



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

CONTINENTAL GENERAL INSURANCE COMPANY

NAIC Group Code.....0084, 0084 (Current Period) (Prior Period)	NAIC Company Code..... 71404	Employer's ID Number..... 47-0463747
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... May 24, 1961	Commenced Business..... July 11, 1961	
Statutory Home Office	11001 Lakeline Boulevard Suite 120..... Austin TX US 78717 (Street and Number) (City or Town, State, County and Zip Code)	
Main Administrative Office	11001 Lakeline Boulevard Suite 120..... Austin TX US..... 78717 (Street and Number) (City or Town, State, County and Zip Code)	513-357-3300 (Area Code) (Telephone Number)
Mail Address	301 East Fourth Street..... Cincinnati OH US 45202 (Street and Number or P. O. Box) (City or Town, State, County and Zip Code)	
Primary Location of Books and Records	301 East Fourth Street..... Cincinnati OH US 45202 (Street and Number) (City or Town, State, County and Zip Code)	513-357-3300 (Area Code) (Telephone Number)
Internet Web Site Address	www.gaig.com	
Statutory Statement Contact	Brian Patrick Sponaugle (Name) bsponaugle@graig.com (E-Mail Address)	513-412-2931 (Area Code) (Telephone Number) (Extension) 513-412-1673 (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Michael William Mazur	Sr. Vice President	2. Brian Patrick Sponaugle	Assistant Treasurer
3. Mark Francis Muething	Secretary		
Stephen Craig Lindner	President	Richard Lee Magoteaux	Chief Financial Officer
Christopher Patrick Milano	Vice President	John Paul Gruber	Vice President
Michael Harrison Haney	Vice President	Roger Eugene Desjardins	Vice President
William Carey Ellis	Assistant Vice President	Patrick John Maloney	Assistant Vice President
Howard Kim Baird	Assistant Vice President	David D. Ramsey #	Appointed Actuary

OTHER

DIRECTORS OR TRUSTEES		
Stephen Craig Lindner	Christopher Patrick Milano	Mark Francis Muething
Jeffrey Gene Hester		Michael James Prager

State of..... Ohio
County of.... Hamilton

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) Michael William Mazur 1. (Printed Name) Sr. Vice President (Title)	(Signature) Brian Patrick Sponaugle 2. (Printed Name) Assistant Treasurer (Title)	(Signature) Mark Francis Muething 3. (Printed Name) Secretary (Title)
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Subscribed and sworn to before me
This _____ day of February 2015

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

Yes [X] No []



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DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	165				165
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	165	.0	.0	.0	165
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

	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										
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

(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

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,564				5,564
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,564	.0	.0	.0	5,564
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	133				133
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	.0	.0	.0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	133	.0	.0	.0	133

DETAILS OF WRITE-INS

1301.....										0
1302.....										0
1303.....										0
1398. Summary of remaining write-ins for Line 13 from overflow page.....		0	.0	.0	.0	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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										
20. In force December 31, prior year.....	13	554,022	(a)						13	554,022
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	.50,000							1	.50,000
23. In force December 31 of current year.....	14	604,022	0	(a)	0	0	0	0	14	604,022

(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).....	9,683	15,517		40,667	25,952
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,683	15,517	0	40,667	25,952
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,683	15,517	0	40,667	25,952

(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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	302,609				302,609
2. Annuity considerations.....	1,020				1,020
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	303,629	0	0	0	303,629
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.....	241,040				241,040
10. Matured endowments.....					0
11. Annuity benefits.....	13,522				13,522
12. Surrender values and withdrawals for life contracts.....	45,047				45,047
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.....	299,609	0	0	0	299,609

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	55,000							7	55,000
17. Incurred during current year.....	26	213,040							26	213,040
Settled during current year:										
18.1 By payment in full.....	29	241,040							29	241,040
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	29	241,040	0	0	0	0	0	0	29	241,040
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	29	241,040	0	0	0	0	0	0	29	241,040
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	27,000	0	0	0	0	0	0	4	27,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	602	10,609,633	(a)						602	10,609,633
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(54)	(470,274)							(54)	(470,274)
23. In force December 31 of current year.....	548	10,139,359	0	0	0	0	0	0	548	10,139,359

(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).....	12,595	12,949			9,618
24.4 Medicare Title XVIII exempt from state taxes or fees					9,423
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	773,689	801,513		567,181	967,260
25.3 Non-renewable for stated reasons only (b).....	3,379	3,379		9,000	8,981
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	777,068	804,892	0	576,181	976,241
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	789,663	817,841	0	585,799	985,664

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	89,087				89,087
2. Annuity considerations.....	375				375
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	89,462	.0	.0	.0	89,462
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.....	72,625				72,625
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	24,407				24,407
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.....	97,032	.0	.0	.0	97,032

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	39,132							6	39,132
17. Incurred during current year.....	7	50,915							7	50,915
Settled during current year:										
18.1 By payment in full.....	9	69,520							9	69,520
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	69,520	0	0	0	0	0	0	9	69,520
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	69,520	0	0	0	0	0	0	9	69,520
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	20,527	0	0	0	0	0	0	4	20,527
POLICY EXHIBIT										
20. In force December 31, prior year.....	294	6,675,266	(a)						294	6,675,266
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(215,996)		0	0	0			(16)	(215,996)
23. In force December 31 of current year.....	278	6,459,270	0	(a)	0	0	0	0	278	6,459,270

(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).....	4,340	4,668			1,475
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	13,157	13,283			8,693
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	286,097	296,296			186,986
25.3 Non-renewable for stated reasons only (b).....	1,259	1,264			(38)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	287,356	297,560	0		186,986
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	304,853	315,511	0		197,154

(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.....0084 NAIC Company Code.....71404

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
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	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

(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.



* 7 1 4 0 4 2 0 1 4 4 3 0 0 3 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	75,476				75,476
2. Annuity considerations.....	51,896				51,896
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,372	.0	.0	.0	127,372
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.....	336,236				336,236
10. Matured endowments.....					0
11. Annuity benefits.....	77,314				77,314
12. Surrender values and withdrawals for life contracts.....	145,537				145,537
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.....	559,087	.0	.0	.0	559,087

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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	1,340							1	1,340
17. Incurred during current year.....	2	336,010							2	336,010
Settled during current year:										
18.1 By payment in full.....	2	336,236							2	336,236
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	336,236	0	0	0	0	0	0	2	336,236
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	336,236	0	0	0	0	0	0	2	336,236
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,114	0	0	0	0	0	0	1	1,114
POLICY EXHIBIT										
20. In force December 31, prior year.....	177	11,881,669	(a)						177	11,881,669
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(2,529,189)		0	0	0	0	0	(19)	(2,529,189)
23. In force December 31 of current year.....	158	9,352,480	0	(a)	0	0	0	0	158	9,352,480

(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).....	.993	1,083			.173
24.1 Federal Employee Health Benefits Plan premium (b).....					168
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,253	3,325			1,134
24.4 Medicare Title XVIII exempt from state taxes or fees					1,139
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	542,585	558,308			299,202
25.3 Non-renewable for stated reasons only (b).....	6,919	6,923			2,090
25.4 Other accident only.....					(1,317)
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	549,504	565,231	0	301,292	449,133
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	553,750	569,639	0	302,599	450,440

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	138,911				138,911
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	138,911	.0	.0	.0	138,911
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.....	442				442
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	457	.0	.0	.0	457
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).....	457	.0	.0	.0	457
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	132,436				132,436
10. Matured endowments.....					0
11. Annuity benefits.....	117,073				117,073
12. Surrender values and withdrawals for life contracts.....	79,731				79,731
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.....	329,240	.0	.0	.0	329,240

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	17,500							3	17,500
17. Incurred during current year.....	14	139,936							14	139,936
Settled during current year:										
18.1 By payment in full.....	15	132,436							15	132,436
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	132,436	0	0	0	0	0	0	15	132,436
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	15,000							1	15,000
18.6 Total settlements.....	16	147,436	0	0	0	0	0	0	16	147,436
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	272	5,209,420	(a)						272	5,209,420
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(152,188)		0	0	0			(23)	(152,188)
23. In force December 31 of current year.....	249	5,057,232	0	(a)	0	0	0	0	249	5,057,232

(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).....	2,307	2,307			181
24.1 Federal Employee Health Benefits Plan premium (b).....					136
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	6,675	6,554			3,583
24.4 Medicare Title XVIII exempt from state taxes or fees					3,549
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	367,620	377,404			744,748
25.3 Non-renewable for stated reasons only (b).....	108	108			(1)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	367,728	377,512	0		744,747
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	376,710	386,373	0		748,432

(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 CANADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
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	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-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	140,136				140,136
2. Annuity considerations.....	2,080				2,080
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	142,216	0	0	0	142,216
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.....	381				381
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	440	0	0	0	440
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).....	440	0	0	0	440
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	293,534				293,534
10. Matured endowments.....					0
11. Annuity benefits.....	20,957				20,957
12. Surrender values and withdrawals for life contracts.....	109,533				109,533
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.....	424,024	0	0	0	424,024

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	995				(0)			1	995
17. Incurred during current year.....	3	293,534							3	293,534
Settled during current year:										
18.1 By payment in full.....	3	293,534							3	293,534
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	293,534	0	0	0	0	0	0	3	293,534
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	293,534	0	0	0	0	0	0	3	293,534
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	995	0	0	(0)	0	0	0	1	995
POLICY EXHIBIT										
20. In force December 31, prior year.....	300	16,535,634	(a)						300	16,535,634
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(17)	(1,339,306)		0	0	0			(17)	(1,339,306)
23. In force December 31 of current year.....	283	15,196,328	0	0	0	0	0	0	283	15,196,328

(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).....	19,002	21,534		11,143	10,915
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,981,278	2,039,735		1,707,072	1,929,795
25.3 Non-renewable for stated reasons only (b).....	42,442	21,976		24,280	26,506
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,023,720	2,061,711	0	1,731,352	1,956,301
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,042,722	2,083,245	0	1,742,495	1,967,216

(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.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,916				17,916
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,116	.0	.0	.0	19,116
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	8,088				8,088
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.....	18,088	.0	.0	.0	18,088

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.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	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	.0	0	0	0	0	0	0	0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.40	1,055,442	(a)						.40	1,055,442
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(.6)	(196,155)							(.6)	(196,155)
23. In force December 31 of current year.....	.34	859,287	0	(a)	0	0	0	0	.34	859,287

(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).....	17,128	17,138			8,649
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).....	238,197	260,159		363,808	1,203,932
25.3 Non-renewable for stated reasons only (b).....	3,684	3,684			(33)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	241,881	263,843	0	363,808	1,203,899
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	259,099	280,981	0	372,457	1,212,516

(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 DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,701				1,701
2. Annuity considerations.....	2,600				2,600
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,301	0	0	0	4,301
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
20. In force December 31, prior year.....	2	185,867	(a)						2	185,867
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(70)	0	0	0	0	0	0	0	(70)
23. In force December 31 of current year.....	2	185,797	0	0	0	0	0	0	2	185,797

(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).....	2,315	2,315			6,728
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).....	2,315	2,315	0	13,039	6,728
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,315	2,315	0	13,039	6,728

(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.



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

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.....		3,437			3,437
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.....	3,437	.0	.0	.0	3,437

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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										
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

(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.

NONE

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).....	1,418	1,418			1,236
24.4 Medicare Title XVIII exempt from state taxes or fees					1,238
Other Individual Policies:					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....	32,756	33,647		48,038	46,612
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).....	32,756	33,647	0	48,038	46,612
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	34,174	35,065	0	49,274	47,850

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	259,571				259,571
2. Annuity considerations.....	18,604				18,604
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	278,175	0	0	0	278,175
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	74				74
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).....	74	0	0	0	74
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).....	74	0	0	0	74
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	127,051				127,051
10. Matured endowments.....					0
11. Annuity benefits.....	55,001				55,001
12. Surrender values and withdrawals for life contracts.....	127,728				127,728
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.....	309,780	0	0	0	309,780

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	4,000							1	4,000
17. Incurred during current year.....	14	132,051							14	132,051
Settled during current year:										
18.1 By payment in full.....	13	127,051							13	127,051
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	127,051	0	0	0	0	0	0	13	127,051
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	4,000							1	4,000
18.6 Total settlements.....	14	131,051	0	0	0	0	0	0	14	131,051
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.576	22,577,705	(a)						.576	22,577,705
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(54)	(2,025,899)		0	0	0			(54)	(2,025,899)
23. In force December 31 of current year.....	.522	20,551,806	0	(a)	0	0	0	0	.522	20,551,806

(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).....	91,864	96,797			134,165
24.1 Federal Employee Health Benefits Plan premium (b).....					132,198
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,032	3,032			1,202
24.4 Medicare Title XVIII exempt from state taxes or fees					(794)
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,844,014	8,073,575			8,670,280
25.3 Non-renewable for stated reasons only (b).....	69,806	(55,047)			21,567
25.4 Other accident only.....					25,580
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,913,820	8,018,528	0	8,691,846	8,320,840
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,008,716	8,118,357	0	8,827,213	8,452,244

(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.



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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	412,056				412,056
2. Annuity considerations.....	13,530				13,530
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	425,586	0	0	0	425,586
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.....	206,103				206,103
10. Matured endowments.....					0
11. Annuity benefits.....	76,007				76,007
12. Surrender values and withdrawals for life contracts.....	191,417				191,417
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.....	473,527	0	0	0	473,527

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	55,603							9	55,603
17. Incurred during current year.....	29	244,500							29	244,500
Settled during current year:										
18.1 By payment in full.....	29	206,103							29	206,103
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	29	206,103	0	0	0	0	0	0	29	206,103
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	29	206,103	0	0	0	0	0	0	29	206,103
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	94,000	0	0	0	0	0	0	9	94,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	899	30,761,891	(a)						899	30,761,891
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(50)	(1,172,711)							(50)	(1,172,711)
23. In force December 31 of current year.....	849	29,589,180	0	(a)	0	0	0	0	849	29,589,180

(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).....	3,797	3,798			1,481
24.1 Federal Employee Health Benefits Plan premium (b).....					1,440
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	45,512	46,836			30,636
24.4 Medicare Title XVIII exempt from state taxes or fees					30,004
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,850,871	2,822,246			2,174,530
25.3 Non-renewable for stated reasons only (b).....	9,588	9,604			(246)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,860,459	2,831,850	0	2,174,530	2,002,906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,909,768	2,882,484	0	2,206,647	2,034,350

(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.



* 7 1 4 0 4 2 0 1 4 4 3 0 5 9 1 0 0 *
 DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,948,656				9,948,656
2. Annuity considerations.....	441,357				441,357
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,390,013	0	0	0	10,390,013
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	5,174				5,174
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	10,110				10,110
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	15,284	0	0	0	15,284
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).....	15,284	0	0	0	15,284
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	9,141,190				9,141,190
10. Matured endowments.....	57,590				57,590
11. Annuity benefits.....	4,554,582				4,554,582
12. Surrender values and withdrawals for life contracts.....	9,270,058				9,270,058
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,023,420	0	0	0	23,023,420

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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.....	184	1,270,479				(0)			184	1,270,479
17. Incurred during current year.....	725	9,313,676							725	9,313,676
Settled during current year:										
18.1 By payment in full.....	761	8,879,590							761	8,879,590
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	761	8,879,590	0	0	0	0	0	0	761	8,879,590
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	13	155,501							13	155,501
18.6 Total settlements.....	774	9,035,090	0	0	0	0	0	0	774	9,035,090
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	135	1,549,064	0	0	0	(0)	0	0	135	1,549,064
POLICY EXHIBIT										
20. In force December 31, prior year.....	23,082	869,355,270	(a)	20	118,000			23,102	869,473,270	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(1,738)	(47,108,238)		(2)	(8,500)			(1,740)	(47,116,738)	
23. In force December 31 of current year.....	21,344	822,247,032	0	18	109,500	0	0	21,362	822,356,532	

(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).....	271,452	281,608		260,005	255,956
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	619,613	610,630		444,518	447,493
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	80,393,288	83,518,130		69,928,348	74,755,090
25.3 Non-renewable for stated reasons only (b).....	771,681	465,128		213,692	205,921
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	81,164,968	83,983,258	0	70,142,040	74,961,011
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	82,056,034	84,875,496	0	70,846,563	75,664,461

(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.



* 7 1 4 0 4 2 0 1 4 4 3 0 5 3 1 0 0 *
 DIRECT BUSINESS IN GUAM DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
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	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).....	2,527	2,521		83	285
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).....	2,527	2,521	0	83	285
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,527	2,521	0	83	285

(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 HAWAII DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,155				7,155
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,155	.0	.0	.0	7,155
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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										
20. In force December 31, prior year.....	2	171,859	(a)						2	171,859
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	.61,749							1	.61,749
23. In force December 31 of current year.....	3	233,608	0	0	0	0	0	0	3	233,608

(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).....	3,347	3,350		1,095	1,003
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	4,330	4,664		1,512	1,381
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	304,118	298,360		266,045	322,323
25.3 Non-renewable for stated reasons only (b).....	245	245			(2)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	304,363	298,605	0	266,045	322,321
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	312,040	306,619	0	268,652	324,705

(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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	376,670				376,670
2. Annuity considerations.....	25,810				25,810
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	402,480	0	0	0	402,480
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	196				196
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	105				105
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	301	0	0	0	301
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).....	301	0	0	0	301
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	191,166				191,166
10. Matured endowments.....					0
11. Annuity benefits.....	184,520				184,520
12. Surrender values and withdrawals for life contracts.....	633,514				633,514
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.....	1,009,200	0	0	0	1,009,200

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	86,212							6	86,212
17. Incurred during current year.....	16	237,310							16	237,310
Settled during current year:										
18.1 By payment in full.....	17	190,387							17	190,387
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	190,387	0	0	0	0	0	0	17	190,387
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	75,000							1	75,000
18.6 Total settlements.....	18	265,387	0	0	0	0	0	0	18	265,387
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	58,135	0	0	0	0	0	0	4	58,135
POLICY EXHIBIT										
20. In force December 31, prior year.....	842	48,879,632	(a)		No. of Pol.				842	48,879,632
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(60)	(2,169,329)							(60)	(2,169,329)
23. In force December 31 of current year.....	782	46,710,303	0	(a)	0	0	0	0	782	46,710,303

(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).....	38,543	39,010		33,573	33,171
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,283,946	4,495,276		3,135,619	4,488,624
25.3 Non-renewable for stated reasons only (b).....	15,656	15,937		1,365	1,104
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,299,602	4,511,213	0	3,136,984	4,489,728
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,338,145	4,550,223	0	3,170,557	4,522,899

(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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	25,290				25,290
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,290	.0	.0	.0	25,290
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	577				577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	.0	.0	.0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,577	.0	.0	.0	10,577

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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.....									0	0
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.36	2,184,395	(a)						.36	2,184,395
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		.31,850							0	.31,850
23. In force December 31 of current year.....	.36	2,216,245	0	(a)	0	0	0	0	.36	2,216,245

(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).....	6,632	6,647			5,440
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	20,672	20,562			18,402
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	104,561	108,962			102,577
25.3 Non-renewable for stated reasons only (b).....	20,660	21,699			1,016
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	125,221	130,661	0		103,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	152,525	157,870	0		127,435

(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 ILLINOIS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	365,519				365,519
2. Annuity considerations.....	16,825				16,825
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	382,344	0	0	0	382,344
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.....	70				70
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	70	0	0	0	70
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).....	70	0	0	0	70
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	251,768				251,768
10. Matured endowments.....					0
11. Annuity benefits.....	287,064				287,064
12. Surrender values and withdrawals for life contracts.....	167,023				167,023
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.....	705,855	0	0	0	705,855

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	13,465							4	13,465
17. Incurred during current year.....	19	268,338							19	268,338
Settled during current year:										
18.1 By payment in full.....	19	249,303							19	249,303
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	249,303	0	0	0	0	0	0	19	249,303
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	249,303	0	0	0	0	0	0	19	249,303
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	32,500	0	0	0	0	0	0	4	32,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	790	50,789,667	(a)	1	3,500				791	50,793,167
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(65)	(4,220,967)		0	1	3,500	0	0	(65)	(4,220,967)
23. In force December 31 of current year.....	725	46,568,700	0	1	3,500	0	0	0	726	46,572,200

(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).....	3,884	4,047			1,744
24.1 Federal Employee Health Benefits Plan premium (b).....					1,340
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	9,657	9,942			6,068
24.4 Medicare Title XVIII exempt from state taxes or fees					5,856
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,659,698	3,977,012			3,361,816
25.3 Non-renewable for stated reasons only (b).....	17,260	16,702			3,590
25.4 Other accident only.....					3,360
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,676,958	3,993,714	0	3,365,406	2,547,369
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,690,499	4,007,703	0	3,373,218	2,554,565

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	236,030				236,030
2. Annuity considerations.....	10,020				10,020
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	246,050	.0	.0	.0	246,050
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.....	481,603				481,603
10. Matured endowments.....					0
11. Annuity benefits.....	5,357				5,357
12. Surrender values and withdrawals for life contracts.....	124,269				124,269
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.....	611,229	.0	.0	.0	611,229

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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	14,496							4	14,496
17. Incurred during current year.....	18	467,107							18	467,107
Settled during current year:										
18.1 By payment in full.....	22	481,603							22	481,603
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	22	481,603	0	0	0	0	0	0	22	481,603
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	22	481,603	0	0	0	0	0	0	22	481,603
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	516	13,513,444	(a)						516	13,513,444
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(657,651)	0	0	0	0	0	0	(36)	(657,651)
23. In force December 31 of current year.....	480	12,855,793	0	0	0	0	0	0	480	12,855,793

(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).....	1,638	1,638			6,909
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	16,362	16,400			9,434
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,147,344	3,241,770			3,010,259
25.3 Non-renewable for stated reasons only (b).....	18,972	19,048			5,485
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,166,316	3,260,818	0	3,015,744	2,428,194
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,184,316	3,278,856	0	3,032,087	2,444,408

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	278,674				278,674
2. Annuity considerations.....	7,475				7,475
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	286,149	0	0	0	286,149
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	53				53
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	229				229
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	282	0	0	0	282
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).....	282	0	0	0	282
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	352,060				352,060
10. Matured endowments.....					0
11. Annuity benefits.....	462,263				462,263
12. Surrender values and withdrawals for life contracts.....	833,608				833,608
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.....	1,647,931	0	0	0	1,647,931

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	4,840							2	4,840
17. Incurred during current year.....	15	382,720							15	382,720
Settled during current year:										
18.1 By payment in full.....	13	352,060							13	352,060
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	352,060	0	0	0	0	0	0	13	352,060
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	3,000							1	3,000
18.6 Total settlements.....	14	355,060	0	0	0	0	0	0	14	355,060
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	32,500	0	0	0	0	0	0	3	32,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	776	28,316,758	(a)						776	28,316,758
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(46)	(977,626)							(46)	(977,626)
23. In force December 31 of current year.....	730	27,339,132	0	0	0	0	0	0	730	27,339,132

(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).....	2,747	2,747			.681
24.1 Federal Employee Health Benefits Plan premium (b).....					627
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	25,856	25,870			17,974
24.4 Medicare Title XVIII exempt from state taxes or fees					17,554
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,835,959	4,057,701			3,707,750
25.3 Non-renewable for stated reasons only (b).....	34,090	5,767			2,112
25.4 Other accident only.....					3,146
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,870,049	4,063,468	0		3,709,862
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,898,652	4,092,085	0		3,728,517
(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.					4,462,805
					4,480,986



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 DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	267,607				267,607
2. Annuity considerations.....	8,120				8,120
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	275,727	0	0	0	275,727
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.....	387,455				387,455
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	93,108				93,108
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.....	480,563	0	0	0	480,563

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	38,463							8	38,463
17. Incurred during current year.....	25	368,512							25	368,512
Settled during current year:										
18.1 By payment in full.....	28	378,511							28	378,511
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	28	378,511	0	0	0	0	0	0	28	378,511
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	28	378,511	0	0	0	0	0	0	28	378,511
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	28,464	0	0	0	0	0	0	5	28,464
POLICY EXHIBIT										
20. In force December 31, prior year.....	718	14,039,049	(a)						718	14,039,049
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(61)	(837,368)							(61)	(837,368)
23. In force December 31 of current year.....	657	13,201,681	0	0	0	0	0	0	657	13,201,681

(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).....	2,414	2,800			2,012
24.4 Medicare Title XVIII exempt from state taxes or fees					2,016
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,902,973	1,946,843			1,332,225
25.3 Non-renewable for stated reasons only (b).....	9,900	10,013			3,028
25.4 Other accident only.....					2,899
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,912,873	1,956,856	0	1,335,253	1,683,156
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,915,287	1,959,656	0	1,337,265	1,685,172

(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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	265,341				265,341
2. Annuity considerations.....	2,535				2,535
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	267,876	0	0	0	267,876
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.....	67,598				67,598
10. Matured endowments.....					0
11. Annuity benefits.....	3,322				3,322
12. Surrender values and withdrawals for life contracts.....	57,418				57,418
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.....	128,338	0	0	0	128,338

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	13,969							4	13,969
17. Incurred during current year.....	11	76,325							11	76,325
Settled during current year:										
18.1 By payment in full.....	12	66,794							12	66,794
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	66,794	0	0	0	0	0	0	12	66,794
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	5,000							1	5,000
18.6 Total settlements.....	13	71,794	0	0	0	0	0	0	13	71,794
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	18,500	0	0	0	0	0	0	2	18,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	670	25,773,209	(a)						670	25,773,209
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(29)	(506,434)		0	0	0			(29)	(506,434)
23. In force December 31 of current year.....	641	25,266,775	0	(a)	0	0	0	0	641	25,266,775

(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).....	12,267	12,832			5,409
24.4 Medicare Title XVIII exempt from state taxes or fees					4,957
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	812,469	835,248		713,506	898,385
25.3 Non-renewable for stated reasons only (b).....	2,417	2,490			(18)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	814,886	837,738	0	713,506	898,367
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	827,153	850,570	0	718,915	903,324

(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 MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,789				6,789
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,789	.0	.0	.0	6,789
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.46				.46
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).....	.46	.0	.0	.0	.46
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).....	.46	.0	.0	.0	.46
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	40,680				40,680
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.....	40,680	.0	.0	.0	40,680

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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										
20. In force December 31, prior year.....	.26	1,512,513	(a)						.26	1,512,513
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(119,435)							(2)	(119,435)
23. In force December 31 of current year.....	.24	1,393,078	0	(a)	0	0	0	0	.24	1,393,078

(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).....	829	829			(4)
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).....	87,148	85,839		154,041	235,415
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).....	87,148	85,839	0	154,041	235,415
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	87,977	86,668	0	154,041	235,411

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	31,304				31,304
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	31,304	.0	.0	.0	31,304
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.....	58,330				58,330
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	8,152				8,152
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.....	66,482	.0	.0	.0	66,482

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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	30,000							2	30,000
17. Incurred during current year.....	4	39,330							4	39,330
Settled during current year:										
18.1 By payment in full.....	5	58,330							5	58,330
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	58,330	0	0	0	0	0	0	5	58,330
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	58,330	0	0	0	0	0	0	5	58,330
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	11,000	0	0	0	0	0	0	1	11,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.79	4,413,986	(a)						.79	4,413,986
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(241,603)							(10)	(241,603)
23. In force December 31 of current year.....	.69	4,172,383	0	(a)	0	0	0	0	.69	4,172,383

(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).....	301,757	297,612		266,815	196,063
25.3 Non-renewable for stated reasons only (b).....	382	382			(3)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	302,139	297,994	0	266,815	196,060
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	302,139	297,994	0	266,815	196,060

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,900				4,900
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,900	.0	.0	.0	4,900
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.....	404				404
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.....	404	.0	.0	.0	404

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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:									0	0
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										
20. In force December 31, prior year.....	8	207,245	(a)						8	207,245
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	2	170,107							2	170,107
23. In force December 31 of current year.....	10	377,352	0	0	0	0	0	0	10	377,352

(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).....	58,987	59,941		48,707	(28,077)
25.3 Non-renewable for stated reasons only (b).....	376	375			(3)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	59,363	60,316	0	48,707	(28,080)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	59,363	60,316	0	48,707	(28,080)

(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.



* 7 1 4 0 4 2 0 1 4 4 3 0 2 3 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	225,859				225,859
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	225,859	0	0	0	225,859
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.....	266,857				266,857
10. Matured endowments.....					0
11. Annuity benefits.....	53,028				53,028
12. Surrender values and withdrawals for life contracts.....	57,142				57,142
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.....	377,027	0	0	0	377,027

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	15,335							5	15,335
17. Incurred during current year.....	23	279,083							23	279,083
Settled during current year:										
18.1 By payment in full.....	23	266,857							23	266,857
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	23	266,857	0	0	0	0	0	0	23	266,857
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	23	266,857	0	0	0	0	0	0	23	266,857
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	27,561	0	0	0	0	0	0	5	27,561
POLICY EXHIBIT										
20. In force December 31, prior year.....	462	6,755,140	(a)						462	6,755,140
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(46)	(466,194)		0	0	0	0	0	(46)	(466,194)
23. In force December 31 of current year.....	416	6,288,946	0	(a)	0	0	0	0	416	6,288,946

(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).....	558	558			1,522
24.4 Medicare Title XVIII exempt from state taxes or fees					1,523
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,193,743	2,230,268		1,419,672	1,617,178
25.3 Non-renewable for stated reasons only (b).....	19,100	19,042		2,389	2,099
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,212,843	2,249,310	0	1,422,061	1,619,277
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,213,401	2,249,868	0	1,423,583	1,620,800

(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 MINNESOTA DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	350,592				350,592
2. Annuity considerations.....	74,353				74,353
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	424,945	0	0	0	424,945
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.....	67				67
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.....	101,158				101,158
10. Matured endowments.....	208				208
11. Annuity benefits.....	271,918				271,918
12. Surrender values and withdrawals for life contracts.....	1,720,574				1,720,574
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.....	2,093,858	0	0	0	2,093,858
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	9,622							9	9,622
17. Incurred during current year.....	11	94,722							11	94,722
Settled during current year:										
18.1 By payment in full.....	19	101,158							19	101,158
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	101,158	0	0	0	0	0	0	19	101,158
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	101,158	0	0	0	0	0	0	19	101,158
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,186	0	0	0	0	0	0	1	3,186
POLICY EXHIBIT										
20. In force December 31, prior year.....	727	42,265,689	(a)						727	42,265,689
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(57)	(2,081,460)		0	0	0			(57)	(2,081,460)
23. In force December 31 of current year.....	670	40,184,229	0	(a)	0	0	0	0	670	40,184,229

(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).....	23,120	23,162			8,948
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,293	1,293			1,025
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,495,737	4,812,404			5,175,008
25.3 Non-renewable for stated reasons only (b).....	102,291	60,802			42,669
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,598,028	4,873,206	0	5,217,677	6,699,738
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,622,441	4,897,661	0	5,227,650	6,709,756

(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 MISSOURI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	334,704				334,704
2. Annuity considerations.....	5,100				5,100
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	339,804	0	0	0	339,804
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.....	197				197
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	197	0	0	0	197
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).....	197	0	0	0	197
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	203,584				203,584
10. Matured endowments.....					0
11. Annuity benefits.....	97,437				97,437
12. Surrender values and withdrawals for life contracts.....	160,225				160,225
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.....	461,246	0	0	0	461,246

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	57,870							6	57,870
17. Incurred during current year.....	16	185,891							16	185,891
Settled during current year:										
18.1 By payment in full.....	17	163,460							17	163,460
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	163,460	0	0	0	0	0	0	17	163,460
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	163,460	0	0	0	0	0	0	17	163,460
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	80,301	0	0	0	0	0	0	5	80,301
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,352	47,670,509	(a)						1,352	47,670,509
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(72)	(1,884,645)							(72)	(1,884,645)
23. In force December 31 of current year.....	1,280	45,785,864	0	0	0	0	0	0	1,280	45,785,864

(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).....	30,820	33,310			20,358
24.1 Federal Employee Health Benefits Plan premium (b).....					20,173
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	26,950	27,803			25,492
24.4 Medicare Title XVIII exempt from state taxes or fees					25,027
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,925,547	2,061,548			2,211,660
25.3 Non-renewable for stated reasons only (b).....	9,792	9,917			(145)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,935,339	2,071,465	0	2,211,660	2,458,043
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,993,109	2,132,578	0	2,257,510	2,503,243

(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.



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

DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

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
Annuites:					
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
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	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

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	125,388				125,388
2. Annuity considerations.....	1,800				1,800
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,188	.0	.0	.0	127,188
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.....	154,500				154,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	83,952				83,952
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.....	238,452	.0	.0	.0	238,452

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	33,197							7	33,197
17. Incurred during current year.....	20	152,000							20	152,000
Settled during current year:										
18.1 By payment in full.....	21	154,500							21	154,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	154,500	0	0	0	0	0	0	21	154,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	154,500	0	0	0	0	0	0	21	154,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	30,697	0	0	0	0	0	0	6	30,697
POLICY EXHIBIT										
20. In force December 31, prior year.....	333	7,499,754	(a)						333	7,499,754
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(39)	(616,768)							(39)	(616,768)
23. In force December 31 of current year.....	294	6,882,986	0	(a)	0	0	0	0	294	6,882,986

(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).....	2,366	2,854			2,480
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,233	12,234			7,590
24.4 Medicare Title XVIII exempt from state taxes or fees					7,584
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	855,098	927,949			960,356
25.3 Non-renewable for stated reasons only (b).....	469	471			(3)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	855,567	928,420	0	960,356	1,041,737
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	870,166	943,508	0	970,426	1,051,459

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	49,731				49,731
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	49,731	.0	.0	.0	49,731
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.....	142,500				142,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	78,548				78,548
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.....	221,048	.0	.0	.0	221,048

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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.....	6	122,500							6	122,500
Settled during current year:										
18.1 By payment in full.....	7	127,500							7	127,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	127,500	0	0	0	0	0	0	7	127,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	127,500	0	0	0	0	0	0	7	127,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	100	3,434,622	(a)						100	3,434,622
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(116,700)							(8)	(116,700)
23. In force December 31 of current year.....	92	3,317,922	0	0	0	0	0	0	92	3,317,922

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,310	12,313			8,180
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	792,214	805,144			513,396
25.3 Non-renewable for stated reasons only (b).....	75,245	58,042			26,250
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	867,459	863,186	0	539,646	673,810
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	879,769	875,499	0	547,826	681,911

(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.



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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	476,062				476,062
2. Annuity considerations.....	4,295				4,295
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	480,357	0	0	0	480,357
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.....	497,537				497,537
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	67,044				67,044
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.....	564,581	0	0	0	564,581

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	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	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	124,487							5	124,487
17. Incurred during current year.....	57	524,538							57	524,538
Settled during current year:										
18.1 By payment in full.....	54	497,537							54	497,537
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	54	497,537	0	0	0	0	0	0	54	497,537
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	54	497,537	0	0	0	0	0	0	54	497,537
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	151,488	0	0	0	0	0	0	8	151,488
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,167	27,984,817	(a)						1,167	27,984,817
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(99)	(1,669,863)							(99)	(1,669,863)
23. In force December 31 of current year.....	1,068	26,314,954	0	0	0	0	0	0	1,068	26,314,954

(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).....	7,150	7,405			4,646
24.1 Federal Employee Health Benefits Plan premium (b).....					4,589
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	100,059	100,244			73,033
24.4 Medicare Title XVIII exempt from state taxes or fees					71,566
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,706,799	1,771,973			1,294,668
25.3 Non-renewable for stated reasons only (b).....	6,603	5,846			(15,290)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,713,402	1,777,819	0	1,299,320	1,179,727
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,820,611	1,885,468	0	1,376,999	1,255,882

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	52,224				52,224
2. Annuity considerations.....	17,300				17,300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	69,524	.0	.0	.0	69,524
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.....	43,904				43,904
10. Matured endowments.....					0
11. Annuity benefits.....	11,251				11,251
12. Surrender values and withdrawals for life contracts.....	88,873				88,873
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.....	144,028	.0	.0	.0	144,028
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.....	7	42,500							7	42,500
Settled during current year:										
18.1 By payment in full.....	7	42,500							7	42,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	42,500	0	0	0	0	0	0	7	42,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	42,500	0	0	0	0	0	0	7	42,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	126	7,300,214	(a)						126	7,300,214
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(675,062)							(12)	(675,062)
23. In force December 31 of current year.....	114	6,625,152	0	(a)	0	0	0	0	114	6,625,152

(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).....	1,889	1,889			.835
24.1 Federal Employee Health Benefits Plan premium (b).....					827
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	17,069	17,073			15,186
24.4 Medicare Title XVIII exempt from state taxes or fees					15,078
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	634,744	691,198			757,080
25.3 Non-renewable for stated reasons only (b).....	8,511	8,537			(687,592)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	643,255	699,735	0		757,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	662,213	718,697	0		687,451
(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.					703,356



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,177,380				1,177,380
2. Annuity considerations.....	101,085				101,085
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,278,465	0	0	0	1,278,465
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	4,072				4,072
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	8,200				8,200
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	12,272	0	0	0	12,272
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).....	12,272	0	0	0	12,272
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	793,824				793,824
10. Matured endowments.....	57,382				57,382
11. Annuity benefits.....	1,010,893				1,010,893
12. Surrender values and withdrawals for life contracts.....	1,490,036				1,490,036
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.....	3,352,135	0	0	0	3,352,135
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	138,076							15	138,076
17. Incurred during current year.....	39	959,541							39	959,541
Settled during current year:										
18.1 By payment in full.....	44	791,964							44	791,964
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	44	791,964	0	0	0	0	0	0	44	791,964
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	3	15,000							3	15,000
18.6 Total settlements.....	47	806,964	0	0	0	0	0	0	47	806,964
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	290,652	0	0	0	0	0	0	7	290,652
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,802	205,309,591	(a)	19	114,500				2,821	205,424,091
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(195)	(11,752,226)		(2)	(8,500)				(197)	(11,760,726)
23. In force December 31 of current year.....	2,607	193,557,365	0	17	106,000	0	0	0	2,624	193,663,365

(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).....	3,037	3,037			1,930
24.1 Federal Employee Health Benefits Plan premium (b).....					1,870
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	48,813	49,494			23,601
24.4 Medicare Title XVIII exempt from state taxes or fees					23,218
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,266,708	6,601,504			5,494,175
25.3 Non-renewable for stated reasons only (b).....	27,433	27,996			7,599
25.4 Other accident only.....					1,239
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	6,294,141	6,629,500	0	5,501,774	7,602,049
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	6,345,991	6,682,031	0	5,527,305	7,627,137

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	498				498
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	498	0	0	0	498
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
20. In force December 31, prior year.....	2	30,000	(a)						2	30,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(20,000)							(1)	(20,000)
23. In force December 31 of current year.....	1	10,000	0	0	0	0	0	0	1	10,000

(a) Includes Individual Credit Life Insurance, prior year \$.....0 current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0 current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$.....0 current year \$.....0.

ACCIDENT AND HEALTH INSURANCE

	1 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).....	370	370			359
24.4 Medicare Title XVIII exempt from state taxes or fees					360
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	130,464	139,928		177,191	(96,744)
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).....	130,464	139,928	0	177,191	(96,744)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	130,834	140,298	0	177,550	(96,384)

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,777				7,777
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	7,777	0	0	0	7,777
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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.....	12	513,023	(a)						12	513,023
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	12	513,023	0	(a)	0	0	0	0	12	513,023

(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).....	107,670	106,637		133,706	158,388
25.3 Non-renewable for stated reasons only (b).....				1,904	1,395
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	107,670	106,637	0	135,610	159,783
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	107,670	106,637	0	135,610	159,783

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,977				19,977
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,977	.0	.0	.0	19,977
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.....	102				102
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	102	.0	.0	.0	102
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).....	102	.0	.0	.0	102
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,000				20,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,181				2,181
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.....	22,181	.0	.0	.0	22,181

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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	880							1	880
17. Incurred during current year.....	1	19,120							1	19,120
Settled during current year:										
18.1 By payment in full.....	2	20,000							2	20,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.41	2,410,582	(a)						.41	2,410,582
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		106,902							0	106,902
23. In force December 31 of current year.....	.41	2,517,484	0	(a)	0	0	0	0	.41	2,517,484

(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).....	16,221	16,226		12,349	12,187
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	205,011	210,129		190,439	482,040
25.3 Non-renewable for stated reasons only (b).....	799	986		573	564
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	205,810	211,115	0	191,012	482,604
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	222,031	227,341	0	203,361	494,791

(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.



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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,436				18,436
2. Annuity considerations.....	6,500				6,500
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,936	.0	.0	.0	24,936
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,000				15,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,943				5,943
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.....	20,943	.0	.0	.0	20,943

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	15,000							1	15,000
Settled during current year:										
18.1 By payment in full.....	1	15,000							1	15,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	15,000	0	0	0	0	0	0	1	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.57	3,154,863	(a)						.57	3,154,863
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	47,845							(1)	47,845
23. In force December 31 of current year.....	.56	3,202,708	0	(a)	0	0	0	0	.56	3,202,708

(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).....	1,969	1,969			.886
24.1 Federal Employee Health Benefits Plan premium (b).....					847
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	5,696	5,641			4,544
24.4 Medicare Title XVIII exempt from state taxes or fees					4,359
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	166,936	177,709			84,752
25.3 Non-renewable for stated reasons only (b).....	122	122			(1)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	167,058	177,831	0		84,752
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	174,723	185,441	0		90,182
(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.					36,435



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,575				10,575
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,575	.0	.0	.0	10,575
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	9,500				9,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,901				1,901
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.....	11,401	.0	.0	.0	11,401

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	7,000							1	7,000
17. Incurred during current year.....	1	2,500							1	2,500
Settled during current year:										
18.1 By payment in full.....	2	9,500							2	9,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	9,500	0	0	0	0	0	0	2	9,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	9,500	0	0	0	0	0	0	2	9,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.28	705,430	(a)						.28	705,430
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(86,962)							(6)	(86,962)
23. In force December 31 of current year.....	.22	618,468	0	(a)	0	0	0	0	.22	618,468

(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).....	8,040	8,045			16,103
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).....	166,764	177,305		184,410	258,452
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).....	166,764	177,305	0	184,410	258,452
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	174,804	185,350	0	200,513	274,358

(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.



* 7 1 4 0 4 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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	405,877				405,877
2. Annuity considerations.....	4,200				4,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	410,077	.0	.0	.0	410,077
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.....	371,956				371,956
10. Matured endowments.....					0
11. Annuity benefits.....	749,087				749,087
12. Surrender values and withdrawals for life contracts.....	807,132				807,132
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.....	1,928,175	.0	.0	.0	1,928,175
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	50,296							8	50,296
17. Incurred during current year.....	40	400,956							40	400,956
Settled during current year:										
18.1 By payment in full.....	41	359,456							41	359,456
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	41	359,456	0	0	0	0	0	0	41	359,456
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	41	359,456	0	0	0	0	0	0	41	359,456
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	91,796	0	0	0	0	0	0	7	91,796
POLICY EXHIBIT				No. of Pol.						
20. In force December 31, prior year.....	845	11,975,859	(a)						845	11,975,859
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(78)	(693,762)							(78)	(693,762)
23. In force December 31 of current year.....	767	11,282,097	0						767	11,282,097

(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).....	7,324	7,324			11,361
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	21,835	18,631			18,961
24.4 Medicare Title XVIII exempt from state taxes or fees					24,306
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,372,151	4,496,466			3,041,516
25.3 Non-renewable for stated reasons only (b).....	21,974	23,263			442
25.4 Other accident only.....					(66)
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,394,125	4,519,729	0	3,041,958	2,208,966
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,423,283	4,545,684	0	3,072,279	2,244,556

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	161,084				161,084
2. Annuity considerations.....	900				900
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	161,984	0	0	0	161,984
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.....	125,600				125,600
10. Matured endowments.....					0
11. Annuity benefits.....	.72				.72
12. Surrender values and withdrawals for life contracts.....	62,616				62,616
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.....	188,288	0	0	0	188,288

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	35,000							2	35,000
17. Incurred during current year.....	12	100,600							12	100,600
Settled during current year:										
18.1 By payment in full.....	13	125,600							13	125,600
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	125,600	0	0	0	0	0	0	13	125,600
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	125,600	0	0	0	0	0	0	13	125,600
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	355	12,519,772	(a)						355	12,519,772
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(708,295)							(19)	(708,295)
23. In force December 31 of current year.....	336	11,811,477	0	0	0	0	0	0	336	11,811,477

(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).....	8,271	8,960			6,797
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	4,542	4,542			2,997
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,032,424	1,075,011			946,465
25.3 Non-renewable for stated reasons only (b).....	5,335	5,335			3,090
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,037,759	1,080,346	0		949,555
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,050,572	1,093,848	0		959,349

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	80,932				80,932
2. Annuity considerations.....	1,200				1,200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	82,132	.0	.0	.0	82,132
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.....	92,489				92,489
10. Matured endowments.....					0
11. Annuity benefits.....	105,860				105,860
12. Surrender values and withdrawals for life contracts.....	11,430				11,430
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.....	209,779	.0	.0	.0	209,779

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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	22,500							4	22,500
17. Incurred during current year.....	10	59,989							10	59,989
Settled during current year:										
18.1 By payment in full.....	14	82,489							14	82,489
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	82,489	0	0	0	0	0	0	14	82,489
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	82,489	0	0	0	0	0	0	14	82,489
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	255	5,295,437	(a)						255	5,295,437
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(22)	(324,942)	0	0	0	0	0	0	(22)	(324,942)
23. In force December 31 of current year.....	233	4,970,495	0	0	0	0	0	0	233	4,970,495

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	397	397			243
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	335,698	342,500		358,024	416,679
25.3 Non-renewable for stated reasons only (b).....	23,809	25,031			(726)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	359,507	367,531	0	358,024	415,953
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	359,904	367,928	0	358,267	416,197

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	165				165
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	165	.0	.0	.0	165
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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										
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

(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.

NONE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	171,795				171,795
2. Annuity considerations.....	2,100				2,100
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	173,895	0	0	0	173,895
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	103,815				103,815
10. Matured endowments.....					0
11. Annuity benefits.....	37,524				37,524
12. Surrender values and withdrawals for life contracts.....	36,342				36,342
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.....	177,681	0	0	0	177,681

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	4,023							2	4,023
17. Incurred during current year.....	14	109,292							14	109,292
Settled during current year:										
18.1 By payment in full.....	14	103,815							14	103,815
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	103,815	0	0	0	0	0	0	14	103,815
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	103,815	0	0	0	0	0	0	14	103,815
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	9,500	0	0	0	0	0	0	2	9,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	333	7,152,764	(a)						333	7,152,764
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(668,475)							(26)	(668,475)
23. In force December 31 of current year.....	307	6,484,289	0	0	0	0	0	0	307	6,484,289

(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).....	115	115			
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,059	1,059			1,293
24.4 Medicare Title XVIII exempt from state taxes or fees					1,295
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,549,702	3,620,041			1,996,611
25.3 Non-renewable for stated reasons only (b).....	11,158	11,411			1,311
25.4 Other accident only.....					1,150
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,560,860	3,631,452	0	1,997,922	2,284,583
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,562,034	3,632,626	0	1,999,215	2,285,878

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.97				.97
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.97	.0	.0	.0	.97
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	.0	.0	.0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	.0	.0	.0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	.0	.0	.0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	15,000				15,000
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.....	15,000	.0	.0	.0	15,000

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	.0	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.0	.0	.0	.0	.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	15,000							1	15,000
Settled during current year:										
18.1 By payment in full.....	1	15,000							1	15,000
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	1	15,000	0	0	0	0	0	0	1	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	.0	0	0	0	0	0	0	0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	3	49,122	(a)						3	49,122
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(2)	(29,472)							(2)	(29,472)
23. In force December 31 of current year.....	1	19,650	0	0	0	0	0	0	1	19,650

(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

(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 RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

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
Annuites:					
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
20. In force December 31, prior year.....			(a).....						0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	100,000		0	0	0			1	100,000
23. In force December 31 of current year.....	1	100,000	(a).....	0	0	0	0	0	1	100,000

(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).....	26,045	26,177		25,683	25,564
25.3 Non-renewable for stated reasons only (b).....	881	881			(8)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	26,926	27,058	0	25,683	25,556
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	26,926	27,058	0	25,683	25,556

(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.



* 7 1 4 0 4 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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	382,253				382,253
2. Annuity considerations.....	2,025				2,025
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	384,278	0	0	0	384,278
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.....	381,675				381,675
10. Matured endowments.....					0
11. Annuity benefits.....	81,731				81,731
12. Surrender values and withdrawals for life contracts.....	105,474				105,474
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.....	568,880	0	0	0	568,880

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	56,188							8	56,188
17. Incurred during current year.....	41	380,487							41	380,487
Settled during current year:										
18.1 By payment in full.....	44	381,675							44	381,675
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	44	381,675	0	0	0	0	0	0	44	381,675
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	44	381,675	0	0	0	0	0	0	44	381,675
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	55,000	0	0	0	0	0	0	5	55,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	884	14,724,803	(a)						884	14,724,803
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(78)	(902,390)	0	0	0	0	0	0	(78)	(902,390)
23. In force December 31 of current year.....	806	13,822,413	0	0	0	0	0	0	806	13,822,413

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	8,490	8,491			5,488
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,288,204	1,350,897			1,276,535
25.3 Non-renewable for stated reasons only (b).....	11,495	11,495			(103)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,299,699	1,362,392	0	1,276,535	1,308,879
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,308,189	1,370,883	0	1,282,023	1,314,353

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	220,071				220,071
2. Annuity considerations.....	21,412				21,412
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	241,483	.0	.0	.0	241,483
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	240				240
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).....	275	.0	.0	.0	275
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).....	275	.0	.0	.0	275
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	418,903				418,903
10. Matured endowments.....					0
11. Annuity benefits.....	54,586				54,586
12. Surrender values and withdrawals for life contracts.....	234,490				234,490
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.....	707,979	.0	.0	.0	707,979

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	240							3	240
17. Incurred during current year.....	8	429,965							8	429,965
Settled during current year:										
18.1 By payment in full.....	10	405,205							10	405,205
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	405,205	0	0	0	0	0	0	10	405,205
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	405,205	0	0	0	0	0	0	10	405,205
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	482	39,749,115	(a)						482	39,749,115
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(28)	(1,096,543)							(28)	(1,096,543)
23. In force December 31 of current year.....	454	38,652,572	0	0	0	0	0	0	454	38,652,572

(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).....	6,676	7,571			5,665
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	25,304	25,484			22,034
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	942,174	1,018,751			898,399
25.3 Non-renewable for stated reasons only (b).....	19,890	20,744			20,416
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	962,064	1,039,495	0		918,815
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	994,044	1,072,550	0		946,514

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	474,973				474,973
2. Annuity considerations.....	13,410				13,410
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	488,382	0	0	0	488,382
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.....	484,611				484,611
10. Matured endowments.....					0
11. Annuity benefits.....	214,033				214,033
12. Surrender values and withdrawals for life contracts.....	593,062				593,062
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.....	1,291,706	0	0	0	1,291,706

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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.....	.20	155,061							.20	155,061
17. Incurred during current year.....	.56	369,264							.56	369,264
Settled during current year:										
18.1 By payment in full.....	.60	379,436							.60	379,436
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	.60	379,436	0	0	0	0	0	0	.60	379,436
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	.2	12,501							.2	12,501
18.6 Total settlements.....	.62	391,936	0	0	0	0	0	0	.62	391,936
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.14	132,388	0	0	0	0	0	0	.14	132,388
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,345	31,367,053	(a)						1,345	31,367,053
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(112)	(1,038,589)							(112)	(1,038,589)
23. In force December 31 of current year.....	1,233	30,328,464	0	(a)	0	0	0	0	1,233	30,328,464

(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).....	.562	828			.67
24.4 Medicare Title XVIII exempt from state taxes or fees					.17
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,814,239	1,915,237			1,516,614
25.3 Non-renewable for stated reasons only (b).....	3,673	3,811			(67)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,817,912	1,919,048	0	1,516,614	1,720,255
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,818,474	1,919,876	0	1,516,681	1,720,272

(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.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	863,018				863,018
2. Annuity considerations.....	11,645				11,645
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	874,663	0	0	0	874,663
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	365				365
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	115				115
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	480	0	0	0	480
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).....	480	0	0	0	480
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	490,322				490,322
10. Matured endowments.....					0
11. Annuity benefits.....	231,425				231,425
12. Surrender values and withdrawals for life contracts.....	380,109				380,109
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.....	1,101,856	0	0	0	1,101,856
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.....	12	68,917							12	68,917
17. Incurred during current year.....	65	580,066							65	580,066
Settled during current year:										
18.1 By payment in full.....	59	489,723							59	489,723
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	59	489,723	0	0	0	0	0	0	59	489,723
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	59	489,723	0	0	0	0	0	0	59	489,723
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	18	159,260	0	0	0	0	0	0	18	159,260
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,646	34,697,003	(a)						1,646	34,697,003
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(123)	(1,636,431)		0	0	0			(123)	(1,636,431)
23. In force December 31 of current year.....	1,523	33,060,572	0	(a)	0	0	0	0	1,523	33,060,572

(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).....	29,971	29,622			20,827
24.4 Medicare Title XVIII exempt from state taxes or fees					20,869
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,165,001	7,324,451			5,429,900
25.3 Non-renewable for stated reasons only (b).....	66,514	(13,568)			520
25.4 Other accident only.....					3,516
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,231,515	7,310,883	0	5,430,420	4,372,946
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,261,486	7,340,505	0	5,451,247	4,393,815

(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.



* 7 1 4 0 4 2 0 1 4 4 3 0 4 5 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
 NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	97,545				97,545
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	97,545	.0	.0	.0	97,545
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.42				.42
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).....	.42	.0	.0	.0	.42
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).....	.42	.0	.0	.0	.42
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	65,163				65,163
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	36,512				36,512
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.....	101,674	.0	.0	.0	101,674

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	.0	.0	.0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....		0	.0	.0	.0	.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	12,662							2	12,662
17. Incurred during current year.....	6	52,500							6	52,500
Settled during current year:										
18.1 By payment in full.....	8	65,162							8	65,162
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	65,162	0	0	0	0	0	0	8	65,162
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	65,162	0	0	0	0	0	0	8	65,162
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	156	2,466,578	(a)						156	2,466,578
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(52,678)							(12)	(52,678)
23. In force December 31 of current year.....	144	2,413,900	0	(a)	0	0	0	0	144	2,413,900

(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).....	4,910	4,533			3,207
24.1 Federal Employee Health Benefits Plan premium (b).....					3,186
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	.558	558			.656
24.4 Medicare Title XVIII exempt from state taxes or fees					.657
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	129,490	127,784			85,470
25.3 Non-renewable for stated reasons only (b).....	4,838	4,934			(235,833)
25.4 Other accident only.....					3,939
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	134,328	132,718	0		89,494
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	139,796	137,809	0		(231,894)
(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.					(228,051)



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	380,175				380,175
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	380,175	0	0	0	380,175
DIRECT DIVIDENDS TO POLICYHOLDERS					
6.1 Life insurance:					
6.1 Paid in cash or left on deposit.....	13				13
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	29				29
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	42	0	0	0	42
7. 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).....	42	0	0	0	42
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	277,004				277,004
10. Matured endowments.....					0
11. Annuity benefits.....	65,028				65,028
12. Surrender values and withdrawals for life contracts.....	217,327				217,327
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.....	559,359	0	0	0	559,359

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	25,383							7	25,383
17. Incurred during current year.....	46	297,941							46	297,941
Settled during current year:										
18.1 By payment in full.....	44	274,824							44	274,824
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	44	274,824	0	0	0	0	0	0	44	274,824
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	44	274,824	0	0	0	0	0	0	44	274,824
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	9	48,500	0	0	0	0	0	0	9	48,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	840	19,280,532	(a)						840	19,280,532
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(80)	(1,320,328)		0	0	0	0	0	(80)	(1,320,328)
23. In force December 31 of current year.....	760	17,960,204	0	0	0	0	0	0	760	17,960,204

(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).....	1,864	1,872			2,616
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).....	2,867,604	2,925,321		2,253,334	2,535,637
25.3 Non-renewable for stated reasons only (b).....	1,696	1,696			(15)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,869,300	2,927,017	0	2,253,334	2,535,622
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,871,164	2,928,889	0	2,255,950	2,538,206

(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.....0084

NAIC Company Code.....71404

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
Annuites:					
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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										
20. In force December 31, prior year.....	5	232,540	(a)						5	232,540
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	5	232,540	0	(a)	0	0	0	0	5	232,540

(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).....	14,111	14,631		7,758	7,405
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	14,111	14,631	0	7,758	7,405
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	14,111	14,631	0	7,758	7,405

(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.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.66				.66
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.66	.0	.0	.0	.66
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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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										
20. In force December 31, prior year.....	3	..63,361	(a)						3	..63,361
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	100,000							1	100,000
23. In force December 31 of current year.....	4	163,361	0	(a)	0	0	0	0	4	163,361

(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).....	10,982	10,982			6,448
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).....	10,982	10,982	0	6,448	6,420
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,982	10,982	0	6,448	6,420

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	86,123				86,123
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	86,123	0	0	0	86,123
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.....	52,500				52,500
10. Matured endowments.....					0
11. Annuity benefits.....	76,825				76,825
12. Surrender values and withdrawals for life contracts.....	43,443				43,443
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.....	172,768	0	0	0	172,768

DETAILS OF WRITE-INS

1301.....						0
1302.....						0
1303.....						0
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	25,000							1	25,000
17. Incurred during current year.....	3	77,500							3	77,500
Settled during current year:										
18.1 By payment in full.....	3	52,500							3	52,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	52,500	0	0	0	0	0	0	3	52,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	52,500	0	0	0	0	0	0	3	52,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	105	6,307,377	(a)						105	6,307,377
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(124,741)							(6)	(124,741)
23. In force December 31 of current year.....	99	6,182,636	0	0	0	0	0	0	99	6,182,636

(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).....	2,506	2,506			1,526
24.4 Medicare Title XVIII exempt from state taxes or fees					1,529
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	599,899	607,927		638,321	360,775
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).....	599,899	607,927	0	638,321	360,775
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	602,405	610,433	0	639,847	362,304

(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 WISCONSIN DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	209,290				209,290
2. Annuity considerations.....	1,800				1,800
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	211,090	0	0	0	211,090
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.....	20				20
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	20	0	0	0	20
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).....	20	0	0	0	20
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	87,984				87,984
10. Matured endowments.....					0
11. Annuity benefits.....	869				869
12. Surrender values and withdrawals for life contracts.....	70,471				70,471
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.....	159,324	0	0	0	159,324

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	9,729							2	9,729
17. Incurred during current year.....	11	97,255							11	97,255
Settled during current year:										
18.1 By payment in full.....	10	87,984							10	87,984
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	87,984	0	0	0	0	0	0	10	87,984
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	10,000							1	10,000
18.6 Total settlements.....	11	97,984	0	0	0	0	0	0	11	97,984
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	9,000	0	0	0	0	0	0	2	9,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	368	9,876,530	(a)						368	9,876,530
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(28)	(307,862)		0	0	0			(28)	(307,862)
23. In force December 31 of current year.....	340	9,568,668	0	(a)	0	0	0	0	340	9,568,668

(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).....	29,572	30,428			20,338
24.4 Medicare Title XVIII exempt from state taxes or fees					19,823
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,598,287	1,670,075			1,118,812
25.3 Non-renewable for stated reasons only (b).....	74,021	74,417			18,962
25.4 Other accident only.....					40,764
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,672,308	1,744,492	0	1,137,774	809,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,701,880	1,774,920	0	1,158,112	829,501

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	194,706				194,706
2. Annuity considerations.....	8,592				8,592
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	203,298	0	0	0	203,298
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.....	166,119				166,119
10. Matured endowments.....					0
11. Annuity benefits.....	184,585				184,585
12. Surrender values and withdrawals for life contracts.....	173,696				173,696
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.....	524,400	0	0	0	524,400

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	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	29,000							4	29,000
17. Incurred during current year.....	24	175,836							24	175,836
Settled during current year:										
18.1 By payment in full.....	24	163,836							24	163,836
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	24	163,836	0	0	0	0	0	0	24	163,836
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	2	16,000							2	16,000
18.6 Total settlements.....	26	179,836	0	0	0	0	0	0	26	179,836
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	25,000	0	0	0	0	0	0	2	25,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	431	8,472,753	(a)						431	8,472,753
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(35)	(491,486)		0	0	0			(35)	(491,486)
23. In force December 31 of current year.....	396	7,981,267	0	(a)	0	0	0	0	396	7,981,267

(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).....	24,396	24,514			12,181
24.1 Federal Employee Health Benefits Plan premium (b).....					12,133
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,323	(2,353)			11,111
24.4 Medicare Title XVIII exempt from state taxes or fees					17,535
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	851,148	857,384			456,409
25.3 Non-renewable for stated reasons only (b).....	2,555	2,618			(34)
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	853,703	860,002	0		293,133
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	890,421	882,163	0		322,800

(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.



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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....71404

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,981				62,981
2. Annuity considerations.....	1,550				1,550
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	64,531	.0	.0	.0	64,531
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.....	119				119
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	119	.0	.0	.0	119
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).....	119	.0	.0	.0	119
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	500,000				500,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,189				2,189
12. Surrender values and withdrawals for life contracts.....	92,248				92,248
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.....	594,437	.0	.0	.0	594,437

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	0
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	.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	510,000							2	510,000
Settled during current year:										
18.1 By payment in full.....	1	500,000							1	500,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	500,000	0	0	0	0	0	0	1	500,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	500,000	0	0	0	0	0	0	1	500,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	179	14,242,131	(a)						179	14,242,131
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(1,178,616)		0	0	0			(11)	(1,178,616)
23. In force December 31 of current year.....	168	13,063,515	0	(a)	0	0	0	0	168	13,063,515

(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).....	6,177	6,177			4,467
24.4 Medicare Title XVIII exempt from state taxes or fees					4,476
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	718,102	732,996			745,320
25.3 Non-renewable for stated reasons only (b).....	16,334	16,749			5,358
25.4 Other accident only.....					4,996
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	734,436	749,745	0	750,678	732,109
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	740,613	755,922	0	755,145	736,585

(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.

CONTINENTAL GENERAL INSURANCE COMPANY
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	782,923
2. Current year's realized pre-tax capital gains/(losses) of \$....60,359 transferred into the reserve net of taxes of \$....21,126.....	39,234
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).....	822,156
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	68,021
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	754,136

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2014.....	64,342	3,679		68,021
2. 2015.....	58,213	3,303		61,516
3. 2016.....	63,782	(1,069)		62,714
4. 2017.....	73,798	(1,124)		72,673
5. 2018.....	84,311	(1,149)		83,162
6. 2019.....	86,170	(1,236)		84,935
7. 2020.....	78,981	(1,052)		77,929
8. 2021.....	66,329	(530)		65,799
9. 2022.....	51,223	(70)		51,153
10. 2023.....	35,355	486		35,841
11. 2024.....	22,944	1,029		23,972
12. 2025.....	13,008	1,380		14,388
13. 2026.....	8,121	1,427		9,548
14. 2027.....	4,705	1,475		6,179
15. 2028.....	744	1,618		2,362
16. 2029.....	(1,101)	1,617		516
17. 2030.....	(996)	1,762		766
18. 2031.....	1,606	1,813		3,420
19. 2032.....	6,009	1,961		7,969
20. 2033.....	10,661	2,012		12,673
21. 2034.....	13,424	2,160		15,584
22. 2035.....	13,755	2,257		16,012
23. 2036.....	11,943	2,354		14,296
24. 2037.....	8,302	2,450		10,751
25. 2038.....	4,578	2,642		7,220
26. 2039.....	2,037	2,738		4,775
27. 2040.....	679	2,546		3,225
28. 2041.....		2,017		2,017
29. 2042.....		1,489		1,489
30. 2043.....		961		961
31. 2044 and Later.....		288		288
32. Total (Lines 1 to 31).....	782,921	39,234	0	822,155

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	876,051	27,128	903,180	176,188	0	176,189	1,079,368
2. Realized capital gains/(losses) net of taxes - General Account.....	(243,331)		(243,331)	(495,383)		(495,383)	(738,714)
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	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0	(115,769)	(8,854)	(124,624)	(124,624)
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	239,366	10,671	250,037		800	800	250,837
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	872,086	37,799	909,885	(434,964)	(8,054)	(443,018)	466,868
9. Maximum reserve.....	1,329,721	39,741	1,369,462	692,820	49,456	742,276	2,111,738
10. Reserve objective.....	978,309	30,662	1,008,971	692,820	48,055	740,875	1,749,846
11. 20% of (Line 10 minus Line 8).....	21,245	(1,427)	19,817	225,557	11,222	236,779	256,596
12. Balance before transfers (Lines 8 + 11).....	893,331	36,372	929,702	(209,407)	3,168	(206,239)	723,463
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0	1,583	(1,583)	0	0
15. Adjustment down to maximum/up to zero.....			0	207,824		207,824	207,824
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	893,331	36,372	929,702	(0)	1,585	1,585	931,287

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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)
LONG-TERM BONDS												
1	1	Exempt obligations.....	5,195,350	XXX	XXX	5,195,350	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	156,072,511	XXX	XXX	156,072,511	0.0004	62,429	0.0023	358,967	0.0030	468,218
3	2	High quality.....	35,165,908	XXX	XXX	35,165,908	0.0019	66,815	0.0058	203,962	0.0090	316,493
4	3	Medium quality.....	1,802,560	XXX	XXX	1,802,560	0.0093	16,764	0.0230	41,459	0.0340	61,287
5	4	Low quality.....	2,388,342	XXX	XXX	2,388,342	0.0213	50,872	0.0530	126,582	0.0750	179,126
6	5	Lower quality.....	572,252	XXX	XXX	572,252	0.0432	24,721	0.1100	62,948	0.1700	97,283
7	6	In or near default.....	691,112	XXX	XXX	691,112	0.0000	0	0.2000	138,222	0.2000	138,222
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).....	201,888,035	XXX	XXX	201,888,035	XXX	221,601	XXX	932,140	XXX	1,260,629
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....	2,000,000	XXX	XXX	2,000,000	0.0019	3,800	0.0058	11,600	0.0090	18,000
12	3	Medium quality.....	1,500,487	XXX	XXX	1,500,487	0.0093	13,955	0.0230	34,511	0.0340	51,017
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).....	3,500,487	XXX	XXX	3,500,487	XXX	17,755	XXX	46,111	XXX	69,017
SHORT-TERM BONDS												
18		Exempt obligations.....	11,371,347	XXX	XXX	11,371,347	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	25,016	XXX	XXX	25,016	0.0004	10	0.0023	58	0.0030	75
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).....	11,396,363	XXX	XXX	11,396,363	XXX	10	XXX	58	XXX	75
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).....	216,784,885	XXX	XXX	216,784,885	XXX	239,366	XXX	978,309	XXX	1,329,720

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	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.....	2,226,704		XXX.....2,226,704	0.0035	7,793	0.0100	22,267	0.0130	28,947	
45		Commercial mortgages-all other - CM3 - medium quality.....	479,721		XXX.....479,721	0.0060	2,878	0.0175	8,395	0.0225	10,794	
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).....	2,706,425	0	XXX.....2,706,425	XXX.....10,672	XXX.....30,662	XXX.....39,741				
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).....	2,706,425	0	XXX.....2,706,425	XXX.....10,672	XXX.....30,662	XXX.....39,741				

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	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)
32		COMMON STOCK										
1		Unaffiliated public.....	4,673,666	XXX	XXX	4,673,666	0.0000	0	(a) 0.1131	528,592	(a) 0.1131	528,592
2		Unaffiliated private.....	1,026,428	XXX	XXX	1,026,428	0.0000	0	0.1600	164,228	0.1600	164,228
3		Federal Home Loan Bank.....		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
5		Affiliated Investment Subsidiary:				0	XXX		XXX		XXX	
6		Fixed income exempt obligations.....				0	XXX		XXX		XXX	
7		Fixed income highest quality.....				0	XXX		XXX		XXX	
8		Fixed income high quality.....				0	XXX		XXX		XXX	
9		Fixed income medium quality.....				0	XXX		XXX		XXX	
10		Fixed income low quality.....				0	XXX		XXX		XXX	
11		Fixed income lower quality.....				0	XXX		XXX		XXX	
12		Fixed income in or near default.....				0	XXX		XXX		XXX	
13		Unaffiliated common stock public.....				0	0.0000	0	(a) 0	(a) 0	0	0
14		Unaffiliated common stock private.....				0	0.0000	0	0.1600	0	0.1600	0
15		Real estate.....		XXX	XXX	0	(b) 0.0000	0	(b) 0	0	(b) 0	0
16		Affiliated - certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
17		Affiliated - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
		Total common stock (sum of Lines 1 through 16).....	5,700,094	0	0	5,700,094	XXX	0	XXX	692,820	XXX	692,820
		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	1	Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23		Highest quality.....	2,001,185	XXX	XXX	2,001,185	0.0004	800	0.0023	4,603	0.0030	6,004
24		High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25		Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26		Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27		Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28		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).....	2,001,185	XXX	XXX	2,001,185	XXX	800	XXX	4,603	XXX	6,004

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	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)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX.....	XXX.....	.0	.0004	.0	.0023	.0	.0030	.0
31	2	High quality.....		XXX.....	XXX.....	.0	.0019	.0	.0058	.0	.0090	.0
32	3	Medium quality.....		XXX.....	XXX.....	.0	.0093	.0	.0230	.0	.0340	.0
33	4	Low quality.....		XXX.....	XXX.....	.0	.0213	.0	.0530	.0	.0750	.0
34	5	Lower quality.....		XXX.....	XXX.....	.0	.0432	.0	.1100	.0	.1700	.0
35	6	In or near default.....		XXX.....	XXX.....	.0	.0000	.0	.2000	.0	.2000	.0
36		Affiliated life with AVR.....		XXX.....	XXX.....	.0	.0000	.0	.0000	.0	.0000	.0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX.....	XXX.....	.0	XXX.....	.0	XXX.....	.0	XXX.....	.0
33		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
	38	Mortgages - CM1 - highest quality.....			XXX.....	.0	.0010	.0	.0050	.0	.0065	.0
	39	Mortgages - CM2 - high quality.....				.0	.0035	.0	.0100	.0	.0130	.0
	40	Mortgages - CM3 - medium quality.....			XXX.....	.0	.0060	.0	.0175	.0	.0225	.0
	41	Mortgages - CM4 - low medium quality.....				.0	.0105	.0	.0300	.0	.0375	.0
	42	Mortgages - CM5 - low quality.....			XXX.....	.0	.0160	.0	.0425	.0	.0550	.0
	43	Residential mortgages-insured or guaranteed.....			XXX.....	.0	.0003	.0	.0006	.0	.0010	.0
	44	Residential mortgages-all other.....			XXX.....	.0	.0013	.0	.0030	.0	.0040	.0
	45	Commercial mortgages-insured or guaranteed.....			XXX.....	.0	.0003	.0	.0006	.0	.0010	.0
		Overdue, Not in Process Affiliated:										
	46	Farm mortgages.....			XXX.....	.0	.0420	.0	.0760	.0	.1200	.0
	47	Residential mortgages-insured or guaranteed.....			XXX.....	.0	.0005	.0	.0012	.0	.0020	.0
	48	Residential mortgages-all other.....			XXX.....	.0	.0025	.0	.0058	.0	.0090	.0
	49	Commercial mortgages-insured or guaranteed.....			XXX.....	.0	.0005	.0	.0012	.0	.0020	.0
	50	Commercial mortgages-all other.....			XXX.....	.0	.0420	.0	.0760	.0	.1200	.0
		In Process of foreclosure Affiliated:										
	51	Farm mortgages.....			XXX.....	.0	.0000	.0	.1700	.0	.1700	.0
	52	Residential mortgages-insured or guaranteed.....			XXX.....	.0	.0000	.0	.0040	.0	.0040	.0
	53	Residential mortgages-all other.....			XXX.....	.0	.0000	.0	.0130	.0	.0130	.0
	54	Commercial mortgages-insured or guaranteed.....			XXX.....	.0	.0000	.0	.0040	.0	.0040	.0
	55	Commercial mortgages-all other.....			XXX.....	.0	.0000	.0	.1700	.0	.1700	.0
	56	Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX.....	.0	XXX.....	.0	XXX.....	.0	XXX.....	.0
	57	Unaffiliated - In Good Standing with Covenants.....			XXX.....	.0	(c).....	.0	(c).....	.0	(c).....	.0
	58	Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX.....	.0	.0010	.0	.0050	.0	.0065	.0
	59	Unaffiliated - In Good Standing Primarily Senior.....			XXX.....	.0	.0035	.0	.0100	.0	.0130	.0
	60	Unaffiliated - In Good Standing All Other.....			XXX.....	.0	.0060	.0	.0175	.0	.0225	.0
	61	Unaffiliated - Overdue, Not in Process.....			XXX.....	.0	.0420	.0	.0760	.0	.1200	.0
	62	Unaffiliated - In Process of Foreclosure.....			XXX.....	.0	.0000	.0	.1700	.0	.1700	.0
	63	Total Unaffiliated (Sum of Lines 57 through 62).....	0	0	XXX.....	.0	XXX.....	.0	XXX.....	.0	XXX.....	.0
	64	Total with Mortgage Loan Characteristics (Lines 56 + 63).....	0	0	XXX.....	.0	XXX.....	.0	XXX.....	.0	XXX.....	.0

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated public.....		XXX.....	XXX.....	0.....0	0.0000	0.....0	(a).....0	0.....0	(a).....0	
66		Unaffiliated private.....		XXX.....	XXX.....	0.....0	0.0000	0.....0	0.1600	0.....0	0.1600	
67		Affiliated life with AVR.....		XXX.....	XXX.....	0.....0	0.0000	0.....0	0.0000	0.....0	0.0000	
68		Affiliated certain other (see SVO Purposes and Procedures manual).....		XXX.....	XXX.....	0.....0	0.0000	0.....0	0.1300	0.....0	0.1300	
69		Affiliated other - all other.....		XXX.....	XXX.....	0.....0	0.0000	0.....0	0.1600	0.....0	0.1600	
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	0.....0	XXX.....	XXX.....	0.....0	XXX.....	0.....0	XXX.....	0.....0	XXX.....0	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home office property (general account only).....				0.....0	0.0000	0.....0	0.0750	0.....0	0.0750	
72		Investment properties.....				0.....0	0.0000	0.....0	0.0750	0.....0	0.0750	
73		Properties acquired in satisfaction of debt.....				0.....0	0.0000	0.....0	0.1100	0.....0	0.1100	
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	0.....0	0.....0	0.....0	0.....0	XXX.....	0.....0	XXX.....	0.....0	XXX.....0	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed federal low income housing tax credit.....				0.....0	0.0003	0.....0	0.0006	0.....0	0.0010	
76		Non-guaranteed federal low income housing tax credit.....				0.....0	0.0063	0.....0	0.0120	0.....0	0.0190	
77		Guaranteed state low income housing tax credit.....				0.....0	0.0003	0.....0	0.0006	0.....0	0.0010	
78		Non-guaranteed state low income housing tax credit.....				0.....0	0.0063	0.....0	0.0120	0.....0	0.0190	
79		All other low income housing tax credit.....				0.....0	0.0273	0.....0	0.0600	0.....0	0.0975	
80		Total LIHTC (Sum of Lines 75 through 79).....	0.....0	0.....0	0.....0	0.....0	XXX.....	0.....0	XXX.....	0.....0	XXX.....0	
ALL OTHER INVESTMENTS												
81		NAIC 1 working capital finance investments.....		XXX.....		0.....0	0.0000	0.....0	0.0037	0.....0	0.0037	
82		NAIC 2 working capital finance investments.....		XXX.....		0.....0	0.0000	0.....0	0.0120	0.....0	0.0120	
83		Other invested assets - Schedule BA.....	334,249	XXX.....		334,249.....0	0.0000	0.....0	0.1300	43,452.....0	0.1300	
84		Other short-term invested assets - Schedule DA.....		XXX.....		0.....0	0.0000	0.....0	0.1300	0.....0	0.1300	
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	334,249	XXX.....	0.....0	334,249.....XXX.....0	0.0000	0.....0	XXX.....	43,452.....XXX.....0	0.1300	
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	2,335,434	0.....0	0.....0	2,335,434.....XXX.....800	0.0000	XXX.....	48,055.....XXX.....0	0.1300	49,456.....0	

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).

(b) Determined using same factors and breakdowns used for directly owned real estate.

(c) This will be the factor associated with the risk category determined in the company generated worksheet.

ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations
Replications (Synthetic) Assets

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
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NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year,
and all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
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CLAIMS DISPOSED OF DURING CURRENT YEAR**Death Claims - Ordinary**

61F0008300.....	37064.....	TN.....	2014.....	2,500	2,500	Material Misrepresentation.....
0199999. Death Claims - Ordinary.....				2,500	.....0	2,500	.....XXX.....
0599999. Subtotal - Disposed Death Claims.....				2,500	.....0	2,500	.....XXX.....
2699999. Subtotal - Claims Disposed of During Current Year.....				2,500	.....0	2,500	.....XXX.....
5399999. Totals.....				2,500	.....0	2,500	.....XXX.....

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
			3 Amount	2 %	5 Amount	6 %			9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	9,208,918	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	9,208,918	....XXX	.....	XXX	.....	XXX
2. Premiums earned.....	9,124,294	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	9,124,294	....XXX	.....	XXX	.....	XXX
3. Incurred claims.....	11,140,299	122.1	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	11,140,299	....122.1	.....0	0.0	.....0	0.0
4. Cost containment expenses.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0.0	....0.0	.....0	0.0	.....0	0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	11,140,299	122.1	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	11,140,299	....122.1	.....0	0.0	.....0	0.0
6. Increase in contract reserves.....	6,691,587	73.3	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	6,691,587	....73.3	.....0	0.0	.....0	0.0
7. Commissions (a).....	(2,362,249)	(25.9)	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	(2,362,249)	....(25.9)	.....0	0.0	.....0	0.0
8. Other general insurance expenses.....	3,178,347	34.8	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	3,178,347	....34.8	.....0	0.0	.....0	0.0
9. Taxes, licenses and fees.....	.691,321	7.6	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.691,321	....7.6	.....0	0.0	.....0	0.0
10. Total other expenses incurred.....	1,507,419	16.5	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	1,507,419	....16.5	.....0	0.0	.....0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0	....0.0	.....0	0.0	.....0	0.0
12. Gain from underwriting before dividends or refunds.....	(10,215,011)	(112.0)	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	(10,215,011)	....(112.0)	.....0	0.0	.....0	0.0
13. Dividends or refunds.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0	....0.0	.....0	0.0	.....0	0.0
14. Gain from underwriting after dividends or refunds.....	(10,215,011)	(112.0)	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	(10,215,011)	....(112.0)	.....0	0.0	.....0	0.0

DETAILS OF WRITE-INS																		
1101.	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0	....0.0	.....0	0.0	.....0	0.0
1102.	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0	....0.0	.....0	0.0	.....0	0.0
1103.	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	0	....0.0	.....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 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	1,920,391						1,920,391		
2. Advance premiums.....	107,223						107,223		
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	2,027,614		0	0	0		2,027,614	0	0
5. Total premium reserves, prior year.....	2,114,273						2,114,273		0
6. Increase in total premium reserves.....	(86,659)		0	0	0		(86,659)	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	107,907,200						107,907,200		
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	107,907,200		0	0	0		107,907,200	0	0
4. Total contract reserves, prior year.....	101,215,613						101,215,613		0
5. Increase in contract reserves.....	6,691,587		0	0	0		6,691,587	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	35,948,843		0	0	0		35,948,843	0	0
2. Total prior year.....	34,003,606						34,003,606		
3. Increase.....	1,945,237		0	0	0		1,945,237	0	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	6,901,807						6,901,807		
1.2 On claims incurred during current year.....	2,293,255						2,293,255		
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	25,845,902						25,845,902		
2.2 On claims incurred during current year.....	10,102,941						10,102,941		
3. Test:									
3.1 Lines 1.1 and 2.1.....	32,747,709		0	0	0		32,747,709	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	34,003,606		0	0	0		34,003,606	0	0
3.3 Line 3.1 minus Line 3.2.....	(1,255,897)		0	0	0		(1,255,897)	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	25,873		1,521				24,352		
2. Premiums earned.....	25,820		1,521				24,299		
3. Incurred claims.....	24,878						24,878		
4. Commissions.....	4,729		334				4,395		
B. Reinsurance Ceded:									
1. Premiums written.....	73,893,557		260,650				72,398,297		612,363
2. Premiums earned.....	75,169,553		264,530				73,651,033		624,792
3. Incurred claims.....	64,680,695		247,891				63,862,301		133,440
4. Commissions.....	5,589,914		15,177				5,467,519		107,218

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

CONTINENTAL GENERAL INSURANCE COMPANY
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	515,027	75,281,089		75,796,116
2. Beginning claim reserves and liabilities.....	67,990	117,547,013		117,615,003
3. Ending claim reserves and liabilities.....	60,571	122,503,986		122,564,557
4. Claims paid.....	0	522,446	70,324,116	70,846,562
B. Assumed Reinsurance:				
5. Incurred claims.....		24,878		24,878
6. Beginning claim reserves and liabilities.....		2,608		2,608
7. Ending claim reserves and liabilities.....		2,931		2,931
8. Claims paid.....	0	0	24,555	24,555
C. Ceded Reinsurance:				
9. Incurred claims.....	515,027	64,165,668		64,680,695
10. Beginning claim reserves and liabilities.....	67,990	83,546,015		83,614,005
11. Ending claim reserves and liabilities.....	60,571	86,558,074		86,618,645
12. Claims paid.....	0	522,446	61,153,609	61,676,055
D. Net:				
13. Incurred claims.....	0	0	11,140,299	11,140,299
14. Beginning claim reserves and liabilities.....	0	0	34,003,606	34,003,606
15. Ending claim reserves and liabilities.....	0	0	35,948,843	35,948,843
16. Claims paid.....	0	0	9,195,062	9,195,062
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			11,140,299	11,140,299
18. Beginning reserves and liabilities.....			34,003,606	34,003,606
19. Ending reserves and liabilities.....			35,948,843	35,948,843
20. Paid claims and cost containment expenses.....	0	0	9,195,062	9,195,062

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											
61727.....	34-0970995....	01/01/2006	Central Reserve Life.....	OH.....	CO/I.....	.....2,078,471	.....62,391	.....9,046	.....4,000		
61727.....	34-0970995....	01/01/2006	Central Reserve Life.....	OH.....	ACO/I.....	.....706,098					
68284.....	48-0557726....	03/31/2003	Pyramid Life Insurance Company.....	FL.....	OTH/I.....	.....39,214,433	.....9,865,330	.....409,465	.....142,343		
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					.....41,292,904	.....10,633,819	.....418,511	.....146,343	.....0	.....0
1099999.	Total - General Account - Non-Affiliates.....					.....41,292,904	.....10,633,819	.....418,511	.....146,343	.....0	.....0
1199999.	Total - General Account.....					.....41,292,904	.....10,633,819	.....418,511	.....146,343	.....0	.....0
2399999.	Total U.S.....					.....41,292,904	.....10,633,819	.....418,511	.....146,343	.....0	.....0
9999999.	Total.....					.....41,292,904	.....10,633,819	.....418,511	.....146,343	.....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	8	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

61727.....	34-0970995....	01/01/2006	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	.....4,765	.....	.....5,898	.....	.....	.....
56138.....	36-0971620....	06/29/2007	CSA Fraternal Life.....	IL.....	CO/I.....	.....21,258	.....1,967	.....2,338	.....2,931	.....	.....
08999999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
10999999.	Total - Non-Affiliates.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
11999999.	Total - U.S.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
99999999.	Total.....					.....26,023	.....1,967	.....8,236	.....2,931	.....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

88340.....	59-2859797....	02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	.....	1,026,224
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	.....	1,057,227
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.0	2,083,451
1099999.	Total - Life and Annuity Non-Affiliates.....				.0	2,083,451
1199999.	Total - Life and Annuity.....				.0	2,083,451

Accident and Health - Non-Affiliates - U.S. Non-Affiliates

88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	.....	14,085
88340.....	59-2859797....	02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	.....	2,950,174
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	.....	3,089,352
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....	.....	83,562
56138.....	36-0971620....	06/09/2007	CSA Fraternal Life.....	IL.....	.....	2,931
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	.....	1,617,032
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.0	7,757,136
2199999.	Total - Accident and Health Non-Affiliates.....				.0	7,757,136
2299999.	Total - Accident and Health.....				.0	7,757,136
2399999.	Total U.S.....				.0	9,840,587
9999999.	Total.....				.0	9,840,587

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	OL.....	15,000							
88340.....	59-2859797....	02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	OL.....	230,602,577	19,309,806	20,106,988	1,408,171				
88340.....	59-2859797....	02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	ACO/I.....	FA.....		22,864,469	16,061,772	149,745				
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	OL.....	194,608,717	27,305,112	28,039,588	2,694,985				
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	ACO/I.....	FA.....		20,144,505	31,492,932	125,790				
66346.....	58-0828824....	07/01/1983	Munich American Reassurance Company.....	IL.....	CO/I.....	OL.....	1,226,893	6,871	5,976	32,611				
63665.....	43-0285930....	04/01/1991	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	1,001,663	.265	308	8,288				
63665.....	43-0285930....	04/01/1991	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	1,904,314	3,411	4,222	11,417				
68276.....	48-1024691....	11/01/1986	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	15,289,904	79,392	84,166	.89,437				
68276.....	48-1024691....	03/31/2003	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	126,704	1,834	1,767	2,349				
87572.....	23-2038295....	06/01/1993	Scottish Re, Inc.	DE.....	YRT/I.....	OL.....	1,694,347	.141	110	8,525				
87572.....	23-2038295....	04/01/1995	Scottish Re, Inc.	DE.....	CO/I.....	OL.....	1,153,510	.164	154	8,288				
88099.....	75-1608507....	01/01/1979	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	6,448	.8	.8	11,795				
88099.....	75-1608507....	01/01/1981	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	103,352,408	46,929	46,929	628,998				
88099.....	75-1608507....	03/31/2003	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	249,828	7,783	7,783	.29,078				
82627.....	06-0839705....	02/01/1983	Swiss Re Life and Health of America, Inc.	CT.....	CO/I.....	OL.....	1,312,487	4,517	4,536	10,714				
86231.....	39-0989781....	01/01/1979	SCOR Global Life Americas Reinsurance Company.....	CA.....	CO/I.....	OL.....	237,525	152,099	145,739	4,644				
0899999.....	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0
1099999.....	Total - General Account - Authorized - Non-Affiliates.....				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0
1199999.....	Total - General Account - Authorized.....				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0
3499999.....	Total - General Account - Authorized, Unauthorized and Certified.....				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0
6999999.....	Total U.S.				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0
9999999.....	Total.....				552,782,325		89,927,306	96,002,978	5,224,835	0	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
60836....	42-0113630....	.08/01/2006	American Republic Insurance Company.....	IA.....	CO/G.....	CMM.....	.....18,591	.....693					
60836....	42-0113630....	.08/01/2006	American Republic Insurance Company.....	IA.....	CO/I.....	CMM.....	.....150,687	.....6,298					
88340....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/G.....	CMM.....	.....67,990	.....1,030					
88340....	59-2859797....	.02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	MS, OH, LTDI, LTC	.....16,222,774	.....4,789,839	.....142,144,051				
88340....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	MS, OH, LTDI, LTC	.....24,106,224	.....4,541,123	.....122,874,872				
88340....	59-2859797....	.02/01/1999	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	MS, OH, LTDI, LTC	.....69,546	.....14,728					
88340....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	MS, OH, LTDI, LTC	.....98,907	.....212	.....5,898				
65722....	63-0343428....	.08/31/2012	Loyal American Life Insurance Company.....	TX.....	OTH/I.....	MS, OH, LTDI	.....33,011,345	.....963,605	.....1,154,631				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0
9999999.	Total.....						.....73,746,064	.....10,317,528	.....266,179,452	.....0	.....0	.....0	.....0

Sch. S-Pt. 4
NONE

Sch. S-Pt. 5
NONE

CONTINENTAL GENERAL INSURANCE COMPANY
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.....	78,971	90,349	86,112	63,207	91,090
2. Commissions and reinsurance expense allowances.....	7,031	8,351	10,610	12,749	16,427
3. Contract claims.....	68,753	71,344	60,241	49,852	69,476
4. Surrender benefits and withdrawals for life contracts.....	5,416	4,602			7,194
5. Dividends to policyholders.....					5
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	63,029	12,877			
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	1,420	1,374	28,488	17,000	18,731
9. Aggregate reserves for life and accident and health contracts.....	365,838	363,300	376,539	352,963	305,287
10. Liability for deposit-type contracts.....	586	736	384		609
11. Contract claims unpaid.....	9,701	10,530	10,434	6,939	7,969
12. Amounts recoverable on reinsurance.....			19,655	11,235	12,814
13. Experience rating refunds due or unpaid.....					
14. Policyholders' dividends (not included in Line 10).....					
15. Commissions and reinsurance expense allowances due.....					
16. Unauthorized reinsurance offset.....					
17. Offset for reinsurance with certified reinsurers.....				XXX.	XXX.
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F).....					
19. Letters of credit (L).....					
20. Trust agreements (T).....					
21. Other (O).....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....				XXX.	XXX.
23. Funds deposited by and withheld from (F).....				XXX.	XXX.
24. Letters of credit (L).....				XXX.	XXX.
25. Trust agreements (T).....				XXX.	XXX.
26. Other (O).....				XXX.	XXX.

CONTINENTAL GENERAL INSURANCE COMPANY
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	231,245,225		231,245,225
2. Reinsurance (Line 16).....	2,623,149	-(2,623,149)	0
3. Premiums and considerations (Line 15).....	1,332,365	1,419,845	2,752,210
4. Net credit for ceded reinsurance.....	XXX.....	378,699,020	378,699,020
5. All other admitted assets (balance).....	7,213,194		7,213,194
6. Total assets excluding Separate Accounts (Line 26).....	242,413,932	377,495,716	619,909,648
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	242,413,932	377,495,716	619,909,648
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	210,634,010	365,838,177	576,472,187
10. Liability for deposit-type contracts (Line 3).....	740,918	586,111	1,327,030
11. Claim reserves (Line 4).....	2,695,069	9,700,537	12,395,606
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	115,956	1,370,891	1,486,847
14. Other contract liabilities (Line 9).....	764,372		764,372
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).....	5,963,471		5,963,471
20. Total liabilities excluding Separate Accounts (Line 26).....	220,913,797	377,495,716	598,409,513
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	220,913,797	377,495,716	598,409,513
23. Capital & surplus (Line 38).....	21,500,135	XXX.....	21,500,135
24. Total liabilities, capital & surplus (Line 39).....	242,413,932	377,495,716	619,909,648
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	365,838,177		
26. Claim reserves.....	9,700,537		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	1,370,891		
29. Liability for deposit-type contracts.....	586,111		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	2,623,149		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	380,118,865		
34. Premiums and considerations.....	1,419,845		
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.....	1,419,845		
41. Total net credit for ceded reinsurance.....	378,699,020		

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	302,609	1,020	4,482	271,104		579,215
2. Alaska.....AK	5,564			863		6,427
3. Arizona.....AZ	75,476	51,896	8,424	254,437		390,233
4. Arkansas.....AR	89,087	375	4,697	107,316		201,475
5. California.....CA	138,911		2,401	73,599		214,911
6. Colorado.....CO	140,136	2,080	20,271	603,059		765,546
7. Connecticut.....CT	17,916	1,200	60,982	117,611		197,709
8. Delaware.....DE			4,058	4,517		8,575
9. District of Columbia.....DC	1,701	2,600				4,301
10. Florida.....FL	259,571	18,604	48,927	810,971		1,138,073
11. Georgia.....GA	412,056	13,530	62,785	447,358		935,729
12. Hawaii.....HI	7,155		4,366	291,841		303,362
13. Idaho.....ID	25,290		3,997	37,697		66,984
14. Illinois.....IL	365,519	16,825	28,140	1,740,888		2,151,372
15. Indiana.....IN	236,030	10,020	9,640	393,087		648,777
16. Iowa.....IA	376,670	25,810	27,195	2,438,516		2,868,191
17. Kansas.....KS	278,674	7,475	26,691	1,658,353		1,971,193
18. Kentucky.....KY	267,607	8,120	10,863	380,371		666,961
19. Louisiana.....LA	265,341	2,535	28,989	98,750		395,615
20. Maine.....ME	4,900			11,321		16,221
21. Maryland.....MD	31,304		18,312	17,850		67,466
22. Massachusetts.....MA	6,789		7,167	25,435		39,391
23. Michigan.....MI	225,859		33,900	373,247		633,006
24. Minnesota.....MN	350,592	74,353	42,001	3,658,819		4,125,765
25. Mississippi.....MS	125,388	1,800	2,549	234,378		364,115
26. Missouri.....MO	334,704	5,100	20,680	664,703		1,025,187
27. Montana.....MT	49,731		6,945	126,780		183,456
28. Nebraska.....NE	1,177,380	101,085	75,585	3,121,438		4,475,488
29. Nevada.....NV	18,436	6,500	9,692	39,297		73,925
30. New Hampshire.....NH	498		921			1,418
31. New Jersey.....NJ	7,777		1,381	9,156		18,314
32. New Mexico.....NM	19,977		2,698	40,679		63,354
33. New York.....NY	10,575		518	19,823		30,916
34. North Carolina.....NC	476,062	4,295	47,612	433,764		961,733
35. North Dakota.....ND	52,224	17,300	4,726	367,007		441,257
36. Ohio.....OH	405,877	4,200	51,596	1,238,030		1,699,703
37. Oklahoma.....OK	161,084	900	6,106	310,632		478,722
38. Oregon.....OR	80,932	1,200	11,504	25,076		118,712
39. Pennsylvania.....PA	171,795	2,100	140,353	590,039		904,287
40. Rhode Island.....RI			3,149	6,140		9,289
41. South Carolina.....SC	382,253	2,025	6,333	125,041		515,652
42. South Dakota.....SD	220,071	21,412	11,754	531,409		784,646
43. Tennessee.....TN	474,973	13,410	18,496	910,915		1,417,794
44. Texas.....TX	863,018	11,645	29,501	931,880		1,836,044
45. Utah.....UT	97,545		3,189	22,068		122,802
46. Vermont.....VT	.66					.66
47. Virginia.....VA	380,175		12,177	194,283		586,635
48. Washington.....WA	86,123		17,675	71,517		175,315
49. West Virginia.....WV	194,706	8,592	13,573	105,520		322,391
50. Wisconsin.....WI	209,290	1,800	27,543	1,093,656		1,332,289
51. Wyoming.....WY	62,981	1,550	16,695	96,895		178,120
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR	.97					.97
55. US Virgin Islands.....VI			1,231	4,932		6,163
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN						0
58. Aggregate Other Alien.....OT	165					165
59. Totals.....	9,948,656	441,357	1,002,472	25,132,068	0	36,524,553

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
Members														
52			31-1544320..		0000944707	NYSE.....	American Financial Group, Inc.....	OH.....	UIP.....		Ownership.....			
			31-6549738..				American Financial Capital Trust II.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			16-6543606..				American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			16-6543609..				American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-0996797..				American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-0828578..				American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			27-1577326..				American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	80.000	American Financial Group, Inc.....	
			27-2829629..				MidMarket Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	65.000	American Financial Group, Inc.....	
			41-2112001..				APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			23-6000765..				American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			23-6297584..				The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			37-1094159..				Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			95-2802826..				Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			35-6001691..				The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			13-6400464..				Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			46-1665396..				Pennsylvania Lehigh Oil & Gas Holdings, LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			20-1548213..				Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			20-1574094..				Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			46-1852532..				Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			46-1480078..				Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			13-6021353..				The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-1236926..				PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			76-0080537..				PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-1388401..				PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			06-1209709..				Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			23-1537928..				Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			46-3246684..				Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			23-6000766..				Pennsylvania-Reading Seashore Lines.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	66.670	American Financial Group, Inc.....	
			23-6207599..				Pittsburgh and Cross Creek Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	83.000	American Financial Group, Inc.....	
			23-1707450..				Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
			23-1675796..				Waynesburg Southern Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	
							GAI Insurance Company, Ltd.....	BMU.....	IA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			31-1446308..				Hangar Acquisition Corp.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
							Lease & Loan Insurance Services Limited.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			91-1242743..				Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	
			91-1508644..				Premier Lease & Loan Services of Canada, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	100.000	American Financial Group, Inc.....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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0084	American Financial Group, Inc.....	22179.....	95-2801326.....			Republic Indemnity Company of America.....	DE.....	IA.....	APU Holding Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
0084	American Financial Group, Inc.....	43753.....	31-1054123.....			Republic Indemnity Company of California.....	OH.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	..100.000	American Financial Group, Inc....		
			31-1262960.....			Risico Management Corporation.....	BMU.....	NIA.....	APU Holding Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
			31-0823725.....			Dixie Terminal Corporation.....	GBR.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....		
			98-0606803.....			GAI Holding Bermuda Ltd.....	GBR.....	NIA.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....		
			98-0556144.....			GAI Indemnity, Ltd.....	GBR.....	IA.....	GAI Holding Bermuda Ltd.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Group Limited.....	GBR.....	NIA.....	GAI Holding Bermuda Ltd.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Holdings Limited.....	HKG.....	NIA.....	Marketform Group Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Caduceus Underwriting Limited.....	GBR.....	IA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Lavenham Underwriting Limited.....	ESP.....	IA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Hong Kong Limited.....	AUS.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Limited.....	ITA.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Gabinete Marketform SL.....	GBR.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Australia Pty Limited.....	GBR.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Studio Marketform SRL.....	GBR.....	NIA.....	Marketform Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Management Services Limited.....	GBR.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Managing Agency Limited.....	DE.....	NIA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Sampford Underwriting Limited.....	KY.....	IA.....	Marketform Holdings Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Marketform Trust Company Limited.....	DE.....	NIA.....	Marketform Group Limited.....	Ownership.....	..100.000	American Financial Group, Inc....		
						Great American Financial Resources, Inc.....	NE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	1.....	
						AAG Holding Company, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....		
0084	American Financial Group, Inc.....	63312.....	13-1935920.....			Great American Life Insurance Company.....	TX.....	IA.....	AAG Holding Company, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....		
			45-2969767.....			Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..62.500	American Financial Group, Inc....	2.....	
			26-4391696.....			Aerielle, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..62.500	American Financial Group, Inc....	2.....	
0084	American Financial Group, Inc.....	93661.....	31-1021738.....			Annuity Investors Life Insurance Company.....	OH.....	IA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
			27-4078277.....			Bay Bridge Marina Hemingway's Restaurant, LLC.....	DE.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..85.000	American Financial Group, Inc....		
			27-0513333.....			Bay Bridge Marina Management, LLC.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..85.000	American Financial Group, Inc....		
			20-1246122.....			Brothers Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..99.000	American Financial Group, Inc....		
			45-3988240.....			FT Liquidation, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
			20-4604276.....			GALIC - Bay Bridge Marina, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
			45-5565693.....			GALIC - Sorrento, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..65.000	American Financial Group, Inc....	2.....	
			31-1391777.....			GALIC Brothers, Inc.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..80.000	American Financial Group, Inc....		
			45-1144095.....			GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..65.000	American Financial Group, Inc....	2.....	
			26-3260520.....			Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
0084	American Financial Group, Inc.....	67083.....	45-0252531.....			Manhattan National Life Insurance Company.....	FL.....	IA.....	Manhattan National Holding Corporation.....	Ownership.....	..100.000	American Financial Group, Inc....		
			52-2179330.....			Skipjack Marina Corp.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....		
			74-2180806.....			United Teacher Associates, Ltd.....	OH.....	NIA.....	AAG Holding Company, Inc.....	Ownership.....	..100.000	American Financial Group, Inc....	1.....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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0084	American Financial Group, Inc.....	63479.....	58-0869673.....			United Teacher Associates Insurance Company.....		MD.....	IA.....	United Teacher Associates, Ltd.....	Ownership.....	.100.000	American Financial Group, Inc....	
			31-1422717.....			AAG Insurance Agency, Inc.....		TX.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			34-1017531.....			Ceres Group, Inc.....		TX.....	UIP.....	Great American Financial Resources, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			47-0717079.....			Continental General Corporation.....		OH.....	UDP.....	Ceres Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	71404.....	47-0463747.....			Continental General Insurance Company.....		OH.....		Continental General Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	
			34-1947042.....			QQAgency of Texas, Inc.....		MT.....	NIA.....	Ceres Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			31-1395344.....			Great American Advisors, Inc.....		NV.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			42-1575938.....			Great American Holding, Inc.....		DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			27-3062314.....			Agricultural Services, LLC.....		OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			45-4110027.....			United States Commodities Producers LLC.....		TX.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	.75.000	American Financial Group, Inc....	
			27-2354685.....			United States Livestock Producers, LLC.....		AUS.....	NIA.....	Agricultural Services, LLC.....	Ownership.....	.75.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	35351.....	31-0912199.....			American Empire Surplus Lines Insurance Company.....		IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	37990.....	31-0973761.....			American Empire Insurance Company.....		OH.....	IA.....	American Empire Surplus Lines Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			59-1671722.....			American Empire Underwriters, Inc.....		OH.....	NIA.....	American Empire Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
						GAI Australia Pty Ltd.....		DE.....	NIA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
						Great American International Insurance Limited.....		OK.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	23418.....	73-0556513.....			Mid-Continent Casualty Company.....		OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	15380.....	73-1406844.....			Mid-Continent Assurance Company.....		CA.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	13794.....	38-3803661.....			Mid-Continent Excess and Surplus Insurance Company.....		CA.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			30-0571535.....			Mid-Continent Specialty Insurance Services, Inc.....		FL.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	23426.....	73-0773259.....			Oklahoma Surety Company.....		FL.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			98-0627464.....			Premier International Insurance Company.....		FL.....	IA.....	Great American Holding, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
0084	American Financial Group, Inc.....	16691.....	31-0501234.....			Great American Insurance Company.....		FL.....	IA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc....	
			45-2969767.....			Aerielle IP Holdings, LLC.....		FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.37.500	American Financial Group, Inc....	2
			26-4391696.....			Aerielle, LLC.....		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.37.500	American Financial Group, Inc....	2
			31-1463075.....			American Signature Underwriters, Inc.....		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			59-2840291.....			Brothers Property Corporation.....		DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	.80.000	American Financial Group, Inc....	
			20-5173494.....			Brothers Le Pavillon, LLC.....		OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	
			20-5173589.....			Brothers Le Pavillon (SPE), LLC.....		OH.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	.100.000	American Financial Group, Inc....	
			25-1754638.....			Brothers Pennsylvanian Corporation.....		DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	
			59-2840294.....			Brothers Property Management Corporation.....		DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	.100.000	American Financial Group, Inc....	
			20-4498054.....			Crescent Centre Apartments.....		PA.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	1
			31-1277904.....			Crop Managers Insurance Agency, Inc.....		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			31-0589001.....			Dempsey & Siders Agency, Inc.....		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
			31-1341668.....			Eden Park Insurance Brokers, Inc.....		KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
						El Aguila, Compañía de Seguros, S.A. de C.V.....		OH.....	IA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc....	
						Financiadora de Primas Condor, S.A. de C.V.....		CA.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	Ownership.....	.99.000	American Financial Group, Inc....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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			39-1404033..				Farmers Crop Insurance Alliance, Inc.	MEX.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	
			13-3628555..				FCIA Management Company, Inc.....	MEX.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc....	
			31-1753938..				Foreign Credit Insurance Association.....	KS.....	OTH.....	Great American Insurance Company.....	Management....		American Financial Group, Inc....	3....
			31-1765544..				GAI Warranty Company.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			45-5565693..				GAI Warranty Company of Florida.....	NY.....	NIA.....	GAI Warranty Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			45-1144095..				GAI Warranty Company of Canada Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			61-1329718..				GALIC - Sorrento, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership....	..35.000	American Financial Group, Inc....	2....
			74-2693636..				GALIC Pointe, LLC.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership....	..35.000	American Financial Group, Inc....	2....
			26832..	95-1542353..			Global Premier Finance Company.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			26344..	15-6020948..			Great American Agency of Texas, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			39896..	61-0983091..			Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31-1228726..				Great American Assurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			10646..	36-4079497..			Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			37532..	31-0954439..			Great American Claims Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			41858..	31-1036473..			Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31-1652643..				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			22136..	13-5539046..			Great American Fidelity Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			38024..	31-0974853..			Great American Insurance Agency, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31-1073664..				Great American Management Services, Inc.....	TX.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31-0856644..				Great American Protection Insurance Company.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			38580..	31-1288778..			Great American Re Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31-0918893..				Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			31135..	31-1209419..			Great American Spirit Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			33723..	31-1237970..			Insurance (GB) Limited.....	OH.....	IA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			59-1263251..				Key Largo Group, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	
			34-1607394..	0001301106	NASDAQ		National Interstate Corporation.....	GBR.....	NIA.....	Great American Insurance Company.....	Ownership....	..51.400	American Financial Group, Inc....	
			34-1899058..				American Highways Insurance Agency, Inc.....	FL.....	NIA.....	National Interstate Corporation.....	Ownership....		American Financial Group, Inc....	
			31-1548235..				Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership....	..100.000	American Financial Group, Inc....	
			98-0191335..				Hudson Indemnity, Ltd.....	OH.....	IA.....	National Interstate Corporation.....	Ownership....	..100.000	American Financial Group, Inc....	
			66-0660039..				Hudson Management Group, Ltd.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership....	..100.000	American Financial Group, Inc....	
			34-1607396..				National Interstate Insurance Agency, Inc.....	CYM.....	NIA.....	National Interstate Corporation.....	Ownership....	..100.000	American Financial Group, Inc....	
			36-4670968..				Commercial For Hire Transportation Purchasing Group.....	VIR.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management....		American Financial Group, Inc....	5....
			32620..	34-1607395..			National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership....	..100.000	American Financial Group, Inc....	
			11051..	99-0345306..			National Interstate Insurance Company of Hawaii, Inc.....	SC.....	IA.....	National Interstate Insurance Company.....	Ownership....	..100.000	American Financial Group, Inc....	

SCHEDULE Y**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084.....	American Financial Group, Inc.....	41106.....	95-3623282.....			Triumphre Casualty Company.....		OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			43-1254631.....			TransProtection Service Company.....		OH.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	21172.....	86-0114294.....			Vanliner Insurance Company.....		MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			20-5546054.....			Vanliner Reinsurance Limited.....		OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			27-2226948.....			Safety Claims and Litigation Services, LLC.....		MO.....	NIA.....	National Interstate Corporation.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			871850814.....			Pinecrest Place LLC.....		BMU.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			31-1293064.....			PLLS Canada Insurance Brokers Inc.....		MT.....	NIA.....	Great American Insurance Company.....	Ownership.....	.49.000	American Financial Group, Inc.....	
			72-1331800.....			Professional Risk Brokers, Inc.....		OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			36-4517754.....			Strategic Comp Holdings, L.L.C.....		FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			32-0050970.....			Strategic Comp Services, L.L.C.....		CAN.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			31-0686194.....			Strategic Comp, L.L.C.....		IL.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			31-0883227.....			One East Fourth, Inc.....		LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			31-1119320.....			Pioneer Carpet Mills, Inc.....		LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc.....	
			31-0728327.....			TEJ Holdings, Inc.....		LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc.....	
						Three East Fourth, Inc.....		OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	.100.000	American Financial Group, Inc.....	

52.4

Asterisk Explanation

1	Another affiliated company owns 1% or less of the shares.
2	The entity is owned by more than one company within the AFG Group.
3	Great American Insurance Company is the majority member of the Association.
4	Beneficial interest and indirect control is established by trust agreements between Great American Insurance Company and each of the underwriters of the Company.
5	Company is affiliated but not owned.

SCHEDULE Y

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

PART E: SUMMARY OF INSURERS' TRANSACTIONS WITH AFFILIATES												
1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	265,000,000					272,948,635			537,948,635	
00000.....		GAI Insurance Company, Ltd.....									0	(3,464,000)
00000.....		Lloyd's Syndicate 2468 (United Kingdom).....									0	(4,477,000)
00000.....	98-0412245.....	Lavenham Underwriting Limited.....									0	11,632,124
00000.....	98-0431601.....	Sampford Underwriting Limited.....									0	12,381,893
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	200,000,000	(10,000,000)							190,000,000	
63312.....	13-1935920.....	Great American Life Insurance Company.....	(200,000,000)	1,962,479				(164,853,880)			(362,891,401)	30,936,454
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....		(3,593,969)							(3,593,969)	
00000.....	45-1144095.....	GALIC Pointe, LLC.....		574,786							574,786	
63479.....	58-0869673.....	United Teacher Associates Insurance Company.....		10,000,000							10,000,000	(30,936,454)
00000.....	42-1575938.....	Great American Holding, Inc.....	20,000,000	(218,668,002)							(198,668,002)	
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	(8,300,000)						*		(8,300,000)	15,324,000
37990.....	31-0973761.....	American Empire Insurance Company.....	(1,700,000)		(1,331,998)				*		(1,700,000)	
00000.....		Great American International Insurance Limited (Ireland).....									(1,331,998)	9,077,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	(6,200,000)						*		(6,200,000)	(3,828,000)
15380.....	73-1406844.....	Mid-Continent Assurance Company.....	(2,100,000)						*		(2,100,000)	
23426.....	73-0773259.....	Oklahoma Surety Company.....	(1,700,000)						*		(1,700,000)	
22179.....	95-2801326.....	Republic Indemnity Company of America.....		208,000,000					*		208,000,000	(45,787,138)
43753.....	31-1054123.....	Republic Indemnity Company of California.....		12,000,000					*		12,000,000	
00000.....	59-3409855.....	Summit Holding Southeast, Inc.....		40,000,000							40,000,000	
10701.....	59-1835212.....	Bridgefield Employers Insurance Company.....		(15,000,000)					*		(15,000,000)	
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....		(25,000,000)					*		(25,000,000)	
16691.....	31-0501234.....	Great American Insurance Company.....	(236,340,351)	3,862,901				(108,094,755)	*		(340,572,205)	7,705,983
00000.....	13-3628555.....	FCIA Management Company, Inc.....	(47,400)								(47,400)	
00000.....	31-1765544.....	GAI Warranty Company of Florida.....									0	8,487,000
00000.....	61-1329718.....	Global Premier Finance Company.....	(600,000)								(600,000)	
26832.....	95-1542353.....	Great American Alliance Insurance Company.....	(3,000,000)						*		(3,000,000)	
39896.....	61-0983091.....	Great American Casualty Insurance Company.....	(1,300,000)						*		(1,300,000)	
10646.....	36-4079497.....	Great American Contemporary Insurance Company.....	(1,100,000)						*		(1,100,000)	
37532.....	31-0954439.....	Great American E & S Insurance Company.....	(2,000,000)						*		(2,000,000)	
41858.....	31-1036473.....	Great American Fidelity Insurance Company.....	(2,000,000)						*		(2,000,000)	
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....	(500,000)								(500,000)	
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....									0	1,532,000
38580.....	31-1288778.....	Great American Protection Insurance Company.....	(2,800,000)						*		(2,800,000)	
31135.....	31-1209419.....	Great American Security Insurance Company.....	(1,900,000)						*		(1,900,000)	
33723.....	31-1237970.....	Great American Spirit Insurance Company.....	(2,100,000)						*		(2,100,000)	
00000.....	59-1263251.....	Key Largo Group, Inc.....	(150,000)						*		(150,000)	
00000.....	34-1607394.....	National Interstate Corporation.....	5,104,000								5,104,000	
00000.....	98-0191335.....	Hudson Indemnity, Ltd (Cayman Islands).....									0	(259,040,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	(10,000,000)						*		(10,000,000)	227,876,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....							*		0	12,638,000

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	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
41106.....	95-3623282.....	Triumph Casualty Company.....	.....	.....	.....	.....	.....	.....	.....	.....	0	1,824,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....	.....	.....	.....	.....	.....	.....	.....	0	13,247,000
00000.....	27-2226948.....	Pinecrest Place LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	(4,572,446)	.....
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	(4,500,000)	.....
9999999.	Control Totals.....	.....	0	0	0	0	0	0	0	XXX	0	5,128,862

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
35351	American Empire Surplus Lines Insurance Company	90.00%	16691	Great American Insurance Company	100.00%
37990	American Empire Insurance Company	10.00%	26832	Great American Alliance Insurance Company	
			26344	Great American Assurance Company	
23418	Mid-Continent Casualty Company	94.00%	39896	Great American Casualty Insurance Company	
15380	Mid-Continent Assurance Company	3.00%	10646	Great American Contemporary Insurance Company	
23426	Oklahoma Surety Company	3.00%	37532	Great American E & S Insurance Company	
13794	Mid-Continent Excess and Surplus Insurance Company		41858	Great American Fidelity Insurance Company	
			22136	Great American Insurance Company of New York	
22179	Republic Indemnity Company of America	100.00%	38580	Great American Protection Insurance Company	
43753	Republic Indemnity Company of California		31135	Great American Security Insurance Company	
10701	Bridgefield Employers Insurance Company		33723	Great American Spirit Insurance Company	
10335	Bridgefield Casualty Insurance Company				
32620	National Interstate Insurance Company	70.00%			
21172	Vanliner Insurance Company	26.00%			
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%			
41106	Triumph Casualty Company	2.00%			

CONTINENTAL GENERAL INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
4. Will an actuarial opinion be filed with this statement by March 1?

Responses
YES
YES
YES
YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
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?
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

AUGUST FILING

11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?

YES
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?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
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?
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?
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
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?

APRIL FILING

41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
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?
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?
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?
49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
50. Will the Supplemental XXX/XXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?

YES
YES
NO
YES
YES
YES
YES
NO

AUGUST FILING

51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

NO
NO
NO

**Overflow Page
NONE**

**Overflow Page
NONE**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Alaska

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	332.....	P.....	NO.....	34000.....	05/16/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....3,355	.....140	.....4.2	.....1	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	08/16/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,587	.....29	.....0.5	.....1	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....										.....8,941	.....169	.....1.9	.....2	.....0	.....0	.....0.0

XXX

XXX

360

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	342.....	C.....	NO.....	34000.....	03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....13,670	.....14,310	.....104.7	.....3			.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....3,253	.....7,932	.....243.8				.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....4,941		.....0.0	.....1			.....0.0
....YES.....	348.....	I.....	NO.....	34000.....	03/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....2,246	.....2,186	.....97.3	.....1			.....0.0
....YES.....	3AB.....	B.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....14,153	.....4,308	.....30.4	.....3			.....0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....30,047	.....14,410	.....48.0	.....6			.....0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....19,876	.....8,442	.....42.5	.....4			.....0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	10/15/2003			.05/31/2010	MEDICARE SUPPLEMENT.....	.....39,480	.....7,061	.....17.9	.....10			.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....111,471	.....48,852	.....43.8	.....25			.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....15,652	.....2,863	.....18.3	.....2			.....0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	05/26/2006			.05/31/2010	MEDICARE SUPPLEMENT.....	.....107,138	.....52,276	.....48.8	.....37			.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	10/11/2006			.05/31/2010	MEDICARE SUPPLEMENT.....	.....24,158	.....19,357	.....80.1	.....6			.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	05/17/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....2,554	.....17,807	.....697.3	.....2			.....0.0
....YES.....	CGI-MS-DM-AA-F-AL	F.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....	.....42,705	.....45,188	.....105.8	.....19	.....22,532	.....13,465	.....59.8
....YES.....	CGI-MS-DM-AA-G-AL	G.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....	.....5,443	.....4,974	.....91.4	.....2	.....13,096	.....5,428	.....41.4
....YES.....	CGI-MS-DM-AA-N-AL	N.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....	.....1,860	.....1,401	.....75.3	.....1			.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....438,648	.....251,365	.....57.3	.....122	.....35,627	.....18,893	.....53.0
																.....15

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

- 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 Ste. 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".
 - XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Arkansas

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	332.....	P.....	NO.....	34000.....	.07/23/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....3,495	.....157	.....4.5	.....	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	.05/01/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....38,145	.....45,577	.....119.5	.....12	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	.05/01/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,991	.....4,497	.....90.1	.....2	.....	.....	.....0.0
....YES.....	CGI-MS-DM-CR-F-AR F.....	.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....39,460	.....26,354	.....66.8	.....21	.....43,140	.....37,016	.....85.8
....YES.....	CGI-MS-DM-CR-G-AF G.....	.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....1,589	.....69	.....4.3	.....1	.....6,357	.....5,646	.....88.8
....YES.....	CGI-MS-DM-IA-N-AR N.....	.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....	.....0.0	.....	.....	.....1,809	.....143	.....7.9
0199999.	Total Policy Experience on Individual Policies.....87,68076,65587.43651,30642,80683.4
															29

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XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Arizona



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

.....YES.....	309.....	P.....	NO.....	34000.....	.06/05/1981	.....	.....	.12/31/1988	MEDICARE SUPPLEMENT.....	.....10,200	.....908	.....8.9	.....3	.....	.....	.....0.0
.....YES.....	310.....	P.....	NO.....	34000.....	.06/02/1982	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....2,399	.....3,038	.....126.6	.....1	.....	.....	.....0.0
.....YES.....	323.....	P.....	NO.....	34000.....	.02/21/1989	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....45,701	.....18,605	.....40.7	.....8	.....	.....	.....0.0
.....YES.....	332.....	P.....	NO.....	34000.....	.05/25/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....53,611	.....33,253	.....62.0	.....10	.....	.....	.....0.0
.....YES.....	345.....	F.....	NO.....	34000.....	.02/12/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....52,878	.....51,485	.....97.4	.....15	.....	.....	.....0.0
.....YES.....	346.....	G.....	NO.....	34000.....	.02/12/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....34,372	.....14,603	.....42.5	.....6	.....	.....	.....0.0
.....YES.....	3AE.....	E.....	NO.....	34000.....	.01/20/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,755	.....122	.....2.6	.....1	.....	.....	.....0.0
.....YES.....	3AF.....	F.....	NO.....	34000.....	.09/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....13,867	.....11,225	.....80.9	.....6	.....	.....	.....0.0
									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....(10,958)	.....1,923	.....(17.5)	.....7	.....	.....	.....0.0
.....YES.....	3AK.....	F.....	NO.....	34000.....	.09/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....6	.....	.....	.....0.0
.....YES.....	CGI-MS-DM-CR-G-AZ	G.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....388	.....2,091	.....538.5	.....4	.....(111)	.....5,988	.....(5,404.6)
0199999.	Total Policy Experience on Individual Policies.....									.....207,214	.....137,253	.....66.2	.....61	.....(105)	.....5,988	.....(5,710.3)
																.....5

0199999. Total Policy Experience on Individual Policies.....

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

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

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/31/1988	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	.....47,475	.....57,717	.....121.6	.....13	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	07/19/1991	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....77,927	.....70,851	.....90.9	.....22	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	03/31/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....19,463	.....12,748	.....65.5	.....3	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	03/31/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....22,471	.....12,531	.....55.8	.....4	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	04/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....(63)	.....0.0	.....	.....	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34060.....	10/29/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....757	.....0.0	.....1	.....	.....	.....0.0	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....								168,029153,84791.643000.0

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GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014			
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
....YES.....	323.....	P.....	NO.....	34000.....	12/14/1988	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....56,289	.....56,517	.....100.4	.....15	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	06/10/1991	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....10,284	.....2,304	.....22.4	.....3	.....	.....	.....0.0
....YES.....	340.....	A.....	NO.....	34000.....	02/11/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....3,604	.....855	.....23.7	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	02/11/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....9,018	.....4,311	.....47.8	.....2	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	02/11/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....46,558	.....11,811	.....25.4	.....9	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	02/11/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....20,649	.....11,227	.....54.4	.....6	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34060.....	03/08/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,551	.....0.0	.....	.....	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34060.....	05/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....547,585	.....315,526	.....57.6	.....130	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34060.....	05/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....21,000	.....3,322	.....15.8	.....5	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34060.....	10/11/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....22,791	.....4,227	.....18.5	.....5	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34060.....	05/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....25,126	.....3,506	.....14.0	.....32	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-A-CC A.....	.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....1,867	.....1,698	.....90.9	.....1	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-CO F.....	.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....161,714	.....131,530	.....81.3	.....85	.....172,266	.....122,502	.....71.1
....YES.....	CGI-MS-DM-AA-G-CC G.....	.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....8,796	.....6,416	.....72.9	.....5	.....13,441	.....3,790	.....28.2
....YES.....	CGI-MS-DM-AA-N-CC N.....	.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....3,337	.....1,341	.....40.2	.....2	.....	.....	.....0.0
....YES.....	CSA-D.....	D.....	NO.....	34067.....	04/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,381	.....622	.....26.1	.....1	.....	.....	.....0.0
....YES.....	CSA-F.....	F.....	NO.....	34067.....	04/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....332,521	.....282,043	.....84.8	.....144	.....	.....	.....0.0
....YES.....	CSA-G.....	G.....	NO.....	34067.....	04/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....5,547	.....10,120	.....182.4	.....3	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....										.....1,280,619	.....847,375	.....66.2	.....449	.....185,707	.....126,292	.....68.0
															.....102	

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".
XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Connecticut

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

.....YES.....	340.....	A.....	.....NO.....	34060.....	10/18/1993	.....	.....	.06/25/2000	MEDICARE SUPPLEMENT.....	.....13,720	.....11,137	.....81.2	.....3	.....	.....	.....0.0
.....YES.....	348.....	I.....	.....NO.....	34000.....	10/18/1993	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....21,843	.....15,340	.....70.2	.....4	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....									35,56326,47874.57000

XXX

XXX

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GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Delaware

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	01/17/1989	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....13	.....	0.0	.....	.....	.....0.0	.....
....YES.....	3AD.....	D.....	NO.....	34000.....	09/17/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,132	.....107	.....2.6	.....1	.....	.....0.0	.....
....YES.....	3AG.....	G.....	NO.....	34000.....	09/17/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....401	.....	.....0.0	.....	.....	.....0.0	.....
....YES.....	3AH.....	H.....	NO.....	34000.....	04/27/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,033	.....31,594	.....783.4	.....	.....	.....0.0	.....
....YES.....	3AJ.....	J.....	NO.....	34000.....	10/03/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,231	.....2,617	.....50.0	.....1	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....								13,81034,317248.52000

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XXX
XXX**GENERAL INTERROGATORIES**

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Florida



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	324.....	P.....	NO.....	34000.....	05/18/1989			.12/31/1990	MEDICARE SUPPLEMENT.....	.....37,875	.....32,228	.....85.1	.....13			.....0.0
....YES.....	333.....	P.....	NO.....	34000.....	06/21/1990			.12/31/1992	MEDICARE SUPPLEMENT.....	.....238,792	.....271,608	.....113.7	.....79			.....0.0
....YES.....	340.....	A.....	NO.....	34000.....	01/14/1992			.10/21/2000	MEDICARE SUPPLEMENT.....	.....93,637	.....99,636	.....106.4	.....42			.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	01/14/1992			.07/26/2008	MEDICARE SUPPLEMENT.....	.....5,721,242	.....5,676,204	.....99.2	.....1,815			.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	01/14/1992			.07/26/2008	MEDICARE SUPPLEMENT.....	.....1,259,931	.....1,178,481	.....93.5	.....390			.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	01/14/1992			.07/26/2008	MEDICARE SUPPLEMENT.....	.....66,216	.....45,629	.....68.9	.....22			.....0.0
....YES.....	348.....	I.....	NO.....	34000.....	01/14/1992			.01/01/1999	MEDICARE SUPPLEMENT.....	.....294,292	.....327,215	.....111.2	.....84			.....0.0
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	01/09/1987			.12/31/1991	MEDICARE SUPPLEMENT.....	.....3,939	.....32,299	.....820.0	.....2			.....0.0
....YES.....	8701-471 (391).....	P.....	NO.....	34000.....	01/09/1987			.12/31/1991	MEDICARE SUPPLEMENT.....	.....3,820	.....7,660	.....200.5	.....1			.....0.0
....YES.....	8907-473 (393).....	P.....	NO.....	34000.....	08/18/1989			.12/31/1991	MEDICARE SUPPLEMENT.....	.....3,932	.....341	.....8.7	.....1			.....0.0
0199999.....	Total Policy Experience on Individual Policies.....									.....7,723,675	.....7,671,302	.....99.3	.....2,449	.....0	.....0	.....0.0

360

Group Policies

....YES.....	361.....	B.....	NO.....	34000.....	01/27/1994			.05/31/2010	MEDICARE SUPPLEMENT.....	.....177	.....536	.....303.3				.....0.0
....YES.....	362.....	C.....	NO.....	34000.....	01/27/1994			.05/31/2010	MEDICARE SUPPLEMENT.....	.....118,758	.....168,423	.....141.8	.....55			.....0.0
0299999.....	Total Policy Experience on Group Policies.....									.....118,934	.....168,959	.....142.1	.....55	.....0	.....0	.....0.0

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 100 Austin TX 78717

GENERAL INTERROGATORIES

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

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/16/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....9,048	.....7,447	.....82.3	.....2	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	.08/03/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....34,191	.....25,370	.....74.2	.....8	.....	.....	.....0.0
....YES.....	340.....	A.....	NO.....	34000.....	.05/28/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....11,300	.....1,098	.....9.7	.....4	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	.05/28/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....181,219	.....70,962	.....39.2	.....44	.....	.....	.....0.0
....YES.....	344.....	E.....	NO.....	34000.....	.01/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....69,565	.....49,831	.....71.6	.....31	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	.05/28/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....1,041,887	.....698,983	.....67.1	.....334	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	.05/28/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....785,645	.....675,401	.....86.0	.....318	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34000.....	.05/28/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....78,765	.....37,198	.....47.2	.....18	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	.05/28/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,044	.....715	.....14.2	.....1	.....	.....	.....0.0
....YES.....	CGI-MS-DM-IA-F-GA	F.....	NO.....	204000.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....14,115	.....15,092	.....106.9	.....6	.....56,124	.....44,857	.....79.9
....YES.....	CGI-MS-DM-IA-G-GA	G.....	NO.....	204000.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....9,390	.....2,307	.....24.6	.....4	.....20,137	.....6,262	.....31.1
....YES.....	CGI-MS-DM-IA-N-GA	N.....	NO.....	204000.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....1,538	.....3,367	.....219.0	.....1	.....1,654	.....9	.....0.5
0199999.	Total Policy Experience on Individual Policies.....									.....2,241,707	.....1,587,772	.....70.8	.....771	.....77,914	.....51,127	.....65.6
																.....35

360

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".
XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Iowa



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	308.....	P.....	NO.....	34000.....	03/06/1979	.....	.....	12/31/1981	MEDICARE SUPPLEMENT.....	2,608	4,806	184.2	1	.....	.....	0.0
....YES.....	310.....	P.....	NO.....	34000.....	06/02/1982	.....	.....	12/31/1987	MEDICARE SUPPLEMENT.....	12,942	5,988	46.3	5	.....	.....	0.0
....YES.....	314.....	P.....	NO.....	34000.....	06/24/1985	.....	.....	12/31/1988	MEDICARE SUPPLEMENT.....	6,270	2,221	35.4	2	.....	.....	0.0
....YES.....	323.....	P.....	NO.....	34000.....	01/25/1989	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	31,443	42,311	134.6	7	.....	.....	0.0
....YES.....	332.....	P.....	NO.....	34000.....	04/20/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	30,091	13,331	44.3	8	.....	.....	0.0
....YES.....	342.....	C.....	NO.....	34000.....	12/04/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	3,518	1,252	35.6	1	.....	.....	0.0
....YES.....	345.....	F.....	NO.....	34000.....	12/04/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	104,707	54,340	51.9	.27	.....	.....	0.0
....YES.....	346.....	G.....	NO.....	34000.....	12/04/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	19,687	22,195	112.7	8	.....	.....	0.0
....YES.....	348.....	I.....	NO.....	34000.....	12/04/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	7,038	3,946	56.1	1	.....	.....	0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	07/05/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	5,101	.863	16.9	2	.....	.....	0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	11/20/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	16,176	15,077	93.2	6	.....	.....	0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	07/05/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	84,117	52,184	62.0	.29	.....	.....	0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	07/05/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	755	137	18.2	.....	.....	.....	0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	05/22/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	21,888	13,566	62.0	7	.....	.....	0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	09/29/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	1,256,513	899,127	71.6	.339	.....	.....	0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	07/05/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	4,272	.....	0.0	9	.....	.....	0.0
....YES.....	CGI-MS-DM-AA-F-IA	F.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	177,491	144,227	81.3	.92	137,221	111,589	81.3
....YES.....	CGI-MS-DM-AA-G-IA	G.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	6,234	3,056	49.0	4	11,308	6,336	56.0
....YES.....	CSA-F.....	F.....	NO.....	34007.....	04/21/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	2,250	.425	18.9	1	.....	.....	0.0
0199999.	Total Policy Experience on Individual Policies.....										1,793,102	1,279,053	71.3	549	148,529	117,925	79.4	
																80		

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Idaho

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/02/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....8,255	.....7,505	.....90.9	.....2	.....	.....	.....0.0
....YES.....	344.....	E.....	NO.....	34000.....	12/05/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,860	.....3,989	.....68.1	.....2	.....	.....	.....0.0
....YES.....	CGI-MS-DM-IA-F-ID.....	F.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....31,130	.....37,207	.....119.5	.....15	.....11,535	.....3,369	.....29.2
....YES.....	CGI-MS-DM-IA-G-ID.....	G.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....	.....0.0	.....	.....	.....1,847	.....427	.....23.1
0199999.	Total Policy Experience on Individual Policies.....									.....45,245	.....48,701	.....107.6	.....19	.....13,383	.....3,796	.....28.4
																.....7

XXX

XXX

360

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	314.....	P.....	NO.....	34000.....	05/13/1985	.....	.....	12/31/1988	MEDICARE SUPPLEMENT.....	.....6,539	.....331	.....5.1	.....1	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	01/19/1989	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....60,574	.....35,528	.....58.7	.....12	.....	.....	.....0.0
....YES.....	324.....	P.....	NO.....	34000.....	01/19/1988	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....1,146	.....1,691	.....147.5	.....	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	03/28/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....100,051	.....60,003	.....60.0	.....20	.....	.....	.....0.0
....YES.....	340.....	A.....	NO.....	34000.....	02/28/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....5,600	.....647	.....11.5	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	02/28/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....23,020	.....2,888	.....12.5	.....4	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	02/28/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....112,958	.....49,155	.....43.5	.....17	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	02/28/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....30,255	.....25,133	.....83.1	.....8	.....	.....	.....0.0
....YES.....	3AB.....	B.....	NO.....	34060.....	08/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....5,729	.....672	.....11.7	.....1	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34060.....	08/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....35,694	.....48,550	.....136.0	.....7	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34060.....	11/24/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....98,768	.....52,106	.....52.8	.....20	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34060.....	08/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....535,883	.....330,406	.....61.7	.....90	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34060.....	08/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....60,320	.....46,887	.....77.7	.....10	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34060.....	08/11/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....47,206	.....16,732	.....35.4	.....11	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34060.....	11/08/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....117,781	.....85,199	.....72.3	.....22	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34060.....	08/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....17,104	.....9,504	.....55.6	.....22	.....	.....	.....0.0
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	10/03/1986	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....13,248	.....9,799	.....74.0	.....1	.....	.....	.....0.0
....YES.....	8907-473 (393).....	P.....	NO.....	34000.....	06/26/1989	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....5,875	.....	.....0.0	.....1	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-IL	F.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....193,923	.....100,104	.....51.6	.....94	.....383,814	.....295,026	.....76.9
....YES.....	CGI-MS-DM-AA-G-IL	G.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....32,700	.....27,311	.....83.5	.....17	.....46,429	.....56,910	.....122.6
....YES.....	CGI-MS-DM-AA-N-IL	N.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....24,770	.....24,761	.....100.0	.....9	.....8,758	.....11,661	.....133.1
....YES.....	CSA-F.....	F.....	NO.....	34067.....	05/09/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....973	.....10,565	.....1,085.6	.....	.....	.....	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....									.....1,530,118	.....937,970	.....61.3	.....368	.....439,001	.....363,597	.....82.8
																.....225	

GENERAL INTERROGATORIES

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

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014			
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
....YES.....	323.....	P.....	NO.....	34000.....	02/07/1989			.12/31/1990	MEDICARE SUPPLEMENT.....	2,811	.449	16.0	1			0.0	
....YES.....	332.....	P.....	NO.....	34000.....	05/16/1990			.12/31/1992	MEDICARE SUPPLEMENT.....	9,899	1,173	11.8	3			0.0	
....YES.....	333.....	P.....	NO.....	34000.....	04/30/1990			.12/31/1992	MEDICARE SUPPLEMENT.....	3,437	1,234	35.9	1			0.0	
....YES.....	340.....	A.....	NO.....	34000.....	02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT.....	10,028	.263	2.6	2			0.0	
....YES.....	342.....	C.....	NO.....	34000.....	02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT.....	18,605	.25,275	135.8	3			0.0	
....YES.....	345.....	F.....	NO.....	34000.....	02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT.....	101,506	.43,656	43.0	.13			0.0	
....YES.....	346.....	G.....	NO.....	34000.....	02/07/1992			.12/31/2000	MEDICARE SUPPLEMENT.....	50,273	.33,578	66.8	.12			0.0	
....YES.....	348.....	I.....	NO.....	34000.....	02/07/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	12,705	.783	6.2	1			0.0	
....YES.....	3AC.....	C.....	NO.....	34000.....	06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT.....	9,197	.8,555	93.0	.1			0.0	
....YES.....	3AD.....	D.....	NO.....	34000.....	06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT.....	248,066	.184,551	74.4	.46			0.0	
....YES.....	3AE.....	E.....	NO.....	34000.....	01/26/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	.487,261	.200,485	41.1	.105			0.0	
....YES.....	3AF.....	F.....	NO.....	34000.....	06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT.....	.197,809	.96,090	48.6	.34			0.0	
....YES.....	3AG.....	G.....	NO.....	34000.....	06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT.....	.44,175	.22,547	51.0	.8			0.0	
....YES.....	3AH.....	H.....	NO.....	34000.....	06/14/2006			.05/31/2010	MEDICARE SUPPLEMENT.....	.571,545	.472,263	82.6	.152			0.0	
....YES.....	3AJ.....	J.....	NO.....	34000.....	12/05/2006			.05/31/2010	MEDICARE SUPPLEMENT.....	.221,224	.156,721	70.8	.51			0.0	
....YES.....	3AK.....	F.....	NO.....	34000.....	06/09/2000			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.12,060	.27,316	.226.5	.22			0.0	
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT.....	11,736	.4,450	37.9	4			0.0	
....YES.....	8701-471 (391).....	P.....	NO.....	34000.....	10/03/1986			.12/31/1991	MEDICARE SUPPLEMENT.....	3,436	.97	2.8	.1			0.0	
....YES.....	8907-472 (392).....	P.....	NO.....	34000.....	06/26/1989			.12/31/1991	MEDICARE SUPPLEMENT.....	2,037	.2,505	123.0				0.0	
....YES.....	CGI-MS-DM-AA-F-IN	F.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....	.244,406	.166,538	68.1	.115	.361,382	.311,255	.86.1	
....YES.....	CGI-MS-DM-AA-G-IN	G.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....	.54,835	.56,853	103.7	.25	.67,217	.49,737	.74.0	
....YES.....	CGI-MS-DM-AA-N-IN	N.....	NO.....	204000.....	06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT.....			0.0		.9,774	.3,404	.34.8	
....YES.....	CSA-F.....	F.....	NO.....	34007.....	04/23/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.37,896	.27,240	71.9	.14			0.0	
....YES.....	CSA-G.....	G.....	NO.....	34007.....	04/23/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.22,015	.23,582	107.1	.9			0.0	
0199999.....	Total Policy Experience on Individual Policies.....									.2,376,960	.1,556,203	.65.5	.623	.438,373	.364,396	.83.1	
																217	

GENERAL INTERROGATORIES

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

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	309.....	P.....	NO.....	34000.....	04/23/1982			.12/31/1988	MEDICARE SUPPLEMENT.....	23,376	.20,168	86.3	6			0.0
....YES.....	314.....	P.....	NO.....	34000.....	09/17/1985			.12/31/1988	MEDICARE SUPPLEMENT.....	5,985	.2,663	44.5	2			0.0
....YES.....	323.....	P.....	NO.....	34000.....	12/27/1988			.12/31/1990	MEDICARE SUPPLEMENT.....	36,244	.18,846	52.0	8			0.0
....YES.....	332.....	P.....	NO.....	34000.....	06/13/1990			.12/31/1992	MEDICARE SUPPLEMENT.....	12,516	.10,086	80.6	3			0.0
....YES.....	CGI-MS-DM-AA-A-KS A.....	CGI-MS-DM-AA-A-KS A.....	NO.....	204060.....	06/01/2010	.11/20/2014			MEDICARE SUPPLEMENT.....			0.0		1,881	.135	.72
....YES.....	342.....	C.....	NO.....	34060.....	04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT.....	101,739	.44,466	43.7	.15			0.0
....YES.....	344.....	E.....	NO.....	34060.....	04/12/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	246,459	.123,311	50.0	.65			0.0
....YES.....	345.....	F.....	NO.....	34060.....	04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT.....	267,653	.123,607	46.2	.53			0.0
....YES.....	346.....	G.....	NO.....	34060.....	04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT.....	750,910	.579,136	77.1	.244			0.0
....YES.....	348.....	I.....	NO.....	34060.....	04/01/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	40,997	.40,877	99.7	.5			0.0
....YES.....	3AC.....	C.....	NO.....	34060.....	04/01/1992			.05/31/2010	MEDICARE SUPPLEMENT.....	4,214	.263	6.2	.1			0.0
....YES.....	CGI-MS-DM-AA-F-KS F.....	CGI-MS-DM-AA-F-KS F.....	NO.....	204060.....	06/01/2010	.11/20/2014			MEDICARE SUPPLEMENT.....	246,060	.196,771	80.0	123	.229,257	.175,682	.76.6
....YES.....	CGI-MS-DM-AA-G-KS G.....	CGI-MS-DM-AA-G-KS G.....	NO.....	204060.....	06/01/2010	.11/20/2014			MEDICARE SUPPLEMENT.....	36,029	.21,971	61.0	.21	.255,409	.194,128	.76.0
....YES.....	CGI-MS-DM-AA-N-KS N.....	CGI-MS-DM-AA-N-KS N.....	NO.....	204060.....	06/01/2010	.11/20/2014			MEDICARE SUPPLEMENT.....	4,930	.1,141	23.1	.3	.3,475	.151	.4.4
....YES.....	CSA-F.....	F.....	NO.....	34067.....	04/16/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	2,328	.1,080	46.4	.1			0.0
0199999.....	Total Policy Experience on Individual Policies.....									1,779,440	1,184,387	66.6	550	.490,022	.370,097	.75.5
																233

Group Policies

....YES.....	364.....	I.....	NO.....	34000.....	03/03/1994			.05/31/2010	MEDICARE SUPPLEMENT.....	2,785	.626	22.5	.1			0.0
0299999.....	Total Policy Experience on Group Policies.....									2,785	.626	22.5	.1	.0	.0	.0

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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.

360

GENERAL INTERROGATORIES

- 2.1 Address..... 11200 Lakeline Blvd Ste. 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 Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	332.....	P.....	NO.....	34000.....	.06/14/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....4,375	.....8,897	.....203.4	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	.02/18/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....26,662	.....37,974	.....142.4	.....5	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	.02/18/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....10,885	.....2,156	.....19.8	.....2	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34060.....	.02/18/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....9,470	.....1,646	.....17.4	.....2	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34060.....	.02/18/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....15,450	.....2,466	.....16.0	.....3	.....	.....	.....0.0
....YES.....	3AB.....	B.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....19,843	.....10,104	.....50.9	.....4	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....21,381	.....3,115	.....14.6	.....4	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....73,931	.....44,474	.....60.2	.....15	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34060.....	.01/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....102,436	.....96,965	.....94.7	.....23	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....326,609	.....148,427	.....45.4	.....61	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....12,633	.....7,310	.....57.9	.....2	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34060.....	.05/31/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....27,442	.....9,150	.....33.3	.....8	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34060.....	.08/05/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....6,331	.....2,570	.....40.6	.....8	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-KY	F.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....307,272	.....249,920	.....81.3	.....155	.....376,911	.....239,463	.....63.5
....YES.....	CGI-MS-DM-AA-G-GN	G.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....53,203	.....31,800	.....59.8	.....26	.....85,078	.....92,161	.....108.3
....YES.....	CGI-MS-DM-AA-N-GN	N.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....105	.....3,009	.....2,866.4	.....3	.....8,978	.....8,304	.....92.5
0199999.	Total Policy Experience on Individual Policies.....									.....1,018,027	.....659,983	.....64.8	.....322	.....470,967	.....339,928	.....72.2
																249

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

- 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 Ste. 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".
 - XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	323.....	P.....	NO.....	34000.....	11/30/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....5,393	.....14,361	.....266.3	.....1	.....	.....	.....0.0	.....
....YES.....	332.....	P.....	NO.....	34000.....	05/08/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....51,973	.....50,099	.....96.4	.....9	.....	.....	.....0.0	.....
....YES.....	342.....	C.....	NO.....	34060.....	07/20/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....12,476	.....1,037	.....8.3	.....2	.....	.....	.....0.0	.....
....YES.....	345.....	F.....	NO.....	34060.....	07/20/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....115,726	.....71,335	.....61.6	.....18	.....	.....	.....0.0	.....
....YES.....	346.....	G.....	NO.....	34060.....	07/20/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....13,360	.....2,266	.....17.0	.....3	.....	.....	.....0.0	.....
....YES.....	348.....	I.....	NO.....	34060.....	07/20/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....28,002	.....812	.....2.9	.....2	.....	.....	.....0.0	.....
....YES.....	3AB.....	B.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,170	.....355	.....5.0	.....1	.....	.....	.....0.0	.....
....YES.....	3AC.....	C.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,288	.....8,333	.....194.4	.....1	.....	.....	.....0.0	.....
....YES.....	3AD.....	D.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,052	.....1,453	.....28.8	.....1	.....	.....	.....0.0	.....
....YES.....	3AF.....	F.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....156,926	.....45,450	.....29.0	.....27	.....	.....	.....0.0	.....
....YES.....	3AG.....	G.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....15,036	.....2,754	.....18.3	.....3	.....	.....	.....0.0	.....
....YES.....	3AK.....	F.....	NO.....	34060.....	06/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....17,436	.....16,472	.....94.5	.....18	.....	.....	.....0.0	.....
....YES.....	CGI-MS-DM-AA-F-LA F.....	NO.....	204060.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....116,968	.....80,630	.....68.9	.....43	.....70,022	.....48,546	.....69.3	.....29
....YES.....	CGI-MS-DM-AA-G-LA G.....	NO.....	204060.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....22,371	.....15,101	.....67.5	.....10	.....29,334	.....15,397	.....52.5	.....12
....YES.....	CGI-MS-DM-AA-N-LA N.....	NO.....	204060.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....5	.....0.0	.....	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									572,184310,45854.313999,35663,94364.441

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XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

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

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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 Ste. 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".
XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Maryland

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	314.....	P.....	NO.....	34000.....	03/02/1987	.....	.....	.12/31/1988	MEDICARE SUPPLEMENT.....	.....3,447	.....3,274	.....95.0	.....1	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	06/29/1989	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	.....8,904	.....2,787	.....31.3	.....2	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	05/11/1992	06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	.....122,235	.....80,907	.....66.2	.....22	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	05/11/1992	06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	.....36,524	.....12,236	.....33.5	.....6	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	05/11/1992	06/01/2010	.....	.....	MEDICARE SUPPLEMENT.....	.....16,114	.....4,467	.....27.7	.....3	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34060.....	05/11/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....39,143	.....5,232	.....13.4	.....4	.....	.....	.....0.0
0199999. Total Policy Experience on Individual Policies.....									226,368108,90348.138000

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XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	343(ME).....	D.....	NO.....	34000.....	10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....9,971	.....13,293	.....133.3	.....3	.....	.....	.....0.0
....YES.....	345(ME).....	F.....	NO.....	34000.....	10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....27,477	.....31,591	.....115.0	.....10	.....	.....	.....0.0
....YES.....	358(ME).....	F.....	NO.....	34000.....	10/28/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,227	.....3	.....0.2	.....2	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....								38,67544,886116.115000

XXX

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GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	321.....	P.....	NO.....	34000.....	09/08/1987	.....	.....	.01/01/1989	MEDICARE SUPPLEMENT.....	2,276	.....5,843	.....256.8	.....1	.....	.....	.....0.0
....YES.....	324.....	P.....	NO.....	34000.....	12/08/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	13,294	.....4,402	.....33.1	.....3	.....	.....	.....0.0
....YES.....	333.....	P.....	NO.....	34000.....	04/30/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	26,859	.....10,098	.....37.6	.....6	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	03/22/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	550	.....	.....0.0	.....	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34060.....	06/10/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,668	.....	.....0.0	.....1	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	06/10/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	15,583	.....17,796	.....114.2	.....3	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	11/13/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	245,349	.....122,441	.....49.9	.....44	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	06/10/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	250,050	.....179,075	.....71.6	.....41	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	06/10/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	80,323	.....26,646	.....33.2	.....11	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	06/14/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	88,581	.....65,966	.....74.5	.....18	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	06/14/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	79,373	.....56,406	.....71.1	.....14	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	06/10/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	32,336	.....29,185	.....90.3	.....37	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-MI	F.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	92,031	.....42,489	.....46.2	.....42	.....144,521	.....96,259	.....66.6
....YES.....	CGI-MS-DM-AA-G-MI	G.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	11,863	.....4,552	.....38.4	.....7	.....71,443	.....32,985	.....46.2
....YES.....	CGI-MS-DM-AA-N-MI	N.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	1,872	.....633	.....33.8	.....1	.....	.....	.....0.0
....YES.....	CSA-D.....	D.....	NO.....	34007.....	11/12/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	58,870	.....28,436	.....48.3	.....25	.....	.....	.....0.0
....YES.....	CSA-F.....	F.....	NO.....	34007.....	11/12/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	502,429	.....292,787	.....58.3	.....188	.....	.....	.....0.0
....YES.....	CSA-G.....	G.....	NO.....	34007.....	11/12/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	115,371	.....71,156	.....61.7	.....48	.....	.....	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....									1,626,676	.....957,910	.....58.9	.....490	.....215,964	.....129,244	.....59.8
																106		

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	312.....	P.....	NO.....	34000.....	05/04/1983	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....17,344	.....10,004	.....57.7	.....4	.....	.....	.....0.0
....YES.....	316.....	P.....	NO.....	34000.....	12/05/1985	.....	.....	.12/31/1988	MEDICARE SUPPLEMENT.....	.....17,983	.....10,683	.....59.4	.....7	.....	.....	.....0.0
....YES.....	326.....	P.....	NO.....	34000.....	01/25/1989	.....	.....	.12/31/1989	MEDICARE SUPPLEMENT.....	.....22,050	.....9,299	.....42.2	.....5	.....	.....	.....0.0
....YES.....	329.....	P.....	NO.....	34000.....	01/02/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....1,784	.....3,561	.....199.6	.....	.....	.....	.....0.0
....YES.....	331.....	P.....	NO.....	34000.....	03/05/1990	.....	.....	.12/31/1993	MEDICARE SUPPLEMENT.....	.....147,699	.....89,713	.....60.7	.....38	.....	.....	.....0.0
....YES.....	351.....	O.....	NO.....	34060.....	02/19/1993	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....15,038	.....3,198	.....21.3	.....4	.....	.....	.....0.0
....YES.....	352.....	O.....	NO.....	34060.....	02/19/1993	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....618,209	.....370,609	.....59.9	.....174	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....								840,107497,06759.2232000

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XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014			
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
Individual Policies																	
....YES.....	309.....	P.....	NO.....	34000.....	05/07/1981	.....	.....	12/31/1987	MEDICARE SUPPLEMENT.....	.....(117)	.....	0.0	.....	.....	.....	.....0.0	.....
....YES.....	323.....	P.....	NO.....	34000.....	12/28/1988	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....11,275	.....2,145	19.0	.....3	.....	.....	.....0.0	.....
....YES.....	332.....	P.....	NO.....	34000.....	04/20/1990	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....45,953	.....31,150	67.8	.....18	.....	.....	.....0.0	.....
....YES.....	340.....	A.....	NO.....	34060.....	03/24/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,035	.....1,052	26.1	.....1	.....	.....	.....0.0	.....
....YES.....	342.....	C.....	NO.....	34060.....	03/24/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....135,578	.....50,186	37.0	.....35	.....	.....	.....0.0	.....
....YES.....	344.....	E.....	NO.....	34060.....	05/25/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....28,835	.....11,272	39.1	.....7	.....	.....	.....0.0	.....
....YES.....	345.....	F.....	NO.....	34060.....	03/24/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....149,181	.....91,279	61.2	.....37	.....	.....	.....0.0	.....
....YES.....	346.....	G.....	NO.....	34060.....	03/24/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....293,533	.....244,406	83.3	.....88	.....	.....	.....0.0	.....
....YES.....	348.....	I.....	NO.....	34060.....	03/24/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....5,476	.....28,027	511.8	.....1	.....	.....	.....0.0	.....
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	12/29/1986	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....2,409	.....1,511	62.7	.....1	.....	.....	.....0.0	.....
....YES.....	CGI-MS-DM-IA-F-GN	F.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....94,838	.....92,185	97.2	.....44	.....249,159	.....272,279	.....109.3	.....114
....YES.....	CGI-MS-DM-IA-G-GN	G.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....17,130	.....4,898	28.6	.....8	.....37,992	.....27,104	.....71.3	.....18
....YES.....	CGI-MS-DM-IA-N-MO	N.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....1,489	.....1,025	68.9	.....1	.....6,460	.....2,235	.....34.6	.....3
....YES.....	CSA-F.....	F.....	NO.....	34067.....	05/05/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....113,842	.....55,048	48.4	.....46	.....	.....	.....0.0	.....
....YES.....	CSA-G.....	G.....	NO.....	34067.....	05/05/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....39,049	.....24,709	63.3	.....13	.....	.....	.....0.0	.....
....YES.....	CSA-F.....	F.....	NO.....	34067.....	05/05/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,535	.....3,345	132.0	.....1	.....	.....	.....0.0	.....
....YES.....	CSA-G.....	G.....	NO.....	34067.....	05/05/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,215	.....2,999	135.4	.....1	.....	.....	.....0.0	.....
019999. Total Policy Experience on Individual Policies.....										.....947,254	.....645,237	68.1	.....305	.....293,611	.....301,618	.....102.7	.....135

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

- 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 Ste. 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".
 - XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/20/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....13,598	.....3,091	.....22.7	.....2	.....	.....	.....0.0
....YES.....	341.....	B.....	NO.....	34060.....	12/02/1991	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....4,811	.....4,133	.....85.9	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	12/02/1991	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....18,981	.....7,004	.....36.9	.....3	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	12/02/1991	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....15,661	.....3,006	.....19.2	.....3	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34060.....	12/02/1991	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....8,338	.....528	.....6.3	.....1	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34060.....	05/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....12,588	.....1,422	.....11.3	.....2	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34060.....	05/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....6,873	.....3,505	.....51.0	.....1	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34060.....	12/19/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,050	.....1,038	.....25.6	.....1	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34060.....	05/24/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....100,670	.....42,256	.....42.0	.....16	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34060.....	08/25/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....6,909	.....3,255	.....47.1	.....2	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-MS F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....134,635	.....120,492	.....89.5	.....66	.....219,273	.....166,311	.....75.8
....YES.....	CGI-MS-DM-AA-G-MS G.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....23,378	.....10,761	.....46.0	.....12	.....25,194	.....11,318	.....44.9
....YES.....	CGI-MS-DM-AA-N-MS N.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....3,190	.....3,685	.....115.5	.....2	.....1,764	.....231	.....13.1
0199999.	Total Policy Experience on Individual Policies.....									.....353,683	.....204,177	.....57.7	.....112	.....246,231	.....177,861	.....72.2
																.....124

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 100 Austin TX 78717

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

360

GENERAL INTERROGATORIES

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

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	309.....	P.....	NO.....	34000.....	02/23/1981	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....13,171	.....3,991	.....30.3	.....3	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	11/28/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....20,097	.....8,271	.....41.2	.....4	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	07/11/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....82,493	.....36,729	.....44.5	.....20	.....	.....	.....0.0
....YES.....	340.....	A.....	NO.....	34060.....	08/13/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,234	.....647	.....28.9	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	08/13/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,038	.....370	.....9.2	.....1	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	08/13/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....70,735	.....21,993	.....31.1	.....21	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34060.....	08/13/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....21,987	.....10,711	.....48.7	.....8	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	03/17/2000	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,014	.....682	.....17.0	.....1	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	03/17/2000	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,749	.....1,786	.....47.6	.....1	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	03/17/2000	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....349,230	.....200,258	.....57.3	.....84	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	03/17/2000	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....7,951	.....4,906	.....61.7	.....14	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-MT	F.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....31,334	.....23,185	.....74.0	.....17	.....26,349	.....11,739	.....44.6
....YES.....	CGI-MS-DM-AA-G-MT	G.....	NO.....	204000.....	06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....1,516	.....79	.....5.2	.....1	.....11,865	.....7,478	.....63.0
0199999.	Total Policy Experience on Individual Policies.....									.....612,548	.....313,608	.....51.2	.....176	.....38,214	.....19,217	.....50.3
																.....22

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

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

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	323.....	P.....	NO.....	34000.....	01/20/1989	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....31,308	.....8,368	.....26.7	.....8	.....	.....	.....0.0	.....
....YES.....	324.....	P.....	NO.....	34000.....	01/20/1989	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....10,472	.....6,719	.....64.2	.....3	.....	.....	.....0.0	.....
....YES.....	333.....	P.....	NO.....	34000.....	07/09/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....13,118	.....12,852	.....98.0	.....3	.....	.....	.....0.0	.....
....YES.....	340.....	A.....	NO.....	34060.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....7,404	.....2,137	.....28.9	.....1	.....	.....	.....0.0	.....
....YES.....	345.....	F.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....68,752	.....20,904	.....30.4	.....14	.....	.....	.....0.0	.....
....YES.....	346.....	G.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....8,755	.....1,309	.....15.0	.....2	.....	.....	.....0.0	.....
....YES.....	348.....	I.....	NO.....	34000.....	01/09/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....(82,156)	.....258	.....(0.3)	.....1	.....	.....	.....0.0	.....
....YES.....	3AB.....	B.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....2,517	.....	.....0.0	.....	.....	.....	.....0.0	.....
....YES.....	3AD.....	D.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....7,488	.....79	.....1.1	.....1	.....	.....	.....0.0	.....
....YES.....	3AE.....	E.....	NO.....	34000.....	03/01/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....25,840	.....9,929	.....38.4	.....5	.....	.....	.....0.0	.....
....YES.....	3AF.....	F.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....11,161	.....1,167	.....10.5	.....2	.....	.....	.....0.0	.....
....YES.....	3AG.....	G.....	NO.....	34000.....	01/09/1992	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....7,479	.....682	.....9.1	.....1	.....	.....	.....0.0	.....
....YES.....	3AH.....	H.....	NO.....	34000.....	04/27/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....18,964	.....4,612	.....24.3	.....5	.....	.....	.....0.0	.....
....YES.....	3AJ.....	J.....	NO.....	34000.....	04/27/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....35,837	.....7,818	.....21.8	.....8	.....	.....	.....0.0	.....
									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....	.....	.....	.....	.....	.....	.....	.....
....YES.....	3AK.....	F.....	NO.....	34000.....	10/18/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....3,094	.....	.....0.0	.....4	.....	.....	.....0.0	.....
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	11/12/1986	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....5,641	.....1,271	.....22.5	.....2	.....	.....	.....0.0	.....
....YES.....	8907-472 (392).....	P.....	NO.....	34000.....	07/11/1989	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....2,742	.....1,131	.....41.3	.....1	.....	.....	.....0.0	.....
....YES.....	8907-473 (393).....	P.....	NO.....	34000.....	07/11/1989	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....1,499	.....1,690	.....112.7	.....	.....	.....	.....0.0	.....
....YES.....	CGI-MS-DM-AA-F-NC F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....376,566	.....264,567	.....70.3	.....180	.....363,548	.....225,653	.....62.1	.....176
....YES.....	CGI-MS-DM-AA-G-NC G.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....61,721	.....53,267	.....86.3	.....29	.....80,894	.....52,146	.....64.5	.....44
....YES.....	CGI-MS-DM-AA-N-NC N.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....3,401	.....1,656	.....48.7	.....2	.....3,014	.....997	.....33.1	.....2
0199999.....	Total Policy Experience on Individual Policies.....	.....	.....	.....	.....	.....	.....	.....	.....	.....621,604	.....400,418	.....64.4	.....272	.....447,457	.....278,796	.....62.3	.....222

XXX

XXX

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	309.....	P.....	NO.....	34000.....	01/28/1981	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....3,615	.....611	.....16.9	.....1	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	02/14/1988	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	.....10,075	.....9,911	.....98.4	.....2	.....	.....	.....0.0
....YES.....	333.....	P.....	NO.....	34000.....	12/20/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....4,375	.....2,332	.....53.3	.....1	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	02/13/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....4,204	.....178	.....4.2	.....1	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	02/13/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....34,037	.....59,771	.....175.6	.....6	.....	.....	.....0.0
....YES.....	3AB.....	B.....	NO.....	34000.....	09/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....9,782	.....9,110	.....93.1	.....3	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	12/01/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....34,503	.....26,243	.....76.1	.....9	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	09/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....129,483	.....76,485	.....59.1	.....35	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	09/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....11,871	.....1,283	.....10.8	.....4	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	09/05/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,341	.....227	.....6.8	.....1	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-ND F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....18,032	.....26,782	.....148.5	.....11	.....10,774	.....10,744	.....99.7
0199999.	Total Policy Experience on Individual Policies.....									.....263,319	.....212,933	.....80.9	.....74	.....10,774	.....10,744	.....99.7
																.6

360

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	308.....	P.....	NO.....	34000.....	03/01/1979	.....	.....	12/31/1981	MEDICARE SUPPLEMENT.....	.....(498)	.....3,142	.....(630.6)	.....3	.....	.....	.....0.0	.....
....YES.....	309.....	P.....	NO.....	34000.....	12/31/1980	.....	.....	12/31/1987	MEDICARE SUPPLEMENT.....	.....595	.....10,909	.....1,832.2	.....5	.....	.....	.....0.0	.....
....YES.....	314.....	P.....	NO.....	34000.....	04/16/1985	.....	.....	12/31/1988	MEDICARE SUPPLEMENT.....	.....(2,427)	.....1,234	.....(50.8)	.....3	.....	.....	.....0.0	.....
....YES.....	323.....	P.....	NO.....	34000.....	10/26/1988	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....11,461	.....117,566	.....1,025.8	.....30	.....	.....	.....0.0	.....
....YES.....	332.....	P.....	NO.....	34000.....	03/13/1990	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....3,857	.....31,034	.....804.5	.....25	.....	.....	.....0.0	.....
....YES.....	340.....	A.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....4,290	.....19	.....0.4	.....	.....	.....	.....0.0	.....
....YES.....	342.....	C.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....59,181	.....39,464	.....66.7	.....18	.....	.....	.....0.0	.....
....YES.....	343.....	D.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....3,559	.....	.....0.0	.....1	.....	.....	.....0.0	.....
....YES.....	345.....	F.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....734,218	.....347,114	.....47.3	.....147	.....	.....	.....0.0	.....
....YES.....	346.....	G.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....50,027	.....29,221	.....58.4	.....13	.....	.....	.....0.0	.....
....YES.....	348.....	I.....	NO.....	34000.....	12/18/1991	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....13,810	.....235	.....1.7	.....1	.....	.....	.....0.0	.....
....YES.....	3AC.....	C.....	NO.....	34000.....	03/25/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,349	.....4,481	.....133.8	.....2	.....	.....	.....0.0	.....
....YES.....	3AD.....	D.....	NO.....	34000.....	03/25/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....12,359	.....2,536	.....20.5	.....1	.....	.....	.....0.0	.....
....YES.....	3AE.....	E.....	NO.....	34000.....	10/01/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....50,736	.....21,398	.....42.2	.....13	.....	.....	.....0.0	.....
....YES.....	3AF.....	F.....	NO.....	34000.....	03/25/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,251,439	.....855,747	.....68.4	.....335	.....	.....	.....0.0	.....
....YES.....	3AG.....	G.....	NO.....	34000.....	03/25/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....30,823	.....9,969	.....32.3	.....9	.....	.....	.....0.0	.....
....YES.....	3AH.....	H.....	NO.....	34000.....	05/16/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....84,540	.....45,499	.....53.8	.....24	.....	.....	.....0.0	.....
....YES.....	3AJ.....	J.....	NO.....	34000.....	09/25/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....583,183	.....354,728	.....60.8	.....150	.....	.....	.....0.0	.....
....YES.....	3AK.....	F.....	NO.....	34000.....	03/25/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....38,446	.....43,186	.....112.3	.....59	.....	.....	.....0.0	.....
....YES.....	CGI-MS-DM-AA-F-NE F.....	NO.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....137,410	.....143,703	.....104.6	.....73	.....132,391	.....91,896	.....69.4	.....71
....YES.....	CGI-MS-DM-AA-G-NE G.....	NO.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....16,357	.....8,736	.....53.4	.....9	.....8,008	.....7,496	.....93.6	.....4
....YES.....	CGI-MS-DM-AA-N-NE N.....	NO.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....5,022	.....5,422	.....108.0	.....3	.....	.....	.....0.0	.....
0199999.....	Total Policy Experience on Individual Policies.....									.....3,098,130	.....2,092,232	.....67.5	.....927	.....140,399	.....99,393	.....70.8	.....75

Group Policies

....YES.....	362.....	C.....	NO.....	34000.....	02/10/1994	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,078	.....2,645	.....85.9	.....1	.....	.....	.....0.0	.....
0299999.....	Total Policy Experience on Group Policies.....									.....3,078	.....2,645	.....85.9	.....1	.....0	.....0	.....0.0	.....0

XXX

XXX

360.1

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	CGI-MS-DM-IA-F-NH	F.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....38,338	.....34,591	.....90.2	.....18	.....67,326	.....54,217	.....80.5	.....32
....YES.....	CGI-MS-DM-IA-G-NH	G.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....	.....	.....0.0	.....	.....15,276	.....7,853	.....51.4	.....8
....YES.....	CGI-MS-DM-IA-N-NH	N.....	NO.....	204060.....	.06/01/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....2,201	.....56	.....2.5	.....1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....40,540	.....34,647	.....85.5	.....19	.....82,602	.....62,070	.....75.1	.....40

XXX

XXX

360

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

.....YES.....	324.....	P.....	NO.....	34000.....	01/19/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....9,140	.....1,162	.....12.7	.....2	.....	.....	.....0.0
.....YES.....	342.....	C.....	NO.....	34000.....	04/08/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....5,765	.....1,975	.....34.3	.....1	.....	.....	.....0.0
.....YES.....	345.....	F.....	NO.....	34000.....	04/08/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....10,390	.....2,295	.....22.1	.....2	.....	.....	.....0.0
.....YES.....	346.....	G.....	NO.....	34000.....	04/08/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....8,218	.....9,980	.....121.4	.....2	.....	.....	.....0.0
.....YES.....	3AF.....	F.....	NO.....	34000.....	06/21/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....21,098	.....13,547	.....64.2	.....5	.....	.....	.....0.0
.....YES.....	3AG.....	G.....	NO.....	34000.....	06/21/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,317	.....	.....0.0	.....	.....	.....	.....0.0
.....YES.....	3AH.....	H.....	NO.....	34000.....	05/03/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....1,744	.....	.....0.0	.....	.....	.....	.....0.0
.....YES.....	3AJ.....	J.....	NO.....	34000.....	09/21/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....13,317	.....1,525	.....11.5	.....3	.....	.....	.....0.0
.....YES.....	3AK.....	F.....	NO.....	34000.....	06/21/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,243	.....	.....0.0	.....2	.....	.....	.....0.0
.....YES.....	CGI-MS-DM-AA-F-NM F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....23,741	.....15,856	.....66.8	.....13	.....19,966	.....7,286	.....36.5
.....YES.....	CGI-MS-DM-AA-G-NN G.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....	.....0.0	.....	.....4,737	.....7,885	.....166.5	.....3
0199999.	Total Policy Experience on Individual Policies.....	.....	.....	.....	.....	.....	.....	.....	.....	.....96,973	.....46,341	.....47.8	.....30	.....24,703	.....15,171	.....61.4
		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....14

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Nevada

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/09/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....28,789	.....22,607	.....78.5	.....7	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	08/10/1990	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	.....14,672	.....1,494	.....10.2	.....3	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	01/02/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....4,096	.....8,219	.....200.7	.....1	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34000.....	01/02/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....20,143	.....10,543	.....52.3	.....2	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	06/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....12,524	.....8,676	.....69.3	.....3	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	06/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....9,714	.....11,747	.....120.9	.....2	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	10/06/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,236	.....358	.....8.5	.....1	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	06/15/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,966	.....3,053	.....155.3	.....2	.....	.....	.....0.0
019999.	Total Policy Experience on Individual Policies.....									.....96,139	.....66,697	.....69.4	.....21	.....0	.....0	.....0.0

360

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	323.....	P.....	NO.....	34000.....	12/09/1988	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	26,613	9,861	37.1	6	.....	.....	0.0
....YES.....	332.....	P.....	NO.....	34000.....	03/27/1990	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	16,144	2,058	12.8	3	.....	.....	0.0
....YES.....	333.....	P.....	NO.....	34000.....	10/24/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	46,258	28,880	62.4	.12	.....	.....	0.0
....YES.....	342.....	C.....	NO.....	34000.....	01/10/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	49,968	26,216	52.5	.16	.....	.....	0.0
....YES.....	345.....	F.....	NO.....	34000.....	01/10/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	88,792	29,401	33.1	.16	.....	.....	0.0
....YES.....	346.....	G.....	NO.....	34000.....	01/10/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	33,263	.45,533	136.9	.8	.....	.....	0.0
....YES.....	348.....	I.....	NO.....	34000.....	01/10/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	6,157	.235	3.8	.1	.....	.....	0.0
....YES.....	3AB.....	B.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	3,708	1,762	47.5	.1	.....	.....	0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	104,005	.88,770	85.4	.47	.....	.....	0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	184,822	.96,332	52.1	.44	.....	.....	0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	01/24/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	798,154	.439,235	55.0	.152	.....	.....	0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	248,298	.125,218	50.4	.55	.....	.....	0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	114,905	.69,754	60.7	.25	.....	.....	0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	05/01/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	755,129	.551,682	73.1	.197	.....	.....	0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	09/20/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	149,468	.65,930	44.1	.34	.....	.....	0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	08/16/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	59,651	.31,902	53.5	.81	.....	.....	0.0
....YES.....	3SC.....	C.....	YES.....	34000.....	09/19/2001	.....	.....	05/31/2010	MEDICARE SELECT.....	2,657	.92	3.5	.1	.....	.....	0.0
....YES.....	3SD.....	D.....	YES.....	34000.....	09/19/2001	.....	.....	05/31/2010	MEDICARE SELECT.....	4,601	1,226	26.6	.1	.....	.....	0.0
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	07/16/1986	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	12,625	.10,720	84.9	.3	.....	.....	0.0
....YES.....	8907-473 (393).....	P.....	NO.....	34000.....	02/22/1989	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	4,656	.473	10.2	.1	.....	.....	0.0
....YES.....	CGI-MS-DM-AA-C-OH C.....	NO.....	204000.....	.06/01/2010	.12/04/2014	.....	.....	.....	MEDICARE SUPPLEMENT.....	.....	0.0	.....	1,348	.1,591	.118.0	.1
....YES.....	CGI-MS-DM-AA-F-OH F.....	NO.....	204000.....	.06/01/2010	.12/04/2014	MEDICARE SUPPLEMENT.....	225,482	.166,877	74.0	.102	.104,881	.66,406	.63.3	.55	
....YES.....	CGI-MS-DM-AA-G-OH G.....	NO.....	204000.....	.06/01/2010	.12/04/2014	MEDICARE SUPPLEMENT.....	75,224	.83,775	.111.4	.39	.26,822	.16,772	.62.5	.14	
....YES.....	CGI-MS-DM-AA-N-OH N.....	NO.....	204000.....	.06/01/2010	.12/04/2014	MEDICARE SUPPLEMENT.....	5,724	.2,210	38.6	.3	0.0	
....YES.....	CSA-C.....	C.....	NO.....	34007.....	.04/18/200805/31/2010	MEDICARE SUPPLEMENT.....	3,397	.1,317	38.8	.2	0.0	
....YES.....	CSA-G.....	G.....	NO.....	34007.....	.04/18/200805/31/2010	MEDICARE SUPPLEMENT.....	69,301	.62,229	89.8	.28	0.0	
0199999.....	Total Policy Experience on Individual Policies.....									3,089,001	1,941,687	62.9	.878	.133,051	.84,769	.63.7	.70	

360.1

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
...YES.....309.....	P.....	NO.....	34000.....	02/04/1981.....			12/31/1987.....	MEDICARE SUPPLEMENT.....	.....570	.....1,588	.....0.0					.....0.0	
...YES.....323.....	P.....	NO.....	34000.....	01/06/1989.....			12/31/1990.....	MEDICARE SUPPLEMENT.....	.....11,150	.....1,588	.....14.2	.....2				.....0.0	
...YES.....332.....	P.....	NO.....	34000.....	04/05/1990.....			12/31/1991.....	MEDICARE SUPPLEMENT.....	.....10,296	.....518	.....5.0	.....2				.....0.0	
...YES.....342.....	C.....	NO.....	34000.....	04/08/1992.....			12/31/1999.....	MEDICARE SUPPLEMENT.....	.....28,373	.....4,483	.....15.8	.....5				.....0.0	
...YES.....345.....	F.....	NO.....	34000.....	04/08/1992.....			12/31/1999.....	MEDICARE SUPPLEMENT.....	.....66,438	.....26,072	.....39.2	.....12				.....0.0	
...YES.....346.....	G.....	NO.....	34000.....	04/08/1992.....			12/31/1999.....	MEDICARE SUPPLEMENT.....	.....5,117	.....3,918	.....76.6	.....1				.....0.0	
...YES.....348.....	I.....	NO.....	34000.....	04/08/1992.....			12/31/1999.....	MEDICARE SUPPLEMENT.....	.....20,572	.....1,408	.....6.8	.....2				.....0.0	
...YES.....3AA.....	A.....	NO.....	34060.....	09/29/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....272		.....0.0					.....0.0	
...YES.....3AD.....	D.....	NO.....	34000.....	09/29/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....12,407	.....15,217	.....122.6	.....3				.....0.0	
...YES.....3AE.....	E.....	NO.....	34000.....	01/16/2004.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....34,333	.....14,920	.....43.5	.....9				.....0.0	
...YES.....3AF.....	F.....	NO.....	34000.....	09/29/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....87,264	.....56,903	.....65.2	.....21				.....0.0	
...YES.....3AG.....	G.....	NO.....	34000.....	09/29/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....20,302	.....20,725	.....102.1	.....5				.....0.0	
...YES.....3AH.....	H.....	NO.....	34000.....	04/19/2006.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....25,190	.....11,198	.....44.5	.....8				.....0.0	
...YES.....3AJ.....	J.....	NO.....	34000.....	09/07/2006.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....30,861	.....14,194	.....46.0	.....8				.....0.0	
								MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....2,228		.....0.0	.....3				.....0.0	
...YES.....3AK.....	F.....	NO.....	34000.....	09/29/1999.....			05/31/2010.....	MEDICARE SUPPLEMENT.....	.....87,567	.....65,563	.....74.9	.....44	.....182,368	.....112,598	.....61.7	.....88	
...YES.....CGI-MS-DM-AA-F-OK.....	F.....	NO.....	34060.....	06/01/2010.....			11/20/2014.....	MEDICARE SUPPLEMENT.....	.....18,377	.....17,636	.....96.0	.....6	.....29,374	.....18,824	.....64.1	.....16	
0199999.....	Total Policy Experience on Individual Policies.....									.....461,317	.....254,342	.....55.1	.....131	.....211,742	.....131,422	.....62.1	.....104

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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.

360

GENERAL INTERROGATORIES

- 2.1 Address..... 11200 Lakeline Blvd Ste. 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 Ste. 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".
XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Oregon

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	01/03/1989	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....8,238	.....5,645	.....68.5	.....1	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	06/29/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....4,157	.....700	.....16.8	.....1	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	06/19/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,170	.....10,004	.....139.5	.....2	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-OR F.....	.....	NO.....	204060.....	06/01/2010	.....	.....	.12/02/2014	MEDICARE SUPPLEMENT.....	.....90,480	.....70,944	.....78.4	.....50	.....135,499	.....97,655	.....72.1
....YES.....	CGI-MS-DM-AA-G-OF G.....	.....	NO.....	204060.....	06/01/2010	.....	.....	.12/02/2014	MEDICARE SUPPLEMENT.....	.....14,688	.....9,029	.....61.5	.....8	.....15,676	.....9,230	.....58.9
....YES.....	CGI-MS-DM-AA-N-OR N.....	.....	NO.....	204060.....	06/01/2010	.....	.....	.12/02/2014	MEDICARE SUPPLEMENT.....	.....	.....0.0	.....	.....1,209	.....	.....0.0	.....1
0199999.	Total Policy Experience on Individual Policies.....	.....	.....	.....	.....	.....	.....	.....	.....	.....124,733	.....96,322	.....77.2	.....62	.....152,384	.....106,885	.....70.1
		.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....85

360

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

.....YES.....	323.....	P.....	NO.....	34000.....	05/23/1989	.....	.....	12/31/1990	MEDICARE SUPPLEMENT.....	.....5,968	.....7,220	.....121.0	.....3	.....	.....	.....0.0
.....YES.....	334.....	P.....	NO.....	34000.....	05/23/1991	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....12,142	.....19,215	.....158.2	.....7	.....	.....	.....0.0
.....YES.....	341.....	B.....	NO.....	34060.....	03/23/1993	.....	.....	12/31/2000	MEDICARE SUPPLEMENT.....	.....6,328	.....248	.....3.9	.....1	.....	.....	.....0.0
.....YES.....	342.....	C.....	NO.....	34060.....	03/23/1993	.....	.....	12/31/2000	MEDICARE SUPPLEMENT.....	.....5,509	.....2,834	.....51.4	.....	.....	.....	.....0.0
.....YES.....	347.....	H.....	NO.....	34060.....	03/23/1993	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....4,702	.....241	.....5.1	.....1	.....	.....	.....0.0
.....YES.....	3AB.....	B.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....170,345	.....81,114	.....47.6	.....45	.....	.....	.....0.0
.....YES.....	3AC.....	C.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....636,861	.....394,164	.....61.9	.....116	.....	.....	.....0.0
.....YES.....	3AD.....	D.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....1,098,778	.....547,023	.....49.8	.....241	.....	.....	.....0.0
.....YES.....	3AE.....	E.....	NO.....	34060.....	05/18/2004	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....55,420	.....25,272	.....45.6	.....13	.....	.....	.....0.0
.....YES.....	3AF.....	F.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....257,586	.....187,674	.....72.9	.....58	.....	.....	.....0.0
.....YES.....	3AG.....	G.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....62,811	.....32,747	.....52.1	.....13	.....	.....	.....0.0
.....YES.....	3AK.....	F.....	NO.....	34060.....	06/07/2000	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....26,825	.....2,825	.....10.5	.....32	.....	.....	.....0.0
.....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	03/10/1987	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....5,217	.....1,639	.....31.4	.....3	.....	.....	.....0.0
.....YES.....	CGI-MS-DM-AA-F-PA	F.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....33,147	.....19,721	.....59.5	.....14	.....78,768	.....52,217	.....66.3
.....YES.....	CGI-MS-DM-AA-G-PA	G.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....22,506	.....15,392	.....68.4	.....10	.....40,036	.....25,649	.....64.1
.....YES.....	CGI-MS-DM-AA-N-PA	N.....	NO.....	204060.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....2,407	.....2,975	.....123.6	.....1	.....	.....	.....0.0
.....YES.....	CSA-D.....	D.....	NO.....	34067.....	06/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....26,877	.....18,752	.....69.8	.....14	.....	.....	.....0.0
.....YES.....	CSA-F.....	F.....	NO.....	34067.....	06/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....361,317	.....193,814	.....53.6	.....147	.....	.....	.....0.0
.....YES.....	CSA-G.....	G.....	NO.....	34067.....	06/30/2008	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....18,091	.....16,460	.....91.0	.....7	.....	.....	.....0.0

0199999. Total Policy Experience on Individual Policies.....2,812,839.....1,569,331.....55.8.....726.....118,805.....77,865.....65.5.....56

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims	
										Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives

Individual Policies

.....YES.....	3AF.....	F.....	NO.....	34000.....	09/30/1999.....		.05/31/2010	MEDICARE SUPPLEMENT.....	3,561	.....1,543	.....43.3	.....1			.....0.0	.....0.0
0199999. Total Policy Experience on Individual Policies.....									3,561	.....1,543	.....43.3	.....1	0	0	0.0	0.0

XXX

XXX

360

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	345.....	F.....	NO.....	34000.....	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT.....	9,136	1,082	11.8	2			0.0
....YES.....	346.....	G.....	NO.....	34000.....	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT.....	5,982	.889	14.9	2			0.0
....YES.....	348.....	I.....	NO.....	34000.....	07/16/1992			12/31/1999	MEDICARE SUPPLEMENT.....	4,591	.465	10.1	1			0.0
....YES.....	3AB.....	B.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT.....	5,141	.310	6.0	1			0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT.....	13,905	2,760	19.9	2			0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT.....	30,138	.26,698	88.6	5			0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	12/01/2003			05/31/2010	MEDICARE SUPPLEMENT.....	33,084	.33,938	102.6	7			0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT.....	270,824	182,527	67.4	.55			0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT.....	36,535	.7,689	21.0	8			0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	09/26/2006			05/31/2010	MEDICARE SUPPLEMENT.....	7,679	1,831	23.8	2			0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	10/14/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	7,526	8,734	116.1	9			0.0
....YES.....	CGI-MS-DM-AA-F-SC F.....	NO.....	204000.....	06/01/2010				11/20/2014	MEDICARE SUPPLEMENT.....	236,002	151,113	64.0	116	359,308	250,080	69.6
....YES.....	CGI-MS-DM-AA-G-SC G.....	NO.....	204000.....	06/01/2010				11/20/2014	MEDICARE SUPPLEMENT.....	44,553	.40,092	90.0	.24	88,227	.59,972	.68.0
....YES.....	CGI-MS-DM-AA-N-SC N.....	NO.....	204000.....	06/01/2010				11/20/2014	MEDICARE SUPPLEMENT.....	1,976	.89	4.5	1	7		0.0
0199999.....	Total Policy Experience on Individual Policies.....									707,072	458,217	64.8	.235	447,541	310,052	.69.3
																233

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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).

360

GENERAL INTERROGATORIES

3.1 Address..... 11200 Lakeline Blvd Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	309.....	P.....	NO.....	34000.....	01/20/1981	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....14,407	.....6,888	.....47.8	.....4	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	01/25/1989	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....12,340	.....1,258	.....10.2	.....2	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	05/02/1990	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....20,094	.....10,345	.....51.5	.....4	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	03/31/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....13,262	.....556	.....4.2	.....2	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	03/31/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....48,230	.....19,602	.....40.6	.....9	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34060.....	03/31/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	.....11,914	.....1,219	.....10.2	.....4	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34060.....	05/03/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....15,162	.....3,525	.....23.2	.....4	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34060.....	05/03/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....140,949	.....87,147	.....61.8	.....37	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34060.....	05/03/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....10,151	.....937	.....9.2	.....3	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34060.....	04/06/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....2,757	.....122	.....4.4	.....1	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34060.....	08/25/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....17,671	.....15,574	.....88.1	.....6	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34060.....	05/03/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....6,153	.....1,781	.....28.9	.....11	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-SD F.....	NO.....	204060.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....29,014	.....34,555	.....119.1	.....16	.....56,940	.....44,916	.....78.9
....YES.....	CGI-MS-DM-AA-G-SD G.....	NO.....	204060.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....1,813	.....2,686	.....148.1	.....1	.....	.....	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....									.....343,917	.....186,194	.....54.1	.....104	.....56,940	.....44,916	.....78.9
																.....32

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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).

360

GENERAL INTERROGATORIES

3.1 Address..... 11200 Lakeline Blvd Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	12/07/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	3,991	.....	0.0	.....1	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	08/29/1990	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	12,783	4,187	32.8	.....3	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	03/23/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	31,327	34,128	108.9	.....6	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	03/23/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	46,604	10,757	23.1	.....10	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	03/23/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	2,046	9,804	479.1	.....	.....	.....	.....0.0
....YES.....	3AB.....	B.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	632	.....	0.0	.....	.....	.....	.....0.0
....YES.....	3AC.....	C.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	19,885	7,378	37.1	.....3	.....	.....	.....0.0
....YES.....	3AD.....	D.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	46,031	20,573	44.7	.....9	.....	.....	.....0.0
....YES.....	3AE.....	E.....	NO.....	34000.....	01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	19,554	9,028	46.2	.....4	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	142,674	55,552	38.9	.....25	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,142	214	2.6	.....1	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	07/14/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	11,686	1,477	12.6	.....3	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	07/28/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	5,053	4,449	88.0	.....7	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-TN F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	184,337	175,199	95.0	.....91	212,151	181,585	85.6
....YES.....	CGI-MS-DM-AA-G-TN G.....	NO.....	204000.....	06/01/2010	.....	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	17,118	5,905	34.5	.....9	45,051	34,514	76.6
0199999.	Total Policy Experience on Individual Policies.....									551,863	338,651	61.4	172	257,202	216,100	84.0
																144

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

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

360

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 Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....323.....P.....NO.....34000.....02/09/1989.....12/31/1990									MEDICARE SUPPLEMENT.....	24,265	8,574	35.3	5				0.0	
....YES.....328.....P.....NO.....34000.....08/16/1990.....12/31/1992									MEDICARE SUPPLEMENT.....	1,279	3,397	265.5	1				0.0	
....YES.....332.....P.....NO.....34000.....08/16/1990.....12/31/1991									MEDICARE SUPPLEMENT.....	76,478	13,792	18.0	.16				0.0	
....YES.....340.....A.....NO.....34060.....04/01/1992.....12/31/1999									MEDICARE SUPPLEMENT.....	17,051	4,687	27.5	3				0.0	
....YES.....342.....C.....NO.....34000.....04/01/1992.....12/31/1999									MEDICARE SUPPLEMENT.....	8,275	2,483	30.0	1				0.0	
....YES.....345.....F.....NO.....34000.....04/01/1992.....12/31/1999									MEDICARE SUPPLEMENT.....	147,030	.59,857	40.7	.25				0.0	
....YES.....346.....G.....NO.....34000.....04/01/1992.....12/31/1999									MEDICARE SUPPLEMENT.....	107,490	.64,255	59.8	.27				0.0	
....YES.....348.....I.....NO.....34000.....04/01/1992.....12/31/1999									MEDICARE SUPPLEMENT.....	23,921	.14,536	60.8	3				0.0	
....YES.....3AA.....A.....NO.....34060.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	13,655	.19,581	143.4	2				0.0	
....YES.....3AB.....B.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	59,927	.25,249	42.1	.11				0.0	
....YES.....3AC.....C.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	191,139	.71,790	37.6	.32				0.0	
....YES.....3AD.....D.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	151,549	.63,851	42.1	.26				0.0	
....YES.....3AE.....E.....NO.....34000.....12/12/2003.....05/31/2010									MEDICARE SUPPLEMENT.....	336,586	.199,399	59.2	.71				0.0	
....YES.....3AF.....F.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	2,011,553	.1,066,930	53.0	.391				0.0	
....YES.....3AG.....G.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT.....	295,564	.179,889	60.9	.52				0.0	
....YES.....3AH.....H.....NO.....34000.....06/15/2006.....05/31/2010									MEDICARE SUPPLEMENT.....	416,872	.423,579	101.6	127				0.0	
....YES.....3AJ.....J.....NO.....34000.....10/10/2006.....05/31/2010									MEDICARE SUPPLEMENT.....	186,166	.148,407	79.7	.44				0.0	
....YES.....3AK.....F.....NO.....34000.....11/03/1999.....05/31/2010									MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	193,002	.126,425	65.5	.225				0.0	
....YES.....3SB.....B.....YES.....34000.....06/04/2001.....05/31/2010									MEDICARE SELECT.....	3,722	2,247	60.4	1				0.0	
....YES.....3SD.....D.....YES.....34000.....06/04/2001.....05/31/2010									MEDICARE SELECT.....	7,525	.264	3.5	2				0.0	
....YES.....3SF.....F.....YES.....34000.....06/04/2001.....05/31/2010									MEDICARE SELECT.....	10,951	.2,872	26.2	3				0.0	
....YES.....3SG.....G.....YES.....34000.....06/04/2001.....05/31/2010									MEDICARE SELECT.....	3,444	.2,302	66.8	1				0.0	
....YES.....8701-470 (390).....P.....NO.....34000.....12/30/1986.....12/31/1991									MEDICARE SUPPLEMENT.....		(142)	0.0					0.0	
....YES.....CGI-MS-DM-AA-A-TX.....A.....NO.....34060.....06/01/2010.....11/21/2014									MEDICARE SUPPLEMENT.....	1,793	.204	11.4	1				0.0	
....YES.....CGI-MS-DM-AA-F-TX.....F.....NO.....34000.....06/01/2010.....11/21/2014									MEDICARE SUPPLEMENT.....	547,479	.340,757	62.2	.241	.761,277	.493,474	.64.8	349	
....YES.....CGI-MS-DM-AA-G-TX.....G.....NO.....34000.....06/01/2010.....11/21/2014									MEDICARE SUPPLEMENT.....	91,976	.71,568	77.8	.44	.227,931	.141,937	.62.3	105	
....YES.....CGI-MS-DM-AA-N-TX.....N.....NO.....34000.....06/01/2010.....11/21/2014									MEDICARE SUPPLEMENT.....	8,262	.294	3.6	.5	.23,810	.10,432	.43.8	14	
....YES.....CSA-D.....D.....NO.....34007.....05/23/2008.....05/31/2010									MEDICARE SUPPLEMENT.....	5,004	.3,708	74.1	2				0.0	
....YES.....CSA-F.....F.....NO.....34007.....05/23/2008.....05/31/2010									MEDICARE SUPPLEMENT.....	34,528	.31,258	90.5	.14				0.0	

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
....YES.....	CSA-G	G.....	NO.....	34007	05/23/2008 .....	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....16,967	.....5,771	.....34.0	.....8	.....	.....0.0	.....
....YES.....	CSA-J	J.....	NO.....	34007	05/23/2008 .....	.....	.....	.09/01/2009	MEDICARE SUPPLEMENT.....	.....385,783	.....242,206	.....62.8	.....157	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										.....5,379,236	.....3,199,990	.....59.5	.....1,541	.....1,013,018	.....645,843	.....63.8
															.....468	

XXX

XXX

360.1

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	348.....	I.....	NO.....	34000.....	04/24/1992	.....	.....	.12/31/1999	MEDICARE SUPPLEMENT.....	2,213	.....9	0.4	.....	.....	.....	0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	05/21/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,629	.....308	6.7	.....1	.....	.....	0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	05/21/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,341	.....1,434	42.9	.....1	.....	.....	0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	06/02/2006	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,003	.....632	15.8	.....1	.....	.....	0.0
....YES.....	CGI-MS-DM-AA-F-UT	F.....	NO.....	204000.....	06/01/2010	.....	.....	.11/21/2014	MEDICARE SUPPLEMENT.....	18,779	.....7,193	38.3	.....11	.....29,007	.....20,702	.....71.4
....YES.....	CGI-MS-DM-AA-G-UT	G.....	NO.....	204000.....	06/01/2010	.....	.....	.11/21/2014	MEDICARE SUPPLEMENT.....	3,334	.....2,618	78.5	.....2	.....3,940	.....2,616	.....66.4
0199999.	Total Policy Experience on Individual Policies.....									36,29912,195	33.61632,94723,31770.8
																19

360

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XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	323.....	P.....	NO.....	34000.....	02/27/1989			.12/31/1990	MEDICARE SUPPLEMENT.....	.....5,926	.....5,432	.....91.7	.....2			.....0.0	
....YES.....	333.....	P.....	NO.....	34000.....	07/25/1991			.12/31/1992	MEDICARE SUPPLEMENT.....	.....2,876	.....1,194	.....41.5	.....1			.....0.0	
....YES.....	342.....	C.....	NO.....	34000.....	07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....5,854	.....951	.....16.2	.....1			.....0.0	
....YES.....	345.....	F.....	NO.....	34000.....	07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....17,448	.....1,889	.....10.8	.....4			.....0.0	
....YES.....	346.....	G.....	NO.....	34000.....	07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....2,616	.....5,631	.....215.3	.....1			.....0.0	
....YES.....	348.....	I.....	NO.....	34000.....	07/17/1992			.12/31/1999	MEDICARE SUPPLEMENT.....	.....5,494	.....1,114	.....20.3	.....1			.....0.0	
....YES.....	3AB.....	B.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....7,051	.....4,134	.....58.6	.....2			.....0.0	
....YES.....	3AC.....	C.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,851	.....265	.....6.9				.....0.0	
....YES.....	3AD.....	D.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....494,193	.....327,522	.....66.3	.....121			.....0.0	
....YES.....	3AE.....	E.....	NO.....	34000.....	06/02/2004			.05/31/2010	MEDICARE SUPPLEMENT.....	.....187,194	.....158,355	.....84.6	.....63			.....0.0	
....YES.....	3AF.....	F.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....1,172,036	.....750,600	.....64.0	.....236			.....0.0	
....YES.....	3AG.....	G.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT.....	.....145,060	.....89,315	.....61.6	.....38			.....0.0	
....YES.....	3AK.....	F.....	NO.....	34000.....	09/13/1999			.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....2,798		.....0.0	.....10			.....0.0	
....YES.....	CGI-MS-DM-AA-F-UT	F.....	NO.....	204000.....	08/27/2010				MEDICARE SUPPLEMENT.....	.....132,002	.....133,090	.....100.8	.....65	.....164,160	.....154,892	.....94.4	.....86
....YES.....	CGI-MS-DM-AA-G-UT	G.....	NO.....	204000.....	08/27/2010				MEDICARE SUPPLEMENT.....	.....16,354	.....11,202	.....68.5	.....8	.....37,383	.....36,397	.....97.4	.....21
....YES.....	CGI-MS-DM-AA-N-UT	N.....	NO.....	204000.....	08/27/2010				MEDICARE SUPPLEMENT.....			.....0.0		.....3,574	.....1,194	.....33.4	.....2
....YES.....	CSA-F.....	F.....	NO.....	34007.....	11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.....221,967	.....129,983	.....58.6	.....83			.....0.0	
....YES.....	CSA-G.....	G.....	NO.....	34007.....	11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.....53,716	.....44,517	.....82.9	.....26			.....0.0	
....YES.....	CSA-F.....	F.....	NO.....	34007.....	11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.....9,131	.....3,272	.....35.8	.....4			.....0.0	
....YES.....	CSA-G.....	G.....	NO.....	34007.....	11/26/2008			.05/31/2010	MEDICARE SUPPLEMENT.....	.....4,863	.....1,068	.....22.0	.....2			.....0.0	
0199999.....	Total Policy Experience on Individual Policies.....									.....2,490,428	.....1,669,534	.....67.0	.....668	.....205,117	.....192,483	.....93.8	.....109

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....U.S. Virgin Islands

NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	11/30/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....5,101	.....4,888	.....95.8	.....1	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	06/11/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,483	.....	.....0.0	.....1	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....								8,5844,88856.92000

XXX

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GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	307.....	P.....	NO.....	34000.....	.09/09/1977	.....	.....	.12/31/1980	MEDICARE SUPPLEMENT.....	.....877	.....13,718	.....1,564.9	.....1	.....	.....	.....0.0
....YES.....	309.....	P.....	NO.....	34000.....	.05/18/1981	.....	.....	.12/31/1987	MEDICARE SUPPLEMENT.....	.....2,093	.....645	.....30.8	.....1	.....	.....	.....0.0
....YES.....	323.....	P.....	NO.....	34000.....	.10/26/1988	.....	.....	.12/31/1990	MEDICARE SUPPLEMENT.....	.....3,503	.....1,776	.....50.7	.....1	.....	.....	.....0.0
....YES.....	324.....	P.....	NO.....	34000.....	.01/23/1989	.....	.....	.12/31/1992	MEDICARE SUPPLEMENT.....	.....79,537	.....88,098	.....110.8	.....31	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34060.....	.06/26/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....10,287	.....9,473	.....92.1	.....1	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34060.....	.06/26/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....147,727	.....103,042	.....69.8	.....35	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34060.....	.06/26/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....235,174	.....124,815	.....53.1	.....59	.....	.....	.....0.0
....YES.....	347.....	H.....	NO.....	34060.....	.06/26/1992	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....10,595	.....4,599	.....43.4	.....2	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34060.....	.06/26/1992	.....	.....	.06/24/2008	MEDICARE SUPPLEMENT.....	.....4,056	.....106	.....2.6	.....1	.....	.....	.....0.0
....YES.....	349.....	J.....	NO.....	34060.....	.06/26/1992	.....	.....	.06/24/2008	MEDICARE SUPPLEMENT.....	.....4,942	.....157	.....3.2	.....1	.....	.....	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....								498,790346,42869.5133000.0

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XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".
XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	327.....	P.....	NO.....	34000.....	02/10/1989	.....	.....	.12/31/1991	MEDICARE SUPPLEMENT.....	.....50,142	.....14,114	.....28.1	.....7	.....	.....	.....0.0
....YES.....	350.....	O.....	NO.....	34060.....	02/13/1992	.....	.....	.09/01/1994	MEDICARE SUPPLEMENT.....	.....52,828	.....26,707	.....50.6	.....8	.....	.....	.....0.0
....YES.....	370.....	O.....	NO.....	34060.....	02/13/1992	.....	.....	.05/01/2000	MEDICARE SUPPLEMENT.....	.....200,537	.....68,947	.....34.4	.....35	.....	.....	.....0.0
....YES.....	3BA.....	O.....	NO.....	34060.....	03/22/2000	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....144,514	.....130,771	.....90.5	.....37	.....	.....	.....0.0
....YES.....	CGI-DM-BASIC-WI..	O.....	NO.....	34060.....	08/03/2010	.....	.....	.11/20/2014	MEDICARE SUPPLEMENT.....	.....28,937	.....26,238	.....90.7	.....12	.....2,099	.....103	.....4.9
....YES.....	CSA-WI-BA.....	O.....	YES.....	34067.....	03/05/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....5,975	.....887	.....14.8	.....3	.....	.....	.....0.0
....YES.....	CSA-WI-BA.....	O.....	YES.....	34067.....	03/05/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....1,778	.....2,084	.....117.2	.....1	.....	.....	.....0.0
0199999.....	Total Policy Experience on Individual Policies.....								484,711269,74755.71032,0991034.9

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XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 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 Ste. 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".

XXX

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.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			14 Number of Covered Lives	Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims			15 Premiums Earned	Incurred Claims			
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned		
Individual Policies																		
....YES.....	323.....	P.....	NO.....	34000.....	12/19/1988	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....15,905	.....2,487	.....15.6	.....4	.....	.....	.....0.0	.....
....YES.....	342.....	C.....	NO.....	34000.....	01/24/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....34,420	.....6,842	.....19.9	.....7	.....	.....	.....0.0	.....
....YES.....	345.....	F.....	NO.....	34000.....	01/24/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....21,843	.....6,355	.....29.1	.....5	.....	.....	.....0.0	.....
....YES.....	346.....	G.....	NO.....	34000.....	01/24/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....12,693	.....2,891	.....22.8	.....3	.....	.....	.....0.0	.....
....YES.....	348.....	I.....	NO.....	34000.....	01/24/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....16,168	.....9,645	.....59.7	.....3	.....	.....	.....0.0	.....
....YES.....	3AB.....	B.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....27,139	.....13,335	.....49.1	.....5	.....	.....	.....0.0	.....
....YES.....	3AC.....	C.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....29,872	.....11,637	.....39.0	.....7	.....	.....	.....0.0	.....
....YES.....	3AD.....	D.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....80,356	.....38,697	.....48.2	.....17	.....	.....	.....0.0	.....
....YES.....	3AE.....	E.....	NO.....	34000.....	12/02/2003	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....116,734	.....77,060	.....66.0	.....25	.....	.....	.....0.0	.....
....YES.....	3AF.....	F.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....238,814	.....98,797	.....41.4	.....54	.....	.....	.....0.0	.....
....YES.....	3AG.....	G.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....8,787	.....7,583	.....86.3	.....2	.....	.....	.....0.0	.....
....YES.....	3AH.....	H.....	NO.....	34000.....	05/24/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....10,420	.....5,251	.....50.4	.....2	.....	.....	.....0.0	.....
....YES.....	3AK.....	F.....	NO.....	34000.....	05/17/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....1,900	.....3,475	.....182.9	.....2	.....	.....	.....0.0	.....
....YES.....	8701-470 (390).....	P.....	NO.....	34000.....	09/23/1986	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....6,318	.....3,756	.....59.4	.....2	.....	.....	.....0.0	.....
....YES.....	CGI-MS-DM-AA-F-WV	F.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....44,219	.....24,202	.....54.7	.....21	.....86,022	.....36,394	.....42.3	.....41
....YES.....	CGI-MS-DM-AA-G-WV	G.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....12,053	.....7,593	.....63.0	.....6	.....4,941	.....5,008	.....101.3	.....3
....YES.....	CGI-MS-DM-AA-N-WV	N.....	NO.....	204000.....	06/01/2010	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....	.....0.0	.....	.....	.....1,454	.....211	.....14.5	.....1
0199999.....	Total Policy Experience on Individual Policies.....									.....677,640	.....319,606	.....47.2	.....165	.....92,418	.....41,612	.....45.0	.....45

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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.

360

GENERAL INTERROGATORIES

- 2.1 Address..... 11200 Lakeline Blvd Ste. 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 Ste. 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".
XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014

(To Be Filed by March 1)

FOR THE STATE OF.....Wyoming



NAIC Group Code.....0084

Address (City, State and Zip Code).....301 East Fourth Street Cincinnati, OH 45202

Person Completing This Exhibit.....Kristina Pierce

NAIC Company Code.....71404

Title.....Accountant.....Telephone Number.....513-412-2433

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

Individual Policies

....YES.....	323.....	P.....	NO.....	34000.....	11/29/1988	.....	.....	12/31/1991	MEDICARE SUPPLEMENT.....	.....27,182	.....15,827	.....58.2	.....4	.....	.....	.....0.0
....YES.....	332.....	P.....	NO.....	34000.....	03/13/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....2,605	.....9,025	.....346.5	.....1	.....	.....	.....0.0
....YES.....	333.....	P.....	NO.....	34000.....	11/21/1990	.....	.....	12/31/1992	MEDICARE SUPPLEMENT.....	.....22,009	.....14,560	.....66.2	.....5	.....	.....	.....0.0
....YES.....	340.....	A.....	NO.....	34000.....	04/14/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....15,429	.....8,754	.....56.7	.....4	.....	.....	.....0.0
....YES.....	342.....	C.....	NO.....	34000.....	04/14/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....913	.....3,130	.....342.9	.....	.....	.....	.....0.0
....YES.....	345.....	F.....	NO.....	34000.....	04/14/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....177,666	.....112,487	.....63.3	.....55	.....	.....	.....0.0
....YES.....	346.....	G.....	NO.....	34000.....	04/14/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....21,219	.....7,196	.....33.9	.....6	.....	.....	.....0.0
....YES.....	348.....	I.....	NO.....	34000.....	04/14/1992	.....	.....	12/31/1999	MEDICARE SUPPLEMENT.....	.....13,572	.....5,263	.....38.8	.....	.....	.....	.....0.0
....YES.....	3AF.....	F.....	NO.....	34000.....	05/06/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....304,118	.....263,997	.....86.8	.....130	.....	.....	.....0.0
....YES.....	3AG.....	G.....	NO.....	34000.....	05/06/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....9,597	.....9,873	.....102.9	.....3	.....	.....	.....0.0
....YES.....	3AH.....	H.....	NO.....	34000.....	04/10/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....3,511	.....596	.....17.0	.....1	.....	.....	.....0.0
....YES.....	3AJ.....	J.....	NO.....	34000.....	08/23/2006	.....	.....	05/31/2010	MEDICARE SUPPLEMENT.....	.....35,452	.....11,239	.....31.7	.....8	.....	.....	.....0.0
....YES.....	3AK.....	F.....	NO.....	34000.....	05/06/1999	.....	.....	05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	.....(10,583)	.....390	.....(3.7)	.....28	.....	.....	.....0.0
....YES.....	CGI-MS-DM-AA-F-WY F.....	NO.....	204000.....	06/01/2010	.....	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....19,005	.....35,746	.....188.1	.....24	.....11,946	.....15,604	.....130.6
....YES.....	CGI-MS-DM-AA-G-W\ G.....	NO.....	204000.....	06/01/2010	.....	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....1,405	.....22	.....1.6	.....1	.....1,366	.....548	.....40.1
....YES.....	CGI-MS-DM-AA-N-W\ N.....	NO.....	204000.....	06/01/2010	.....	.....	.....	11/20/2014	MEDICARE SUPPLEMENT.....	.....1,379	.....408	.....29.6	.....1	.....	.....	.....0.0
0199999.	Total Policy Experience on Individual Policies.....									.....644,480	.....498,517	.....77.4	.....271	.....13,312	.....16,152	.....121.3
																18

XXX

XXX

GENERAL INTERROGATORIES

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

XXX

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 Ste. 100 Austin TX 78717

360

GENERAL INTERROGATORIES

- 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 Ste. 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".
 - XXX

**SCHEDULE O SUPPLEMENT**

For the year ended December 31, 2014

(To Be Filed March 1)

Of The.....CONTINENTAL GENERAL INSURANCE COMPANY

Address (City, State, Zip Code).....Austin, TX 78717

NAIC Group Code.....0084

NAIC Company Code.....71404

Employer's ID Number.....47-0463747

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2010	2 2011	3 2012	4 2013	5 2014 (a)
1. Prior.....	4,113	4,113	4,113	4,113	4,113
2. 2010.....	139	144	144	144	144
3. 2011.....	XXX	88	98	98	98
4. 2012.....	XXX	XXX	43	43	43
5. 2013.....	XXX	XXX	XXX		
6. 2014.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....	668,335	672,968	676,044	677,946	679,323
2. 2010.....	27,944	32,342	33,455	34,461	35,186
3. 2011.....	XXX	26,602	32,217	33,898	35,281
4. 2012.....	XXX	XXX	17,274	19,074	20,748
5. 2013.....	XXX	XXX	XXX	1,849	3,592
6. 2014.....	XXX	XXX	XXX	XXX	2,293

Section C - Credit Accident and Health

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

NONE

CONTINENTAL GENERAL INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010.....	.....92	.....144	.....144	.....XXX	.....XXX
2. 2011.....	.....XXX	.....97	.....98	.....98	.....XXX
3. 2012.....	.....XXX	.....XXX	.....43	.....43	.....43
4. 2013.....	.....XXX	.....XXX	.....XXX		
5. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	

Section B - Other Accident and Health

1. 2010.....	.....40,076	.....37,775	.....37,367	.....XXX	.....XXX
2. 2011.....	.....XXX	.....40,411	.....40,306	.....39,781	.....XXX
3. 2012.....	.....XXX	.....XXX	.....24,787	.....26,067	.....26,282
4. 2013.....	.....XXX	.....XXX	.....XXX	.....12,500	.....10,965
5. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	.....12,396

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

CONTINENTAL GENERAL INSURANCE COMPANY
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010.....	.....92				
2. 2011.....	....XXX				
3. 2012.....	....XXX	....XXX			
4. 2013.....	....XXX	....XXX	....XXX		
5. 2014.....	....XXX	....XXX	....XXX	....XXX	

Section B - Other Accident and Health

1. 2010.....	.....40,076				
2. 2011.....	....XXX				
3. 2012.....	....XXX	....XXX			
4. 2013.....	....XXX	....XXX	....XXX		
5. 2014.....	....XXX	....XXX	....XXX	....XXX	

Section C - Credit Accident and Health

1. 2010.....				
2. 2011.....	....XXX	NONE		
3. 2012.....	....XXX	....XXX		
4. 2013.....	....XXX	....XXX	....XXX	
5. 2014.....	....XXX	....XXX	....XXX	....XXX

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.....		
2. Ordinary life.....	Standard Factor.....	.....1,124
3. Individual annuity.....	Standard Factor.....	.....334
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....		.....35,949
11. Total.....		.....37,407

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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