



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, Country and Zip Code)

Main Administrative Office

11001 Lakeline Boulevard Suite 120..... Austin TX US..... 78717
(Street and Number) (City or Town, State, Country 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, Country and Zip Code)

Primary Location of Books and Records

301 East Fourth Street..... Cincinnati OH US 45202
(Street and Number) (City or Town, State, Country 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@gaig.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		

OTHER

Stephen Craig Lindner	President	Richard Lee Magoteaux	Chief Financial Officer
Christopher Patrick Miliano	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

DIRECTORS OR TRUSTEES

Stephen Craig Lindner	Christopher Patrick Miliano	Mark Francis Muething	Michael James Prager
Jeffrey Gene Hester			

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	(Signature) Brian Patrick Sponaugle	(Signature) Mark Francis Muething
1. (Printed Name) Sr. Vice President	2. (Printed Name) Assistant Treasurer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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				0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	13	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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,683	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,595	12,949		9,618	9,423
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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)							(16)	(215,996)
23. In force December 31 of current year.....	278	6,459,270	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,340	4,668		1,475	1,492
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	8,471
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	160,590
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	160,552
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	304,853	315,511	0	197,154	170,515

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)							(19)	(2,529,189)
23. In force December 31 of current year.....	158	9,352,480	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	993	1,083		173	168
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,253	3,325		1,134	1,139
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	542,585	558,308		299,202	450,450
25.3 Non-renewable for stated reasons only (b).....	6,919	6,923		2,090	(1,317)
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	2,307	2,307		181	136
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	6,675	6,554		3,583	3,549
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	367,620	377,404		359,973	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	359,973	744,747
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	376,710	386,373	0	363,737	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0				0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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)							(17)	(1,339,306)
23. In force December 31 of current year.....	283	15,196,328	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,916				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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	17,128	17,138		8,649	8,617
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).....	259,009	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0	0	0	0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	185,867		(a)					2	185,867
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		(70)							0	(70)
23. In force December 31 of current year.....	2	185,797	0	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,315	2,315		13,039	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	1,418	1,418		1,236	1,238
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	4,000							1	4,000
17. Incurred during current year.....	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					No. of Pol.					
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)							(54)	(2,025,899)
23. In force December 31 of current year.....	522	20,551,806	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	91,864	96,797		134,165	132,198
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	3,032	3,032		1,202	(794)
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,844,014	8,073,575		8,670,280	8,295,260
25.3 Non-renewable for stated reasons only (b).....	69,806	(55,047)		21,567	25,580
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,797	3,798		1,481	1,440
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	45,512	46,836		30,636	30,004
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,850,871	2,822,246		2,174,530	2,003,152
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.



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,948,656				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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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.



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

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

NONE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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				0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,347	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
20. In force December 31, prior year.....	842	48,879,632		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....									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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	6,632	6,647		5,440	5,081
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	18,186
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	117,573
25.3 Non-renewable for stated reasons only (b).....	20,660	21,699		1,016	526
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	118,099
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	152,525	157,870	0	127,435	141,366

(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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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)							(65)	(4,220,967)
23. In force December 31 of current year.....	725	46,568,700	0	(a).....0	1	3,500	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,884	4,047		1,744	1,340
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	9,657	9,942		6,068	5,856
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,659,698	3,977,012		3,361,816	2,544,009
25.3 Non-renewable for stated reasons only (b).....	17,260	16,702		3,590	3,360
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(36)	(657,651)
23. In force December 31 of current year.....	480	12,855,793	0	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,638	1,638		6,909	6,877
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	9,337
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	2,422,549
25.3 Non-renewable for stated reasons only (b).....	18,972	19,048		5,485	5,645
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	2,747	2,747		681	627
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	25,856	25,870		17,974	17,554
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,835,959	4,057,701		3,707,750	4,459,658
25.3 Non-renewable for stated reasons only (b).....	34,090	5,767		2,112	3,146
25.4 Other accident only.....					
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	4,462,805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,898,652	4,092,085	0	3,728,517	4,480,986

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	2,414	2,800		2,012	2,016
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,902,973	1,946,843		1,332,225	1,680,257
25.3 Non-renewable for stated reasons only (b).....	9,900	10,013		3,028	2,899
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(29)	(506,434)
23. In force December 31 of current year.....	641	25,266,775	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,267	12,832		5,409	4,957
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,900				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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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	(a) 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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	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
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					No. of Pol.					
20. In force December 31, prior year.....	462	6,755,140	(a)						462	6,755,140
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(46)	(466,194)							(46)	(466,194)
23. In force December 31 of current year.....	416	6,288,946	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	558	558		1,522	1,523
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,193,743	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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)							(57)	(2,081,460)
23. In force December 31 of current year.....	670	40,184,229	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	23,120	23,162		8,948	8,991
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	1,027
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	6,665,379
25.3 Non-renewable for stated reasons only (b).....	102,291	60,802		42,669	34,359
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	30,820	33,310		20,358	20,173
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	26,950	27,803		25,492	25,027
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,925,547	2,061,548		2,211,660	2,458,188
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.



DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....71404

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	2,366	2,854		2,480	2,138
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	7,584
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	855,098	927,949		960,356	1,041,740
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000							1	5,000
17. Incurred during current year.....	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					No. of Pol.					
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	(a)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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,310	12,313		8,180	8,101
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	792,214	805,144		513,396	638,564
25.3 Non-renewable for stated reasons only (b).....	75,245	58,042		26,250	35,246
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	7,150	7,405		4,646	4,589
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	100,059	100,244		73,033	71,566
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,706,799	1,771,973		1,294,668	1,195,018
25.3 Non-renewable for stated reasons only (b).....	6,603	5,846		4,652	(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,889	1,889		835	827
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	17,069	17,073		15,186	15,078
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	634,744	691,198		757,080	687,592
25.3 Non-renewable for stated reasons only (b).....	8,511	8,537			(141)
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	687,451
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	662,213	718,697	0	773,101	703,356

(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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,177,380				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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	(a).....0	17	106,000	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,037	3,037		1,930	1,870
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	48,813	49,494		23,601	23,218
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	6,266,708	6,601,504		5,494,175	7,600,810
25.3 Non-renewable for stated reasons only (b).....	27,433	27,996		7,599	1,239
25.4 Other accident only.....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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				0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	370	370		359	360
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	0	0	0	0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	15,000							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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,969	1,969		886	847
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	5,696	5,641		4,544	4,359
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	166,936	177,709		84,752	31,230
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	31,229
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	174,723	185,441	0	90,182	36,435

(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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,575				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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	8,040	8,045		16,103	15,906
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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	(a).....0	0	0	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	7,324	7,324		11,361	11,284
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	24,306
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,372,151	4,496,466		3,041,516	2,209,032
25.3 Non-renewable for stated reasons only (b).....	21,974	23,263		442	(66)
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	8,271	8,960		6,797	6,787
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	3,003
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	1,310,809
25.3 Non-renewable for stated reasons only (b).....	5,335	5,335		3,090	(2,850)
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	1,307,959
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,050,572	1,093,848	0	959,349	1,317,749

(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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(22)	(324,942)
23. In force December 31 of current year.....	233	4,970,495	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	397	397		243	244
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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				0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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	1,295
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	3,549,702	3,620,041		1,996,611	2,283,433
25.3 Non-renewable for stated reasons only (b).....	11,158	11,411		1,311	1,150
25.4 Other accident only.....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	15,000							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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

NONE

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

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

NONE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	100,000							1	100,000
23. In force December 31 of current year.....	1	100,000	0	(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(78)	(902,390)
23. In force December 31 of current year.....	806	13,822,413	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	8,490	8,491		5,488	5,474
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	1,308,982
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	220,071				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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	6,676	7,571		5,665	5,667
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	21,832
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	737,861
25.3 Non-renewable for stated reasons only (b).....	19,890	20,744		20,416	20,016
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	757,877
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	994,044	1,072,550	0	946,514	785,376

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

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	562	828		67	17
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,814,239	1,915,237		1,516,614	1,720,322
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	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					No. of Pol.					
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)							(123)	(1,636,431)
23. In force December 31 of current year.....	1,523	33,060,572	0	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	29,971	29,622		20,827	20,869
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,165,001	7,324,451		5,429,900	4,369,430
25.3 Non-renewable for stated reasons only (b).....	66,514	(13,568)		520	3,516
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,910	4,533		3,207	3,186
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	558	558		656	657
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	129,490	127,784		85,470	(235,833)
25.3 Non-renewable for stated reasons only (b).....	4,838	4,934		4,024	3,939
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	134,328	132,718	0	89,494	(231,894)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	139,796	137,809	0	93,357	(228,051)

(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



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					
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
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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(80)	(1,320,328)
23. In force December 31 of current year.....	760	17,960,204	0	(a).....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,864	1,872		2,616	2,584
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					.....0
2. Annuity considerations.....					.....0
3. Deposit-type contract funds.....		XXX		XXX	.....0
4. Other considerations.....					.....0
5. Totals (Sum of Lines 1 to 4).....	.....0	.....0	.....0	.....0	.....0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					.....0
6.2 Applied to pay renewal premiums.....					.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.....0
6.4 Other.....					.....0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.....0	.....0	.....0	.....0	.....0
Annuities:					
7.1 Paid in cash or left on deposit.....					.....0
7.2 Applied to provide paid-up annuities.....					.....0
7.3 Other.....					.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.....0
10. Matured endowments.....					.....0
11. Annuity benefits.....					.....0
12. Surrender values and withdrawals for life contracts.....					.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....0	.....0	.....0	.....0	.....0
15. Totals.....	.....0	.....0	.....0	.....0	.....0

NONE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.....0	.....0
17. Incurred during current year.....									.....0	.....0
Settled during current year:										
18.1 By payment in full.....									.....0	.....0
18.2 By payment on compromised claims.....									.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....									.....0	.....0
18.5 Amount rejected.....									.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.....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	.....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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	.....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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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				0
15. Totals.....	0	0	0	0	0

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,982	10,982		6,448	6,420
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
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	(a)	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	2,506	2,506		1,526	1,529
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
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)							(28)	(307,862)
23. In force December 31 of current year.....	340	9,568,668	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	29,572	30,428		20,338	19,823
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,598,287	1,670,075		1,118,812	768,914
25.3 Non-renewable for stated reasons only (b).....	74,021	74,417		18,962	40,764
25.4 Other accident only.....					
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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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)							(35)	(491,486)
23. In force December 31 of current year.....	396	7,981,267	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	24,396	24,514		12,181	12,133
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	12,323	(2,353)		11,111	17,535
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	851,148	857,384		456,409	293,167
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	456,409	293,133
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	890,421	882,163	0	479,700	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.

CONTINENTAL GENERAL INSURANCE COMPANY



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	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					No. of Pol.					
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)							(11)	(1,178,616)
23. In force December 31 of current year.....	168	13,063,515	0	(a).....0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....	6,177	6,177		4,467	4,476
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	718,102	732,996		745,320	727,113
25.3 Non-renewable for stated reasons only (b).....	16,334	16,749		5,358	4,996
25.4 Other accident only.....					
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	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	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 Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In good standing:										
	35	Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
	36	Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0035	0	0.0100	0	0.0130	0
	37	Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0060	0	0.0175	0	0.0225	0
	38	Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0105	0	0.0300	0	0.0375	0
	39	Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0160	0	0.0425	0	0.0550	0
	40	Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
	41	Residential mortgages-all other.....			XXX.....	0	0.0013	0	0.0030	0	0.0040	0
	42	Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0006	0	0.0010	0
	43	Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0010	0	0.0050	0	0.0065	0
	44	Commercial mortgages-all other - CM2 - high quality.....	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 Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
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
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....	0			0	XXX		XXX		XXX	
6		Fixed income highest quality.....	0			0	XXX		XXX		XXX	
7		Fixed income high quality.....	0			0	XXX		XXX		XXX	
8		Fixed income medium quality.....	0			0	XXX		XXX		XXX	
9		Fixed income low quality.....	0			0	XXX		XXX		XXX	
10		Fixed income lower quality.....	0			0	XXX		XXX		XXX	
11		Fixed income in or near default.....	0			0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....	0			0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....	0			0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....	0			0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures manual).....	0	XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....	0	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		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	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....	0			0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt obligations.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....	2,001,185	XXX	XXX	2,001,185	0.0004	800	0.0023	4,603	0.0030	6,004
24	2	High quality.....	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....	0	XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality.....	0	XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality.....	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....	0	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 Design- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	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
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - high quality.....				0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - low medium quality.....				0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	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	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing Primarily Senior.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
61		Unaffiliated - Overdue, Not in Process.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure.....			XXX	0	0.0000	0	0.1700	0	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

ASSET VALUATION RESERVE (continued)
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Equity and Other Invested Asset Component

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

(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	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve

NONE

CONTINENTAL GENERAL INSURANCE COMPANY
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	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
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									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	9,208,918	XXX...		XXX...		XXX...		XXX...		XXX...	9,208,918	XXX..		XXX...		XXX...		XXX..
2. Premiums earned.....	9,124,294	XXX...		XXX...		XXX...		XXX...		XXX...	9,124,294	XXX..		XXX...		XXX...		XXX..
3. Incurred claims.....	11,140,299	122.1	0	0.0	0	0.0	0	0.0	0	0.0	11,140,299	122.1	0	0.0	0	0.0	0	0.0
4. Cost containment expenses.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	11,140,299	122.1	0	0.0	0	0.0	0	0.0	0	0.0	11,140,299	122.1	0	0.0	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	6,691,587	73.3	0	0.0	0	0.0	0	0.0
7. Commissions (a).....	(2,362,249)	(25.9)		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	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	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	1,507,419	16.5	0	0.0	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	(10,215,011)	(112.0)	0	0.0	0	0.0	0	0.0
13. Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds.....	(10,215,011)	(112.0)	0	0.0	0	0.0	0	0.0	0	0.0	(10,215,011)	(112.0)	0	0.0	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
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	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	0	2,027,614	0	0	0
5. Total premium reserves, prior year.....	2,114,273					2,114,273			
6. Increase in total premium reserves.....	(86,659)	0	0	0	0	(86,659)	0	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	0	107,907,200	0	0	0
4. Total contract reserves, prior year.....	101,215,613					101,215,613			
5. Increase in contract reserves.....	6,691,587	0	0	0	0	6,691,587	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	35,948,843	0	0	0	0	35,948,843	0	0	0
2. Total prior year.....	34,003,606					34,003,606			
3. Increase.....	1,945,237	0	0	0	0	1,945,237	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	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	0	32,747,709	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	34,003,606					34,003,606			
3.3 Line 3.1 minus Line 3.2.....	(1,255,897)	0	0	0	0	(1,255,897)	0	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		622,247		72,398,297	612,363		
2. Premiums earned.....	75,169,553	264,530		629,198		73,651,033	624,792		
3. Incurred claims.....	64,680,695	247,891		437,063		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	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	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	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
61727.....	34-0970995....	01/01/2006	Central Reserve Life Insurance Company.....	OH.....	CO/l.....	.....4,765	.....	.....5,898	.....	.....	.....
56138.....	36-0971620....	06/29/2007	CSA Fraternal Life.....	IL.....	CO/l.....	.....21,258	.....1,967	.....2,338	.....2,931	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
1099999.	Total - Non-Affiliates.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
1199999.	Total - U.S.....					.....26,023	.....1,967	.....8,236	.....2,931	.....0	.....0
9999999.	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
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....552,782,325	.....89,927,306	.....96,002,978	.....5,224,835	.....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
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....552,782,325	.....89,927,306	.....96,002,978	.....5,224,835	.....0	.....0	.....0	.....0
6999999.	Total U.S.....						.....552,782,325	.....89,927,306	.....96,002,978	.....5,224,835	.....0	.....0	.....0	.....0
9999999.	Total.....						.....552,782,325	.....89,927,306	.....96,002,978	.....5,224,835	.....0	.....0	.....0	.....0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	11	12	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
										Current Year	Prior Year		
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

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

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	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		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts
States, Etc.			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	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

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
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..	.....	.....	.....	Risiko 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....	.....
.....	98-0412245..	.....	.....	.....	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....	.....
.....	98-0431601..	.....	.....	.....	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....	.....
.....	06-1356481..	.....	.....	.....	Great American Financial Resources, Inc.....	NE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	1.....
.....	31-1475936..	.....	.....	.....	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

52.2

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.....	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....	.....
.....	.....	.....	.....	.....	.....	.....	Financidora 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

52.3

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)	*
			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....	
							Foreign Credit Insurance Association.....	KS.....	OTH.....	Great American Insurance Company.....	Management....		American Financial Group, Inc....	3....
			31-1753938..				GAI Warranty Company.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1765544..				GAI Warranty Company of Florida.....	NY.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
							GAI Warranty Company of Canada Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			45-5565693..				GALIC - Sorrento, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc....	2....
			45-1144095..				GALIC Pointe, LLC.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc....	2....
			61-1329718..				Global Premier Finance Company.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			74-2693636..				Great American Agency of Texas, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	26832.....	95-1542353..				Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	26344.....	15-6020948..				Great American Assurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	39896.....	61-0983091..				Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1228726..				Great American Claims Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	10646.....	36-4079497..				Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	37532.....	31-0954439..				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	41858.....	31-1036473..				Great American Fidelity Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-1652643..				Great American Insurance Agency, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	22136.....	13-5539046..				Great American Insurance Company of New York.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	38024.....	31-0974853..				Great American Lloyd's Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Other.....		American Financial Group, Inc....	4....
			31-1073664..				Great American Lloyd's, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-0856644..				Great American Management Services, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	38580.....	31-1288778..				Great American Protection Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
			31-0918893..				Great American Re Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	31135.....	31-1209419..				Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	American Financial Group, Inc.....	33723.....	31-1237970..				Great American Spirit Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	
							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....
0084.....	American Financial Group, Inc.....	32620.....	34-1607395..				National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	
0084.....	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..	.....	.....	.....	Triumphe 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....	.....
.....	Vanliner Reinsurance Limited.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	20-5546054..	.....	.....	.....	Safety Claims and Litigation Services, LLC.....	MO.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	27-2226948..	.....	.....	.....	Pinecrest Place LLC.....	BMU.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	871850814..	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	MT.....	NIA.....	Great American Insurance Company.....	Ownership.....	...49.000	American Financial Group, Inc....	.....
.....	31-1293064..	.....	.....	.....	Professional Risk Brokers, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	72-1331800..	.....	.....	.....	Strategic Comp Holdings, L.L.C.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	36-4517754..	.....	.....	.....	Strategic Comp Services, L.L.C.....	CAN.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	32-0050970..	.....	.....	.....	Strategic Comp, L.L.C.....	IL.....	NIA.....	Strategic Comp Holdings, L.L.C.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	31-0686194..	.....	.....	.....	One East Fourth, Inc.....	LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	31-0883227..	.....	.....	.....	Pioneer Carpet Mills, Inc.....	LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	31-1119320..	.....	.....	.....	TEJ Holdings, Inc.....	LA.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc....	.....
.....	31-0728327..	.....	.....	.....	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

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)						*		(1,700,000)	
00000.....		Great American International Insurance Limited (Ireland).....		(1,331,998)							(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	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)
41106.....	95-3623282.....	Triumphe Casualty Company.....	.....	.....	.....	.....	.....	.....	..*	.....	.....0	.....1,824,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....	.....	.....	.....	.....	.....	..*	.....	.....0	.....13,247,000
00000.....	27-2226948.....	Pinecrest Place LLC.....	.....(1,766,249)	.....(2,806,197)	.....	.....	.....	.....	.....	.....	.....(4,572,446)	.....
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	.....(4,500,000)	.....	.....	.....	.....	.....	.....	.....	.....(4,500,000)	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....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	Triumphe 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		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed with this statement by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	YES
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	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

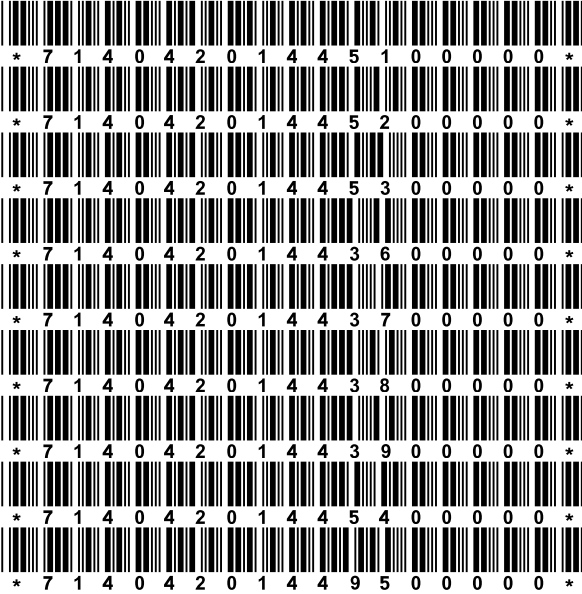
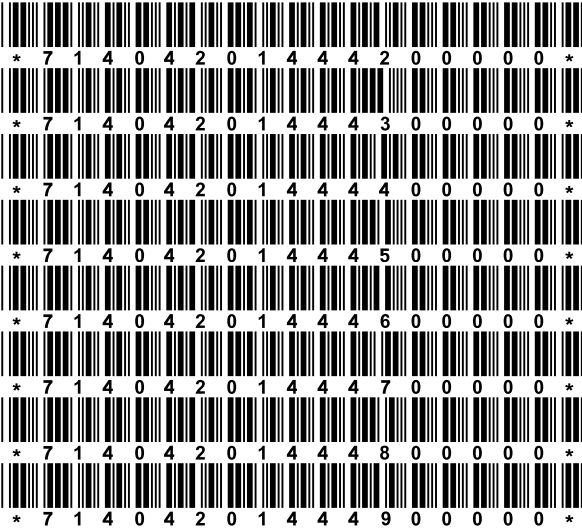
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

BAR CODE:













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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.

35.	
36.	
37.	<div>* 7 1 4 0 4 2 0 1 4 3 6 5 0 0 0 0 0 *</div> 
38.	<div>* 7 1 4 0 4 2 0 1 4 2 2 4 0 0 0 0 0 *</div> 
39.	<div>* 7 1 4 0 4 2 0 1 4 2 2 5 0 0 0 0 0 *</div> 
40.	<div>* 7 1 4 0 4 2 0 1 4 2 2 6 0 0 0 0 0 *</div> 
41.	
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44.	<div>* 7 1 4 0 4 2 0 1 4 2 3 0 0 0 0 0 0 *</div> 
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48.	<div>* 7 1 4 0 4 2 0 1 4 2 1 6 0 0 0 0 0 *</div> 
49.	<div>* 7 1 4 0 4 2 0 1 4 2 1 7 0 0 0 0 0 *</div> 
50.	<div>* 7 1 4 0 4 2 0 1 4 4 3 5 0 0 0 0 0 *</div> 
51.	<div>* 7 1 4 0 4 2 0 1 4 3 4 5 0 0 0 0 0 *</div> 

**Overflow Page
NONE**

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

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....24
.....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	.....4
.....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	.....1
0199999.	Total Policy Experience on Individual Policies.....								87,68076,65587.43651,30642,80683.429

096360

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	
YES	3AK	F	NO	34000	09/24/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	(10,958)	1,923	(17.5)	7			0.0	
YES	CGI-MS-DM-CR-G-AZ	G	NO	204060	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT			0.0		6		0.0	
YES	CGI-MS-DM-IA-F-AZ	F	NO	204000	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT	388	2,091	538.5	4	(111)	5,988	(5,404.6)	5
0199999	Total Policy Experience on Individual Policies									207,214	137,253	66.2	61	(105)	5,988	(5,710.3)	5

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....
0199999.	Total Policy Experience on Individual Policies.....									.....168,029	.....153,847	.....91.6	.....43	......0	.....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
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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-CC	F	NO	204060	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT	161,714	131,530	81.3	85	172,266	122,502	71.1	93
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	9
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 Brosig1-866-459-4272
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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	340.....	A.....	.....NO.....	...34060.....	.10/18/1993	.....	.....	.06/25/2000	MEDICARE SUPPLEMENT.....	.....13,720	.....11,137	.....81.2	.....3	.....	.....	.....0.0	.....
.....YES.....	348.....	L.....	.....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.....									.....35,563	.....26,478	.....74.5	.....7	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....								13,810.....34,317.....248.5.....2.....0.....0.....0.0.....0.....

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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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	0
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	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....24
.....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	.....10
.....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	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....2,241,707	.....1,587,772	.....70.8	.....771	.....77,914	.....51,127	.....65.6	.....35

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	75
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	5
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....6
.....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	.....1
0199999.	Total Policy Experience on Individual Policies.....								45,24548,701107.61913,3833,79628.47

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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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	193
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	27
YES	CGI-MS-DM-AA-N-IL	N	NO	204060	.06/01/2010			.11/20/2014	MEDICARE SUPPLEMENT			0.0		8,758	11,661	133.1	5
YES	CSA-F	F	NO	34067	.05/09/2008			.05/31/2010	MEDICARE SUPPLEMENT	24,770	24,761	100.0	9			0.0	
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

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	175
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	36
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	6
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

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	NO	204060	06/01/2010	11/20/2014			MEDICARE SUPPLEMENT			0.0		1,881	135	7.2	1
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	NO	204060	06/01/2010	11/20/2014			MEDICARE SUPPLEMENT	246,060	196,771	80.0	123	229,257	175,682	76.6	110
YES	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	120
YES	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	2
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	0.0	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.

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	194
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	50
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	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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....									.....572,184	.....310,458	.....54.3	.....139	.....99,356	.....63,943	.....64.4	.....41

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

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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....	L.....	.....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.....									.....226,368	.....108,903	.....48.1	.....38	.....0	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....									.....38,675	.....44,886	.....116.1	.....15	.....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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	68
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	38
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES.....	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.....									.....840,107	.....497,067	.....59.2	.....232	.....0	.....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
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	
0199999.	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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
....YES.....	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	.....109
....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	.....14
....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	.....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

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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....6
0199999.	Total Policy Experience on Individual Policies.....									.....263,319	.....212,933	.....80.9	.....74	.....10,774	.....10,744	.....99.7	.....6

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	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	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	204000	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT	5,022	5,422	108.0	3			0.0	
YES	CSA-F	F	NO	34007	04/21/2008			05/31/2010	MEDICARE SUPPLEMENT	6,392	16,888	264.2	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

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

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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

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	
0199999	Total Policy Experience on Individual Policies									96,139	66,697	69.4	21	0	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
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	04/18/2008			05/31/2010	MEDICARE SUPPLEMENT	3,397	1,317	38.8	2			0.0	
YES	CSA-G	G	NO	34007	04/18/2008			05/31/2010	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

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	309	P	NO	34000	02/04/1981			12/31/1987	MEDICARE SUPPLEMENT	570		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	
YES	3AK	F	NO	34000	09/29/1999			05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,228		0.0	3			0.0	
YES	CGI-MS-DM-AA-F-OK	F	NO	34060	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT	87,567	65,563	74.9	44	182,368	112,598	61.7	88
YES	CGI-MS-DM-AA-G-OK	G	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.

GENERAL INTERROGATORIES

- 2.1

Address.....

11200 Lakeline Blvd Ste. 100 Austin TX 78717
- 2.2

Contact person and phone number.....

David Brosig1-866-459-4272
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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....74
.....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	.....10
.....YES.....	CGI-MS-DM-AA-N-OF 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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	37
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	19
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 Brosig1-866-459-4272
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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3AF.....	F.....	.....NO.....	...34000.....	.09/30/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....3,561	.....1,543	.....43.3	.....1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									.....3,561	.....1,543	.....43.3	.....1	.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	187
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	46
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).

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	32
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).

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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	118
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	26
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

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 Brosig1-866-459-4272
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



360

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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	.....17
.....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	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....36,299	.....12,195	.....33.6	.....16	.....32,947	.....23,317	.....70.8	.....19

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.....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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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 Brosig1-866-459-4272
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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....									.....8,584	.....4,888	.....56.9	.....2	.....0	.....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
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013 & 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	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.....									.....498,790	.....346,428	.....69.5	.....133	.....0	.....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
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES.....	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	.....1
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.....									.....484,711	.....269,747	.....55.7	.....103	.....2,099	.....103	.....4.9	.....1

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

GENERAL INTERROGATORIES

- 2.1

Address.....

11200 Lakeline Blvd Ste. 100 Austin TX 78717
- 2.2

Contact person and phone number.....

David Brosig1-866-459-4272
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 Brosig1-866-459-4272
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	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013 & 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	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	17
YES	CGI-MS-DM-AA-G-WY	G	NO	204000	06/01/2010			11/20/2014	MEDICARE SUPPLEMENT	1,405	22	1.6	1	1,366	548	40.1	1
YES	CGI-MS-DM-AA-N-WY	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

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				
4. 2012.....	.....XXX	.....XXX			
5. 2013.....	.....XXX	.....XXX	.....XXX		
6. 2014.....	.....XXX	.....XXX	.....XXX	.....XXX	

NONE

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

CONTINENTAL GENERAL INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

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				
3. 2012.....	XXX	XXX			
4. 2013.....	XXX	XXX	XXX		
5. 2014.....	XXX	XXX	XXX	XXX	

NONE

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

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
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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