795	85.4	21			0.0	
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,637	1,657	101.2	1	193		0.0	1
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	6,888	5,247	76.2	4			0.0	
YES	L-6202-WV	J	NO	34060	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	208,921	130,551	62.5	64			0.0	
YES	L-5235-WV	G	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,617	13,613	520.2	1			0.0	
YES	L-5233-WV	D	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,266	18,529	295.7	1			0.0	
YES	L-5232-WV	C	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,794	897	32.1	1			0.0	
YES	L-5234-WV	F	NO	34000	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,330	48,347	198.7	8			0.0	
0199999.	Total Policy Experience on Individual Policies									305,490	263,643	86.3	103	193	0	0.0	1

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
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

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

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

NAIC Company Code.....65722

Title.....Actuary.....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.....	LOYAL-MS-AA-F-WY	F.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	59,119	33,141	.....56.1	27	.....	.....	.....0.0	.....
.....YES.....	L-6202-WY.....	J.....	.....NO.....	....34060.....	.08/27/2008	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	125,994	67,309	.....53.4	47	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-N-WY	N.....	.....NO.....	....34000.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	13,108	9,107	.....69.5	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									198,221	109,557	.....55.3	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 TX 78717
   2.2 Contact person and phone number..... David Brosig 1-866-459-4272
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 TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

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

SCHEDULE O SUPPLEMENT

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

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

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	2	3	4	5
	2010	2011	2012	2013	2014 (a)
1. Prior	294	435	435	435	488
2. 2010	52	52	52	52	52
3. 2011	XXX	38	39	39	39
4. 2012	XXX	XXX	34	1,280	1,281
5. 2013	XXX	XXX	XXX	2,406	3,158
6. 2014	XXX	XXX	XXX	XXX	7,226

Section B - Other Accident and Health

1. Prior	62,466	62,876	62,885	63,526	69,034
2. 2010	50,133	57,067	57,196	57,420	57,811
3. 2011	XXX	62,997	69,532	73,900	74,534
4. 2012	XXX	XXX	35,644	81,100	82,511
5. 2013	XXX	XXX	XXX	145,910	166,098
6. 2014	XXX	XXX	XXX	XXX	121,870

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.

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	

NONE

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	

NONE

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

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	93	54	52	XXX	XXX
2. 2011	XXX	77	407	39	XXX
3. 2012	XXX	XXX	1,929	1,379	1,281
4. 2013	XXX	XXX	XXX	3,229	3,233
5. 2014	XXX	XXX	XXX	XXX	7,993

Section B - Other Accident and Health

1. 2010	58,977	57,449	83,920	XXX	XXX
2. 2011	XXX	73,179	74,795	73,900	XXX
3. 2012	XXX	XXX	118,168	108,653	82,909
4. 2013	XXX	XXX	XXX	165,982	170,250
5. 2014	XXX	XXX	XXX	XXX	146,628

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

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	93	54	52		
2. 2011	XXX	77	407	39	
3. 2012	XXX	XXX	1,929	1,379	1,281
4. 2013	XXX	XXX	XXX	3,229	3,233
5. 2014	XXX	XXX	XXX	XXX	7,993

Section B - Other Accident and Health

1. 2010	58,977	57,449	83,920		
2. 2011	XXX	73,179	74,795	73,900	
3. 2012	XXX	XXX	118,168	108,653	82,909
4. 2013	XXX	XXX	XXX	165,982	170,250
5. 2014	XXX	XXX	XXX	XXX	146,628

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	607
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	None	860
9. Credit accident and health	None	
10. Other accident and health	Development	43,148
11. Total		44,615

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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