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2015

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ANNUAL STATEMENT
For the Year Ended DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE
Catamaran Insurance of Ohio

NAIC Group Code	0707 (Current Period)	0707 (Prior Period)	NAIC Company Code	69647	Employer's ID Number	31-0628424
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Incorporated/Organized	10/19/1948		Commenced Business	12/05/1978		
Statutory Home Office	50 W. Broad Street, Suite 1800 (Street and Number)		Columbus, OH, US 43215 (City or Town, State, Country and Zip Code)			
Main Administrative Office	1600 McConnor Parkway (Street and Number)		Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)			
			(800)282-3232 (Area Code) (Telephone Number)			
Mail Address	1600 McConnor Parkway (Street and Number or P.O. Box)		Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	1600 McConnor Parkway (Street and Number)		Schaumburg, IL, US 60173-6801 (City or Town, State, Country and Zip Code)			
			(800)282-3232 (Area Code) (Telephone Number)			
Internet Website Address	www.catamaranrx.com					
Statutory Statement Contact	Mike Przybyla (Name)		(224)231-1848 (Area Code)(Telephone Number)(Extension)			
	mike.przybyla@catamaranrx.com (E-Mail Address)		(224)231-1915 (Fax Number)			

OFFICERS

Name	Title
Mark Alan Thierer	Chairman & Chief Executive Officer
Timothy Alan Wicks	President
Jeffrey David Grosklags	Executive VP & Chief Financial Officer
Robert Worth Obberrender	Treasurer
Jay Anthony Warmuth	Secretary

OTHERS

DIRECTORS OR TRUSTEES

Mark Alan Thierer	Timothy Alan Wicks
Jeffrey David Grosklags	Jay Anthony Warmuth
Jeffrey Gary Park	

State of _____ ss
 County of _____ ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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) Mark Alan Thierer (Printed Name) 1. Chairman & Chief Executive Officer (Title)	(Signature) Jeffrey David Grosklags (Printed Name) 2. Executive VP Finance & Chief Financial Officer (Title)	(Signature) Jay Anthony Warmuth (Printed Name) 3. Secretary (Title)
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Subscribed and sworn to before me this
 _____ day of _____, 2016

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

Yes[X] No[]

(Notary Public Signature)

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1. Bonds (Schedule D)	3,253,589		3,253,589	3,258,945
2. Stocks (Schedule D)				
2.1 Preferred stocks				
2.2 Common Stocks	50,788		50,788	301,700
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances)				
4.2 Properties held for the production of income (less \$.....0 encumbrances)				
4.3 Properties held for sale (less \$.....0 encumbrances)				
5. Cash (\$.....25,433,812, Schedule E Part 1), cash equivalents (\$.....0, Schedule E Part 2) and short-term investments (\$.....1,240,254, Schedule DA)	26,674,066		26,674,066	14,963,961
6. Contract loans (including \$.....0 premium notes)				
7. Derivatives (Schedule DB)				
8. Other invested assets (Schedule BA)				
9. Receivables for securities				
10. Securities Lending Reinvested Collateral Assets (Schedule DL)				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	29,978,443		29,978,443	18,524,606
13. Title plants less \$.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	11,463		11,463	11,212
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection				
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including \$.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0)				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	116,972,516		116,972,516	33,795,675
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset				
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software				
21. Furniture and equipment, including health care delivery assets (\$.....0)				
22. Net adjustment in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates				
24. Health care (\$.....0) and other amounts receivable				
25. Aggregate write-ins for other than invested assets				180
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	146,962,421		146,962,421	52,331,674
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	146,962,421		146,962,421	52,331,674
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501. Miscellaneous				180
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				180

LIABILITIES, SURPLUS AND OTHER FUNDS

		1 Current Year	2 Prior Year
1.	Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve)	0	
2.	Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve)		
3.	Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve)		
4.	Contract claims:		
4.1	Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10, and 11)		
4.2	Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10, and 11)		
5.	Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10)		
6.	Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1	Dividends apportioned for payment (including \$.....0 Modco)		
6.2	Dividends not yet apportioned (including \$.....0 Modco)		
6.3	Coupons and similar benefits (including \$.....0 Modco)		
7.	Amount provisionally held for deferred dividend policies not included in Line 6		
8.	Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Column 1, sum of Lines 4 and 14)		
9.	Contract liabilities not included elsewhere:		
9.1	Surrender values on canceled contracts		
9.2	Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act		
9.3	Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded		
9.4	Interest Maintenance Reserve (IMR, Line 6)	122,351	143,733
10.	Commissions to agents due or accrued-life and annuity contracts \$.....0 accident and health \$.....0 and deposit-type contract funds \$.....0		
11.	Commissions and expense allowances payable on reinsurance assumed		
12.	General expenses due or accrued (Exhibit 2, Line 12, Column 6)	101,278,041	630,690
13.	Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14.	Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5)	25	26
15.1	Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses)	6,030,449	7,033,169
15.2	Net deferred tax liability		
16.	Unearned investment income		
17.	Amounts withheld or retained by company as agent or trustee		
18.	Amounts held for agents' account, including \$.....0 agents' credit balances		
19.	Remittances and items not allocated		
20.	Net adjustment in assets and liabilities due to foreign exchange rates		
21.	Liability for benefits for employees and agents if not included above		
22.	Borrowed money \$.....0 and interest thereon \$.....0		
23.	Dividends to stockholders declared and unpaid		
24.	Miscellaneous liabilities:		
24.01	Asset Valuation Reserve (AVR, Line 16, Column 7)	12,102	23,877
24.02	Reinsurance in unauthorized and certified (\$.....0) companies		
24.03	Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers		
24.04	Payable to parent, subsidiaries and affiliates	7,981,933	23,614,915
24.05	Drafts outstanding		
24.06	Liability for amounts held under uninsured plans		
24.07	Funds held under coinsurance		
24.08	Derivatives		
24.09	Payable for securities		
24.10	Payable for securities lending		
24.11	Capital notes \$.....0 and interest thereon \$.....0		
25.	Aggregate write-ins for liabilities	43,826	27,407
26.	TOTAL Liabilities excluding Separate Accounts Business (Lines 1 to 25)	115,468,729	31,473,817
27.	From Separate Accounts Statement		
28.	TOTAL LIABILITIES (Lines 26 and 27)	115,468,729	31,473,817
29.	Common capital stock	2,727,274	2,727,274
30.	Preferred capital stock		
31.	Aggregate write-ins for other than special surplus funds		
32.	Surplus Notes		
33.	Gross paid in and contributed surplus (Page 3, Line 33, Column 2 plus Page 4, Line 51.1, Column 1)	4,990,293	4,990,293
34.	Aggregate write-ins for special surplus funds		
35.	Unassigned funds (surplus)	23,776,125	13,140,290
36.	Less treasury stock, at cost:		
36.1	.....0 shares common (value included in Line 29 \$.....0)		
36.2	.....0 shares preferred (value included in Line 30 \$.....0)		
37.	Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (Including \$.....0 in Separate Accounts Statement)	28,766,418	18,130,583
38.	TOTALS of Lines 29, 30 and 37 (Page 4, Line 55)	31,493,692	20,857,857
39.	TOTALS of Lines 28 and 38 (Page 2, Line 28, Column 3)	146,962,421	52,331,674

DETAILS OF WRITE-INS

2501.	Escheat	43,826	27,407
2502.			
2503.			
2598.	Summary of remaining write-ins for Line 25 from overflow page		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	43,826	27,407
3101.			
3102.			
3103.			
3198.	Summary of remaining write-ins for Line 31 from overflow page		
3199.	TOTALS (Lines 3101 through 3103 plus 3198) (Line 31 above)		
3401.			
3402.			
3403.			
3498.	Summary of remaining write-ins for Line 34 from overflow page		
3499.	TOTALS (Lines 3401 through 3403 plus 3498) (Line 34 above)		

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE **Catamaran Insurance of Ohio**
SUMMARY OF OPERATIONS

		1 Current Year	2 Prior Year
1.	Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col.11)		
2.	Considerations for supplementary contracts with life contingencies		
3.	Net investment income (Exhibit of Net Investment Income, Line 17)	24,772	28,571
4.	Amortization of Interest Maintenance Reserve (IMR, Line 5)	21,382	24,214
5.	Separate Accounts net gain from operations excluding unrealized gains or losses		
6.	Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Column 1)		
7.	Reserve adjustments on reinsurance ceded		
8.	Miscellaneous Income:		
8.1	Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2	Charges and fees for deposit-type contracts	25,008,818	27,186,763
8.3	Aggregate write-ins for miscellaneous income		
9.	TOTALS (Lines 1 to 8.3)	25,054,972	27,239,548
10.	Death benefits		
11.	Matured endowments (excluding guaranteed annual pure endowments)		
12.	Annuity benefits (Exhibit 8, Part 2, Line 6.4, Columns 4 + 8)		
13.	Disability benefits and benefits under accident and health contracts		
14.	Coupons, guaranteed annual pure endowments and similar benefits		
15.	Surrender benefits and withdrawals for life contracts		
16.	Group conversions		
17.	Interest and adjustments on contract or deposit-type contract funds		
18.	Payments on supplementary contracts with life contingencies		
19.	Increase in aggregate reserves for life and accident and health contracts		
20.	TOTALS (Lines 10 to 19)		
21.	Commissions on premiums, annuity considerations, and deposit type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Column 1)		
22.	Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Column 1)		
23.	General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	7,974,888	8,114,683
24.	Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Columns 1 + 2 + 3)	216,496	116,298
25.	Increase in loading on deferred and uncollected premiums		
26.	Net transfers to or (from) Separate Accounts net of reinsurance		
27.	Aggregate write-ins for deductions		
28.	TOTALS (Lines 20 to 27)	8,191,383	8,230,982
29.	Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	16,863,589	19,008,566
30.	Dividends to policyholders		
31.	Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	16,863,589	19,008,566
32.	Federal and foreign income taxes incurred (excluding tax on capital gains)	6,239,528	7,033,169
33.	Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)		
34.	Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)	10,624,061	11,975,397
35.	Net Income (Line 33 plus Line 34)	10,624,061	11,975,397
	CAPITAL AND SURPLUS ACCOUNT		
36.	Capital and surplus, December 31, prior year (Page 3, Line 38, Column 2)		
37.	Net Income (Line 35)	20,857,857	8,891,888
38.	Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	10,624,061	11,975,397
39.	Change in net unrealized foreign exchange capital gain (loss)		
40.	Change in net deferred income tax		
41.	Change in nonadmitted assets		
42.	Change in liability for reinsurance in unauthorized companies and certified companies		
43.	Change in reserve on account of change in valuation basis, (increase) or decrease		
44.	Change in asset valuation reserve		
45.	Change in treasury stock (Page 3, Lines 36.1 and 36.2 Column 2 minus Column 1)	11,775	(9,428)
46.	Surplus (contributed to) withdrawn from Separate Accounts during period		
47.	Other changes in surplus in Separate Accounts Statement		
48.	Change in surplus notes		
49.	Cumulative effect of changes in accounting principles		
50.	Capital changes:		
50.1	Paid in		
50.2	Transferred from surplus (Stock Dividend)		
50.3	Transferred to surplus		
51.	Surplus adjustment:		
51.1	Paid in		
51.2	Transferred to capital (Stock Dividend)		
51.3	Transferred from capital		
51.4	Change in surplus as a result of reinsurance		
52.	Dividends to stockholders		
53.	Aggregate write-ins for gains and losses in surplus		
54.	Net change in capital and surplus for the year (Lines 37 through 53)	10,635,836	11,965,968
55.	Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	31,493,692	20,857,857
	DETAILS OF WRITE-INS		
08.301.	Fee for Service	25,008,818	27,186,763
08.302.	.....	
08.303.	.....	
08.398.	Summary of remaining write-ins for Line 8.3 from overflow page		
08.399.	TOTALS (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	25,008,818	27,186,763
2701.	.....	
2702.	.....	
2703.	.....	
2798.	Summary of remaining write-ins for Line 27 from overflow page		
2799.	TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)		
5301.	.....	
5302.	.....	
5303.	.....	
5398.	Summary of remaining write-ins for Line 53 from overflow page		
5399.	TOTALS (Lines 5301 through 5303 plus 5398) (Line 53 above)		

CASH FLOW

		1 Current Year	2 Prior Year
Cash from Operations			
1.	Premiums collected net of reinsurance		
2.	Net investment income	29,877	36,402
3.	Miscellaneous income	25,008,818	27,186,762
4.	TOTAL (Lines 1 through 3)	25,038,695	27,223,164
5.	Benefit and loss related payments	0	0
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	(9,279,127)	7,606,142
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)	7,242,248	163,540
10.	TOTAL (Lines 5 through 9)	(2,036,879)	7,769,682
11.	Net cash from operations (Line 4 minus Line 10)	27,075,574	19,453,482
Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:		
12.1	Bonds		264,512
12.2	Stocks	251,012	776
12.3	Mortgage loans		
12.4	Real estate		
12.5	Other invested assets		
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments		
12.7	Miscellaneous proceeds		
12.8	TOTAL Investment proceeds (Lines 12.1 to 12.7)	251,012	265,288
13.	Cost of investments acquired (long-term only):		
13.1	Bonds		
13.2	Stocks	100	116
13.3	Mortgage loans		
13.4	Real estate		
13.5	Other invested assets		
13.6	Miscellaneous applications		
13.7	TOTAL Investments acquired (Lines 13.1 to 13.6)	100	116
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	250,912	265,171
Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):		
16.1	Surplus notes, capital notes		
16.2	Capital and paid in surplus, less treasury stock		
16.3	Borrowed funds		
16.4	Net deposits on deposit-type contracts and other insurance liabilities		
16.5	Dividends to stockholders		
16.6	Other cash provided (applied)	(15,616,382)	(9,866,643)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(15,616,382)	(9,866,643)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	11,710,104	9,852,010
19.	Cash, cash equivalents and short-term investments:		
19.1	Beginning of year	14,963,961	5,111,951
19.2	End of year (Line 18 plus Line 19.1)	26,674,066	14,963,961

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts												
2. Considerations for supplementary contracts with life contingencies												
3. Net investment income	24,773		24,773									
4. Amortization of Interest Maintenance Reserve (IMR)	21,382		21,382									
5. Separate Accounts net gain from operations excluding unrealized gains or losses												
6. Commissions and expense allowances on reinsurance ceded												
7. Reserve adjustments on reinsurance ceded												
8. Miscellaneous Income												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts												
8.2 Charges and fees for deposit-type contracts												
8.3 Aggregate write-ins for miscellaneous income	25,008,818		25,008,818									
9. TOTALS (Lines 1 to 8.3)	25,054,973		25,054,973									
10. Death benefits												
11. Matured endowments (excluding guaranteed annual pure endowments)												
12. Annuity benefits												
13. Disability benefits and benefits under accident and health contracts												
14. Coupons, guaranteed annual pure endowments and similar benefits												
15. Surrender benefits and withdrawals for life contracts												
16. Group conversions												
17. Interest and adjustments on contract or deposit-type contract funds												
18. Payments on supplementary contracts with life contingencies												
19. Increase in aggregate reserves for life and accident and health contracts												
20. TOTALS (Lines 10 to 19)												
21. Commissions on premiums, annuity considerations, and deposit-type contract funds (direct business only)												
22. Commissions and expense allowances on reinsurance assumed												
23. General insurance expenses	7,974,888		7,974,888									
24. Insurance taxes, licenses and fees, excluding federal income taxes	216,496		216,496									
25. Increase in loading on deferred and uncollected premiums												
26. Net transfers to or (from) Separate Accounts net of reinsurance												
27. Aggregate write-ins for deductions												
28. TOTALS (Lines 20 to 27)	8,191,383		8,191,383									
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 - Line 28)	16,863,589		16,863,589									
30. Dividends to policyholders												
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 - Line 30)	16,863,589		16,863,589									
32. Federal income taxes incurred (excluding tax on capital gains)	6,239,528		6,239,528									
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	10,624,061		10,624,061									

DETAILS OF WRITE-INS

08.301. Fees for Services	25,008,818		25,008,818									
08.302.												
08.303.												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page												
08.399. TOTALS (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above)	25,008,818		25,008,818									
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page												
2799. TOTALS (Lines 2701 through 2703 plus 2798) (Line 27 above)												

(a) Includes the following amounts for FEGLI/SGLI: Line 1 \$.....0, Line 10 \$.....0, Line 16 \$.....0, Line 23 \$.....0, Line 24 \$.....0.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group				
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities			
Involving Life or Disability Contingencies (Reserves)											
(Net of Reinsurance Ceded)											
1. Reserve December 31, prior year			
2. Tabular net premiums or considerations			
3. Present value of disability claims incurred	XXX	.....	.....	
4. Tabular interest			
5. Tabular less actual reserve released			
6. Increase in reserve on account of change in valuation basis			
7. Other increases (net)			
8. TOTALS (Lines 1 to 7)			
9. Tabular cost	XXX	.....	.....	
10. Reserves released by death	XXX	.....	XXX	.....	XXX			
11. Reserves released by other terminations (net)			
12. Annuity, supplementary contract, and disability payments involving life contingencies			
13. Net transfers to or (from) Separate Accounts			
14. TOTAL Deductions (Lines 9 to 13)			
15. Reserve December 31, current year			

N O N E

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1. U.S. Government bonds	(a)	39,656	34,512
1.1 Bonds exempt from U.S. tax	(a) .....	.....	.....
1.2 Other bonds (unaffiliated)	(a) .....	.....	.....
1.3 Bonds of affiliates	(a) .....	.....	.....
2.1 Preferred stocks (unaffiliated)	(b) .....	.....	.....
2.11 Preferred stocks of affiliates	(b) .....	.....	.....
2.2 Common stocks (unaffiliated) .....	.....	101	100
2.21 Common stocks of affiliates .....	.....	.....	.....
3. Mortgage loans	(c) .....	.....	.....
4. Real estate	(d) .....	.....	.....
5. Contract loans .....	.....	.....	.....
6. Cash, cash equivalents and short-term investments	(e)	300	338
7. Derivative instruments	(f) .....	.....	.....
8. Other invested assets .....	.....	.....	.....
9. Aggregate write-ins for investment income .....	.....	.....	.....
10. TOTAL Gross investment income	40,057	.....	34,950
11. Investment expenses	(g)	10,178	.....
12. Investment taxes, licenses and fees, excluding federal income taxes	(g) .....	.....	.....
13. Interest expense	(h) .....	.....	.....
14. Depreciation on real estate and other invested assets	(i) .....	.....	.....
15. Aggregate write-ins for deductions from investment income .....	.....	.....	.....
16. TOTAL Deductions (Lines 11 through 15) .....	.....	10,178	.....
17. Net Investment income (Line 10 minus Line 16) .....	.....	.....	24,772

DETAILS OF WRITE-INS

0901. ....	.....	.....	.....
0902. ....	.....	.....	.....
0903. ....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....
1501. ....	.....	.....	.....
1502. ....	.....	.....	.....
1503. ....	.....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page .....	.....	.....	.....
1599. TOTALS (Lines 1501 through 1503 plus 1598) (Line 15 above) .....	.....	.....	.....

(a) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
 (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
 (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
 (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
 (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
 (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds
1.1 Bonds exempt from U.S. tax
1.2 Other bonds (unaffiliated)
1.3 Bonds of affiliates
2.1 Preferred stocks (unaffiliated)
2.11 Preferred stocks of affiliates
2.2 Common stocks (unaffiliated)
2.21 Common stocks of affiliates
3. Mortgage loans
4. Real estate
5. Contract loans
6. Cash, cash equivalents and short-term investments
7. Derivative instruments
8. Other invested assets
9. Aggregate write-ins for capital gains (losses)
10. TOTAL Capital gains (losses)

NONE

0901. ....	.....	.....	.....	.....
0902. ....	.....	.....	.....	.....
0903. ....	.....	.....	.....	.....
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.....	.....	.....	.....
0999. TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above) .....	.....	.....	.....	.....

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
FIRST YEAR (other than single)											
1. Uncollected											
2. Deferred and accrued											
3. Deferred, accrued and uncollected:											
3.1 Direct											
3.2 Reinsurance assumed											
3.3 Reinsurance ceded											
3.4 Net (Line 1 + Line 2)											
4. Advance											
5. Line 3.4 - Line 4											
6. Collected during year:											
6.1 Direct											
6.2 Reinsurance assumed											
6.3 Reinsurance ceded											
6.4 Net											
7. Line 5 + Line 6.4											
8. Prior year (uncollected + deferred and accrued - advance)											
9. First year premiums and considerations:											
9.1 Direct											
9.2 Reinsurance assumed											
9.3 Reinsurance ceded											
9.4 Net (Line 7 - Line 8)											
SINGLE											
10. Single premiums and considerations:											
10.1 Direct											
10.2 Reinsurance assumed											
10.3 Reinsurance ceded											
10.4 Net											
RENEWAL											
11. Uncollected											
12. Deferred and accrued											
13. Deferred, accrued and uncollected:											
13.1 Direct											
13.2 Reinsurance assumed											
13.3 Reinsurance ceded											
13.4 Net (Line 11 + Line 12)											
14. Advance											
15. Line 13.4 - Line 14											
16. Collected during year:											
16.1 Direct	970,999			830,172		139,436					1,391
16.2 Reinsurance assumed	970,999			830,172		139,436					1,391
16.3 Reinsurance ceded	970,999			830,172		139,436					
16.4 Net											
17. Line 15 + Line 16.4											
18. Prior year (uncollected + deferred and accrued - advance)											
19. Renewal premiums and considerations:											
19.1 Direct	970,999			830,172		139,436					1,391
19.2 Reinsurance assumed	970,999			830,172		139,436					1,391
19.3 Reinsurance ceded	970,999			830,172		139,436					
19.4 Net (Line 17 - Line 18)											
TOTAL											
20. TOTAL Premiums and annuity considerations:											
20.1 Direct	970,999			830,172		139,436					1,391
20.2 Reinsurance assumed	970,999			830,172		139,436					1,391
20.3 Reinsurance ceded	970,999			830,172		139,436					1,391
20.4 Net (Lines 9.4 + 10.4 + 19.4)											

**EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS
AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (Direct Business Only)**

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums											
22. All other											
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded											
23.2 Reinsurance assumed											
23.3 Net ceded less assumed											
24. Single:											
24.1 Reinsurance ceded											
24.2 Reinsurance assumed											
24.3 Net ceded less assumed											
25. Renewal:											
25.1 Reinsurance ceded											
25.2 Reinsurance assumed											
25.3 Net ceded less assumed											
26. TOTALS:											
26.1 Reinsurance ceded (Page 6, Line 6)											
26.2 Reinsurance assumed (Page 6, Line 22)											
26.3 Net ceded less assumed											
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single)											
28. Single											
29. Renewal											
30. Deposit-type contract funds											
31. TOTALS (to agree with Page 6, Line 21)											

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5	6		
	1	Accident and Health		4				
		2 Cost Containment	3 All Other					
Life				All Other Lines of Business	Investment	Total		
1. Rent								
2. Salaries and wages								
3.11 Contributions for benefit plans for employees								
3.12 Contributions for benefit plans for agents								
3.21 Payments to employees under non-funded benefit plans								
3.22 Payments to agents under non-funded benefit plans								
3.31 Other employee welfare								
3.32 Other agent welfare								
4.1 Legal fees and expenses								
4.2 Medical examination fees								
4.3 Inspection report fees								
4.4 Fees of public accountants and consulting actuaries	57,458					57,458		
4.5 Expense of investigation and settlement of policy claims								
5.1 Traveling expenses								
5.2 Advertising								
5.3 Postage, express, telegraph and telephone								
5.4 Printing and stationery								
5.5 Cost or depreciation of furniture and equipment								
5.6 Rental of equipment								
5.7 Cost or depreciation of EDP equipment and software								
6.1 Books and periodicals								
6.2 Bureau and association fees								
6.3 Insurance, except on real estate								
6.4 Miscellaneous losses								
6.5 Collection and bank service charges					10,178	10,178		
6.6 Sundry general expenses								
6.7 Group service and administration fees	7,917,430					7,917,430		
6.8 Reimbursements by uninsured plans								
7.1 Agency expense allowance								
7.2 Agents' balances charged off (less \$.....0 recovered)								
7.3 Agency conferences other than local meetings								
9.1 Real estate expenses								
9.2 Investment expenses not included elsewhere								
9.3 Aggregate write-ins for expenses								
10. General expenses Incurred	7,974,888				10,178	(a) 7,985,066		
11. General expenses unpaid December 31, prior year	630,690					630,690		
12. General expenses unpaid December 31, current year	101,278,041					101,278,041		
13. Amounts receivable relating to uninsured plans, prior year								
14. Amounts receivable relating to uninsured plans, current year								
15. General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14)	(92,672,464)				10,178	(92,662,286)		

DETAILS OF WRITE-INS

09.301.						
09.302.						
09.303.						
09.398. Summary of remaining write-ins for Line 9.3 from overflow page						
09.399. TOTALS (Lines 09.301 through 09.303 plus 09.398) (Line 9.3 above)						

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

EXHIBIT 3 - TAXES, LICENSES AND FEES (EXCLUDING FEDERAL INCOME TAXES)

	Insurance			4	5
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes					
2. State insurance department licenses and fees					
3. State taxes on premiums	216,496				216,496
4. Other state taxes, incl. \$.....0 for employee benefits					
5. U.S. Social Security taxes					
6. All other taxes					
7. Taxes, licenses and fees incurred	216,496				216,496
8. Taxes, licenses and fees unpaid December 31, prior year	26				26
9. Taxes, licenses and fees unpaid December 31, current year	25				25
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)	216,497				216,497

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 Accident and Health
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. TOTAL (Lines 1 through 4)		
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. TOTAL (Lines 5 through 8)		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calendar year		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend contracts not included in line 13		
15. TOTAL (Lines 10 through 14)		
16. TOTAL from prior year		
17. TOTAL Dividends or refunds (Lines 9 + 15 - 16)		

NONE

0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)		

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance (Gross)					
1958 CSO ALB CRVM 4.00% CRF	302,011		302,011		
1958 CSO NL ALB 4.00% CRF	63,319		63,319		
1980 CSO ALB CRVM 4.50% CNF	913,274		913,274		
1980 CSO NL ANB 4.50% CRF	6,774		6,774		
1980 CSO ALB CRVM 5.00% CNF	1,340,074		1,340,074		
1958 CSO ALB CRVM 5.50% CNF	947,089		947,089		
1980 CSO ALB CRVM 5.50% CNF	5,791,029		5,791,029		
1980 CSO ALB CRVM 5.50% CRF	2,042		2,042		
1958 CSO ALB CRVM 6.00% CNF	195,363		195,363		
1980 CSO NL ALB 7.00% CRF	418,907		418,907		
0199997 Subtotal - Life Insurance (Gross)	9,979,883		9,979,883		
0199998 Reinsurance Ceded	9,979,883		9,979,883		
0199999 Totals - (Net)					
Annuities (excluding supplementary contracts with life contingencies) (Gross)					
1983 Annuity 6.25%	11,176	XXX	11,176	XXX	
1983 Annuity 6.75%	15,971	XXX	15,971	XXX	
1983 Annuity 7.25%	24,084	XXX	24,084	XXX	
2000 Annuity 5.25%	7,258	XXX	7,258	XXX	
2000 Annuity 5.50%	4,642	XXX	4,642	XXX	
2000 Annuity 7.00%	11,132	XXX	11,132	XXX	
Deferred Accum at various rates	9,085,302	XXX	9,085,302	XXX	
0299997 Subtotal - Annuities (excluding supplementary contracts with life contingencies) (Gross)	9,159,565	XXX	9,159,565	XXX	
0299998 Reinsurance Ceded	9,159,565	XXX	9,159,565	XXX	
0299999 Totals - (Net)		XXX		XXX	
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
Accidental Death Benefits (Gross)					
1959 ADB - 1958 CSO 4.5%	96		96		
0499997 Subtotal - Accidental Death Benefits (Gross)	96		96		
0499998 Reinsurance Ceded	96		96		
0499999 Totals - (Net)					
Disability-Active Lives (Gross)					
1952 INTERCO DISA - 1958 CSO 3%	90		90		
0599997 Subtotal - Disability-Active Lives (Gross)	90		90		
0599998 Reinsurance Ceded	90		90		
0599999 Totals - (Net)					
Disability-Disabled Lives (Gross)					
1952 INTERCO DISA - 1958 CSO 3%	49,018		49,018		
0699997 Subtotal - Disability-Disabled Lives (Gross)	49,018		49,018		
0699998 Reinsurance Ceded	49,018		49,018		
0699999 Totals - (Net)					
Miscellaneous Reserves (Gross)					
NDDFP RESERVE	2,768		2,768		
ICP RESERVE	18,987		18,987		
EXCESS CSV RESERVE	1,162,893		1,162,893		
0799997 Subtotal - Miscellaneous Reserves (Gross)	1,184,648		1,184,648		
0799998 Reinsurance Ceded	1,184,648		1,184,648		
0799999 Totals - (Net)	0		0		
9999999 Totals - (Net) -Page 3, Line 1	0		0		

EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes[] No[X]

1.2 If not, state which kind is issued.

2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes[] No[X]

2.2 If not, state which kind is issued.

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes[X] No[]

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: Yes[] No[X]

4.1 Amount of insurance: \$ 0

4.2 Amount of reserve: \$ 0

4.3 Basis of reserve

4.4 Basis of regular assessments

4.5 Basis of special assessments

4.6 Assessments collected during the year \$ 0

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? If so, state the amount of reserve on such contracts on the basis actually held: Yes[] No[X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$ 0

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ 0

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes[] No[X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$ 0

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount \$ 0

7.3 State the amount of reserves established for this business: \$ 0

7.4 Identify where the reserves are reported in the blank

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes[] No[X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ 0

8.2 State the amount of reserves established for this business: \$ 0

8.3 Identify where the reserves are reported in the blank: \$ 0

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes[] No[X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 0

9.2 State the amount of reserves established for this business: \$ 0

9.3 Identify where the reserves are reported in the blank: \$ 0

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	
N O N E			
9999999 TOTAL (Column 4 Only)			

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non- Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves
2. Additional contract reserves (a)
3. Additional actuarial reserves - Asset/Liability analysis
4. Reserve for future contingent benefits
5. Reserve for rate credits
6. Aggregate write-ins for reserves
7. Totals (Gross)
8. Reinsurance ceded
9. TOTALS (NET)
CLAIM RESERVE									
10. Present value of amounts not yet due on claims
11. Additional actuarial reserves - Asset/Liability analysis
12. Reserve for future contingent benefits
13. Aggregate write-ins for reserves
14. TOTALS (Gross)
15. Reinsurance ceded
16. TOTALS (Net)
17. TOTAL (Net)
18. TABULAR FUND INTEREST
DETAILS OF WRITE-INS									
0601.
0602.
0603.
0698. Summary of remaining write-ins for Line 6 from overflow page
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)
1301.
1302.
1303.
1398. Summary of remaining write-ins for Line 13 from overflow page
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.: 14

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance	112,035	.....	94,888	17,147	.....	.....
2. Deposits received during the year .....	.....	.....	.....	.....	.....	.....
3. Investment earnings credited to the account	1,595	.....	1,198	397	.....	.....
4. Other net change in reserves	695	.....	580	115	.....	.....
5. Fees and other charges assessed .....	.....	.....	.....	.....	.....	.....
6. Surrender charges .....	.....	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments	43,438	.....	43,438	.....	.....	.....
8. Other net transfers to or (from) Separate Accounts .....	.....	.....	.....	.....	.....	.....
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8)	70,887	.....	53,228	17,659	.....	.....
10. Reinsurance balance at the beginning of the year	(112,035)	.....	(94,888)	(17,147)	.....	.....
11. Net change in reinsurance assumed .....	.....	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded	(41,148)	.....	(41,660)	512	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)	(70,887)	.....	(53,228)	(17,659)	.....	.....
14. Net balance at the end of current year after reinsurance (Lines 9 + 13) .....	.....	.....	.....	.....	.....	.....

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Due and Unpaid:											
1.1 Direct	268,514		268,514								
1.2 Reinsurance assumed											
1.3 Reinsurance ceded	268,514		268,514								
1.4 Net											
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct											
2.12 Reinsurance assumed											
2.13 Reinsurance ceded											
2.14 Net			(b)	(b)		(b)	(b)				
2.2 Other:											
2.21 Direct											
2.22 Reinsurance assumed											
2.23 Reinsurance ceded											
2.24 Net			(b)	(b)		(b)	(b)		(b)	(b)	(b)
3. Incurred but unreported:											
3.1 Direct											
3.2 Reinsurance assumed											
3.3 Reinsurance ceded											
3.4 Net			(b)	(b)		(b)	(b)		(b)	(b)	(b)
4. TOTALS:											
4.1 Direct	268,514		268,514								
4.2 Reinsurance assumed											
4.3 Reinsurance ceded	268,514		268,514								
4.4 Net		(a)	(a)				(a)				

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1.	Settlements during the year:										
1.1	Direct	1,156,982		1,143,814	13,168						
1.2	Reinsurance assumed										
1.3	Reinsurance ceded	1,156,982		1,143,814	13,168						
1.4	Net	(d)									
2.	Liability December 31, current year from Part 1:										
2.1	Direct	268,514		268,514							
2.2	Reinsurance assumed										
2.3	Reinsurance ceded	268,514		268,514							
2.4	Net										
3.	Amounts recoverable from reinsurers December 31, current year										
4.	Liability December 31, prior year:										
4.1	Direct	70,000		70,000							
4.2	Reinsurance assumed										
4.3	Reinsurance ceded	70,000		70,000							
4.4	Net										
5.	Amounts recoverable from reinsurers December 31, prior year										
6.	Incurred benefits:										
6.1	Direct	1,355,496		1,342,328	13,168						
6.2	Reinsurance assumed										
6.3	Reinsurance ceded	1,355,496		1,342,328	13,168						
6.4	Net										

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in Line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

Catamaran Insurance of Ohio
EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)
2. Stocks (Schedule D):			
2.1 Preferred stocks
2.2 Common stocks
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens
3.2 Other than first liens
4. Real estate (Schedule A):			
4.1 Properties occupied by the company
4.2 Properties held for the production of income
4.3 Properties held for sale
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)
6. Contract loans
7. Derivatives (Schedule DB)
8. Other invested assets (Schedule BA)
9. Receivables for securities
10. Securities lending reinvested collateral assets (Schedule DL)
11. Aggregate write-ins for invested assets
12. Subtotals, cash and invested assets (Lines 1 to 11)
13. Title plants (for Title insurers only)
14. Invested income due and accrued
15. Premium and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due
15.3 Accrued retrospective premiums and contracts su	NONE	.....	.....
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers
16.2 Funds held by or deposited with reinsured compa
16.3 Other amounts receivable under reinsurance contracts
17. Amounts receivable relating to uninsured plans
18.1 Current federal and foreign income tax recoverable and interest thereon
18.2 Net deferred tax asset
19. Guaranty funds receivable or on deposit
20. Electronic data processing equipment and software
21. Furniture and equipment, including health care delivery assets
22. Net adjustment in assets and liabilities due to foreign exchange rates
23. Receivables from parent, subsidiaries and affiliates
24. Health care and other amounts receivable
25. Aggregate write-ins for other than invested assets
26. TOTAL Assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts
28. TOTAL (Lines 26 and 27)
DETAILS OF WRITE-INS			
1101.
1102.
1103.
1198. Summary of remaining write-ins for Line 11 from overflow page
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)
2501.
2502.
2503.
2598. Summary of remaining write-ins for Line 25 from overflow page
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of Catamaran Insurance of Ohio (the Company) are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (the Department). The Department recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures* manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of the Company is shown below:

	State of Domicile	2015	2014
NET INCOME			
The Company state basis (Page 4, Line 35, Columns 1 & 2)	OH	\$ 10,624,061	\$ 11,975,397
State prescribed practices that increase/(decrease) NAIC SAP		-	-
State permitted practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP	OH	<u>\$ 10,624,061</u>	<u>\$ 11,975,397</u>
SURPLUS			
The Company state basis (Page 3, Line 38, Columns 1 & 2)	OH	\$ 31,493,692	\$ 20,857,857
State prescribed practices that increase/(decrease) NAIC SAP		-	-
State permitted practices that increase/(decrease) NAIC SAP		-	-
NAIC SAP	OH	<u>\$ 31,493,692</u>	<u>\$ 20,857,857</u>

B. Use of Estimates

The preparation of financial statements in conformity with statutory accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company uses the following accounting policies:

- 1) Short-term investments are stated at cost which approximates fair value.
- 2) Bonds are valued as prescribed by the NAIC. Bonds not backed by other loans are generally carried at cost, adjusted for the amortization of premiums, accretion of discounts, and any impairment. Premiums and discounts are amortized and accreted over the estimated lives of the related bonds based on the interest-yield method. The Company's bond portfolio is reviewed quarterly and as a result the carrying value of a bond may be reduced to reflect changes in valuation resulting from asset impairment. Bonds which have been assigned the NAIC category 6 are written down to the appropriate NAIC carrying value.
- 3) Common stocks are reported at fair value.
- 4) The Company has no preferred stocks.
- 5) The Company has no mortgage loans.
- 6) The Company has no loan-backed securities.
- 7) The Company has no investments in subsidiaries, controlled and affiliated entities.
- 8) The Company has no investments in joint ventures, partnerships, or limited entities.
- 9) The Company has no derivatives.
- 10) The Company does not have anticipated investment income as a factor in the premium deficiency calculation.
- 11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.
- 12) The Company has not modified its capitalization policy from the prior period.
- 13) The Company does not have pharmaceutical rebate receivables.

Notes to Financial Statements

2. Accounting Changes and Corrections of Errors
 - A. Accounting Changes as a Result of a Change in Accounting Principles and/or Corrections of Errors
Not Applicable.
3. Business Combinations and Goodwill
 - A. Statutory Purchase Method
Not Applicable.
 - B. Statutory Merger
Not Applicable.
 - C. Assumption Reinsurance
Not Applicable.
 - D. Impairment Loss
Not Applicable.
4. Discontinued Operations
Not Applicable.
5. Investments
 - A. Mortgage Loans, Including Mezzanine Real Estate Loans
The Company has no investment in mortgage loans.
 - B. Debt Restructuring
The Company has no invested assets that are restructured debt.
 - C. Reverse Mortgages
The Company has no investment in reverse mortgages.
 - D. Loan-Backed Securities
The Company has no investments in loan-backed securities.
 - E. Repurchase Agreements and/or Securities Lending Transactions
The Company has no investment in repurchase agreements or securities lending transactions.
 - F. Real Estate
The Company has no investment in real estate.
 - G. Investments in Low-Income Housing Tax Credits (LIHTC)
The Company has no investment in low-income housing tax credits.

Notes to Financial Statements

H. Restricted Assets

1) Restricted Assets (Including Pledged)

Restricted Asset Category	Gross Restricted					6	7	8	Percentage				
	Current Year								9	10			
	1 Total General Account (G/A)	2 G/A Supporting Protected Cell Account Activity (a)	3 Total Protected Cell Account Restricted Assets	4 Protected Cell Account Assets Supporting G/A Activity (b)	5 Total (Col. 1 plus Col. 3)				Total Current Year Admitted Restricted	Gross Restricted to Total Assets			
a. Subject to contractual obligation for which liability is not shown										0.000%			
b. Collateral held under security lending agreements										0.000%			
c. Subject to repurchase agreements										0.000%			
d. Subject to reverse repurchase agreements										0.000%			
e. Subject to dollar repurchase agreements										0.000%			
f. Subject to dollar reverse repurchase agreements										0.000%			
g. Placed under option contracts										0.000%			
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock										0.000%			
i. FHLB capital stock										0.000%			
j. On deposit with states	4,771,702					4,771,702	4,777,932	(6,230)	4,771,702	3.247%			
k. On deposit with other regulatory bodies										0.000%			
k. Pledged as collateral to FHLB (including assets backing funding agreements)										0.000%			
m. Pledged as collateral not captured in other categories										0.000%			
n. Other restricted assets										0.000%			
o. Total Restricted Assets	4,771,702	-	-	-	-	4,771,702	4,777,932	(6,230)	4,771,702	3.247%			

(a) Subset of column 1

(b) Subset of column 3

2) Detail of Asset Pledged as Collateral Not Captured in other Categories

Not Applicable.

3) Detail of Other Restricted Assets

Not Applicable.

I. Working Capital Finance Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

A. Detail for Those Greater than 10% of Admitted Assets

Not Applicable.

B. Write-down for Impairments

Not Applicable.

7. Investment Income

A. Accrued Investment Income

The Company excludes from surplus all investment income due and accrued on bonds in or near default or that is over 90 days past due.

B. Amounts Excluded

Not Applicable.

8. Derivative Instruments

Not Applicable.

Notes to Financial Statements

9. Income Taxes

The U.S. federal income tax rate applicable to ordinary income is 35% for 2015. The Company's federal income tax return will be consolidated with its parent company. Taxes are allocated in accordance with the Company's tax sharing agreement and the Internal Revenue Code Section 1552(a)(1), which apportions the tax liability among the members of the group in accordance with the ratio of the consolidated taxable income attributable to each member of the group having taxable income bears to the consolidated taxable income. Accordingly, the Company's 2014 and 2015 taxes have been calculated using the groups blended statutory rate of 37%. Allocation of income taxes between members of the consolidated group was accounted for in a manner consistent with the principles of ASC 740, "Income Taxes", as modified by SSAP No. 101.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. B. C. Nature of Relationships

The Company is 100% owned by Catamaran PBM of Maryland ("Catamaran"). Catamaran PBM of Maryland's ultimate parent is UnitedHealth Group, a publicly held corporation trading on the New York stock exchange. The Company currently has a shared services agreement in place with affiliated entities. This agreement sets forth the process by which entities commonly owned by UnitedHealth Group cooperate in the performance of certain administrative services.

D. Amounts Due to or from Related Parties

From time to time, the Company's parent or affiliates perform certain functions or incurs certain expenses on behalf of the Company. The Company reimburses or is reimbursed in those instances. At December 31, 2015, \$7,981,933 was due to the Company's parent and \$0 was due from the Company's parent. At December 31, 2014, \$23,614,915 was due to the Company's parent and \$0 was due from the Company's parent.

E. Guarantees or Contingencies

Not Applicable.

F. Management, Service Contracts, Cost Sharing Arrangements

The Company currently does not have any management service agreements with any affiliated parties.

G. Nature of Relationships that Could Affect Operations

Not Applicable.

H. Amount Deducted for Investment in Upstream Parent

Not Applicable.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

Not Applicable.

J. Write-down for Impairments

Not Applicable.

K. Investment in Foreign Subsidiary

Not Applicable.

L. Downstream Noninsurance Holding Company

Not Applicable.

M. SCA Investments

Not Applicable

N. Investments in an Insurance SCA

Not Applicable

11. Debt

A. The Company has no debt.

B. The Company has no FHLB agreements.

12. Retirement Plans, Deferred Compensation, Post-Employment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. A-D. Defined Benefit Plan

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

Notes to Financial Statements

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

Not Applicable.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits

Not Applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

A. Outstanding Shares

The Company has 4,000,000 shares authorized, 1,363,637 issued (\$2 per share par value). All shares are common stock.

B. Dividend Rate of Preferred Stock

The Company has no preferred stock.

C. D. E. Dividends

Without prior approval by the Insurance Commissioner of the State of Ohio, the aggregate amounts of dividends to shareholders during any 12-month period shall not exceed the greater of the prior year's net income or 10% of surplus.

F. Restrictions on Unassigned Surplus

Not Applicable

G. Mutual Surplus Advances

There have been no advances to surplus.

H. Company Stock Held for Special Purposes

Not Applicable.

I. Changes in Special Surplus Funds

Not Applicable.

J. Changes in Unassigned Funds

The portion of unassigned funds (surplus) represented or reduced by unrealized gains (losses) is \$0 at September 30, 2015.

K. Surplus Note

The Company has not issued any surplus notes or debentures or similar obligations.

L. M. There has been no restatement of surplus due to quasi-reorganizations.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims Related Extra Contractual Obligation and Bad Faith Losses Stemming From Lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

Not Applicable.

Notes to Financial Statements

15. Leases

A. Lessee Leasing Arrangements

Not Applicable.

B. Lessor Leasing Arrangements

Not Applicable.

16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

A. Administrative Services Only (ASO) Plans

Not Applicable.

B. Administrative Services Contract (ASC) Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

Not Applicable.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

SSAP 100, Fair Value Measurements, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The three levels of the fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Company has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable; or inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The Company believes its valuation methods are appropriate and consistent with other market participants. The use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

A. Inputs Used for Assets Measured at Fair Value

1. Fair Value Measurements at Reporting Date

Type of Financial Instrument	(Level 1)	(Level 2)	(Level 3)
Money Market Mutual Funds	50,788	-	-
Grand Total	\$ 50,788	\$ -	\$ -

2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – N/A

3. Reasons for any transfers between levels – N/A

Notes to Financial Statements

4. Valuation Techniques for Fair Value Measurement Categorized Within Level 2 and Level 3 – N/A
 5. Derivative assets and liabilities – N/A

B. Other Fair Value Disclosures – N/A

C. Fair Value for all Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 3,258,976	\$ 3,253,589	\$ 3,258,976	\$ -	\$ -	\$ -
Money Market Mutual Funds	50,788	50,788	50,788	-	-	-
Grand Total	\$ 3,309,764	\$ 3,304,377	\$ 3,309,764	\$ -	\$ -	\$ -

D. Reasons Not Practical to Estimate Fair Value – N/A

21. Other Items

A. Unusual or Infrequent Items

Not Applicable.

B. Troubled Debt Restructuring

Not Applicable.

C. Other Disclosures

On March 29, 2015, the Company's ultimate parent, Catamaran Corporation, entered into an Arrangement Agreement with UnitedHealth Group Incorporated. The Arrangement Agreement provides, among other things, that, in accordance with a Plan of Arrangement and the transactions contemplated thereby, UnitedHealth Group Incorporated will acquire, directly or indirectly, all of the issued and outstanding common shares of Catamaran Corporation, resulting in Catamaran Corporation becoming an indirect, wholly owned subsidiary of UnitedHealth Group Incorporated. The completion of the transaction occurred on July 23, 2015.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime-Mortgage-Related Risk Exposure

The Company does not have any exposure to subprime-mortgages.

G. Retained Assets

Not Applicable.

H. Proceeds as the Issuer, Ceding Insurer, or Counterparty of Insurance-Linked Securities

22. Events Subsequent

Subsequent events have been considered through February 27, 2016, for the statutory statement issued on February 27, 2016.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company? Yes () No (X)
2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) which is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

- 1) Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits? Yes () No (X)

Notes to Financial Statements

2) Does the Company have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts which, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

1) What is the estimated amount of the aggregate reduction in surplus, for agreements, not reflected in Section 2 above, of termination of all reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts which were in-force or which had existing reserves established by the Company as of the effective date of the agreement? Yes () No (X)

B. Uncollectible Reinsurance

None

C. Commutation of Ceded Reinsurance

None

D. Certified Rated Contracts and Contracts Subject to Revocation

None

E. Reinsurance of Variable Annuity Contracts with Affiliated Captive Reinsurer

None

F. Reinsurance Agreement with Affiliated Captive Reinsurer

None

G. Affiliated Captive Reinsurer Risk-Based Capital Shortfalls

None

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

Not Applicable.

25. Changes in Incurred Losses and Loss Adjustment Expenses

Not Applicable.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

Not Applicable.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Not Applicable.

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

Not Applicable.

30. Premium Deficiency Reserves

Not Applicable.

31. Reserves for Life Contracts and Deposit-Type Contracts

A. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. The Company has certain surrender values in excess of the legally computed reserves. There has been no significant change in the reserve since December 31, 2014.

B. The method used in the valuation of substandard policies is based on the normal tabular reserves plus one half of the annual substandard extra premium.

Notes to Financial Statements

- C. There are no amounts of insurance for which the gross premiums are less than the net premiums according to the standard of valuation set by the Ohio Department of Insurance.
- D. Tabular cost has been determined from the basic data for the calculation of policy reserves. Tabular less actual reserves released has been determined from the basic data for the calculation of reserves and reserves released. Tabular interest has been determined from the basic data for the calculation of policy reserves.
- E. Tabular interest on funds not involving life contingencies is calculated as the product of the valuation rate of interest times the mean of the amount of funds subject to such rate held at the beginning and end of the year of valuation.
- F. There were no other reserve changes.

32. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics
Not Applicable.

33. Premium and Annuity Considerations Deferred and Uncollected
Not Applicable.

34. Separate Accounts
Not Applicable.

35. Loss/Claim Adjustment Expenses
Not Applicable.

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?
If yes, complete Schedule Y, Parts 1, 1A and 2. Yes[X] No[]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[] N/A[]

1.3 State Regulating? Ohio

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[] No[X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2011

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 05/23/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 05/23/2013

3.4 By what department or departments?
Ohio Department of Insurance

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[] No[] N/A[X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[] N/A[]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[] No[X]
4.12 renewals? Yes[] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[] No[X]
4.22 renewals? Yes[] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[] No[X]

7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity
.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[] No[X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes[] No[X]

8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
..... Yes[] No[X] ..	..... Yes[ ] No[X] ..	..... Yes[ ] No[X] ..	..... Yes[ ] No[X] ..

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BDO 330 N. Wabash Avenue, Suite 3200 Chicago, IL 60611

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes[] No[X]

10.2 If response to 10.1 is "yes," provide information related to this exemption.

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes[] No[X]

10.4 If response to 10.3 is "yes," provide information related to this exemption.

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes[] No[] N/A[X]

10.6 If the response to 10.5 is "NO" or "N/A" please explain:
Parent Company's Audit Committee serves as entity's Audit Committee

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
William Hines, FSA, MAAA, 201 Edgewater Drive, Suite 289, Wakefield, MA 01880-6215

GENERAL INTERROGATORIES (Continued)

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X] \$ 0

12.11 Name of real estate holding company
12.12 Number of parcels involved
12.13 Total book/adjusted carrying value

12.2 If yes, provide explanation

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity? Yes [] No [] N/A [X]

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No [] N/A [X]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No [] N/A [X]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

a. Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

b. Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

c. Compliance with applicable governmental laws, rules and regulations;

d. The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

e. Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

14.21 If the response to 14.2 is yes, provide information related to amendment(s). Yes [] No [X]

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s). Yes [] No [X]

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]

15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered. Yes [] No [X]

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount
15.2001

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes [] No [X]

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes [] No [X]

18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [] No [X]

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]

20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.11 To directors or other officers
20.12 To stockholders not officers
20.13 Trustees, supreme or grand (Fraternal only)

20.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans): \$ 0

20.21 To directors or other officers
20.22 To stockholders not officers
20.23 Trustees, supreme or grand (Fraternal only)

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]

21.2 If yes, state the amount thereof at December 31 of the current year: \$ 0

21.21 Rented from others
21.22 Borrowed from others
21.23 Leased from others
21.24 Other

22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment
22.22 Amount paid as expenses
22.23 Other amounts paid

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X] \$ 0

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: Yes [] No [X] \$ 0

INVESTMENT

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03) Yes [X] No []

24.02 If no, give full and complete information, relating thereto

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)

24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$ 0

24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]

GENERAL INTERROGATORIES (Continued)

24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

24.10 For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.102 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.	\$ 0
24.103 Total payable for securities lending reported on the liability page.	\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes[X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Placed under option agreements	\$ 0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$ 0
25.27 FHLB Capital Stock	\$ 0
25.28 On deposit with states	\$ 4,771,702
25.29 On deposit with other regulatory bodies	\$ 0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$ 0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$ 0
25.32 Other	\$ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No[X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]

26.2 If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes[X] No[X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$ 0

28. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section I, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No []

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
CitiGroup	333 W. 34th Street, NY, NY 10001
UBS	One North Wacker Drive, Chicago, IL 60606
Century Trust	P.O. Box 1507, Santa Fe, NM 87504
KeyBank	127 Public Square, Cleveland, OH 44114
Regions Bank	400 West Capitol, Little Rock, AR 72201
Wells Fargo	1021 E. Cary Street, Richmond, VA 23219
TD Wealth	1701 Route 70 East Cherry Hill, NJ, 08034
US Bank	225 Water St., Suite 700, Jacksonville, FL 32202

28.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes[X] No[X]

28.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....

28.05 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
.....

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b)(1)])? Yes[X] No[X]

29.2 If yes, complete the following schedule:

GENERAL INTERROGATORIES (Continued)

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 Total		

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	3,253,589	3,258,976	5,387
30.2 Preferred stocks			
30.3 Totals	3,253,589	3,258,976	5,387

30.4 Describe the sources or methods utilized in determining the fair values

Fair values were obtained from custodial statements.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes[X] No[]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes[X] No[] N/A[]

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed?

Yes[X] No[]

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?

\$ 0

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....

34.1 Amount of payments for legal expenses, if any?

\$ 0

34.2 List the name of the firm and the amount paid if any such payments represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
.....

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any?

\$ 0

35.2 List the name of firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....

GENERAL INTERROGATORIES (Continued)

PART 2 - LIFE INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]
1.2 If yes, indicate premium earned on U.S. business only.	\$..... 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$..... 0
1.31 Reason for excluding:	
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$..... 0
1.5 Indicate total incurred claims on all Medicare Supplement Insurance.	\$..... 0
1.6 Individual policies:	
Most current three years:	
1.61 Total premium earned	\$..... 0
1.62 Total incurred claims	\$..... 0
1.63 Number of covered lives	..... 0
All years prior to most current three years:	
1.64 Total premium earned	\$..... 0
1.65 Total incurred claims	\$..... 0
1.66 Number of covered lives	..... 0
1.7 Group policies:	
Most current three years:	
1.71 Total premium earned	\$..... 0
1.72 Total incurred claims	\$..... 0
1.73 Number of covered lives	..... 0
All years prior to most current three years:	
1.74 Total premium earned	\$..... 0
1.75 Total incurred claims	\$..... 0
1.76 Number of covered lives	..... 0

2. Health Test

	1 Current Year	2 Prior Year
2.1 Premium Numerator		
2.2 Premium Denominator		
2.3 Premium Ratio (2.1 / 2.2)		
2.4 Reserve Numerator		
2.5 Reserve Denominator		
2.6 Reserve Ratio (2.4 / 2.5)		

3.1 Does this reporting entity have Separate Accounts?	Yes [] No [X]
3.2 If yes, has a Separate Accounts statement been filed with this department?	Yes [] No [] N/A [X]
3.3 What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$..... 0
3.4 State the authority under which Separate Accounts are maintained:	
3.5 Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [] No [X]
3.6 Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [] No [X]
3.7 If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$..... 0
4.1 Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?	Yes [] No [X]
4.2 Net reimbursement of such expenses between reporting entities:	
4.21 Paid	\$..... 0
4.22 Received	\$..... 0
5.1 Does the reporting entity write any guaranteed interest contracts?	Yes [] No [X]
5.2 If yes, what amount pertaining to these items is included in:	
5.21 Page 3, Line 1	\$..... 0
5.22 Page 4, Line 1	\$..... 0
6. For stock reporting entities only:	
6.1 Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$..... 0
7. Total dividends paid stockholders since the organization of the reporting entity:	
7.11 Cash	\$..... 0
7.12 Stock	\$..... 0
8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.	Yes [] No [X]
8.2 If yes, has the reporting entity completed the WORKERS' COMPENSATION CARVE-OUT SUPPLEMENT to the Annual Statement?	Yes [] No [] N/A [X]
8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:	

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium			
8.32 Paid claims			
8.33 Claim liability and reserve (beginning of year)			
8.34 Claim liability and reserve (end of year)			
8.35 Incurred claims			

8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:

GENERAL INTERROGATORIES (Continued)

Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41 < \$25,000
8.42 \$25,000 - 99,999
8.43 \$100,000 - 249,999
8.44 \$250,000 - 999,999
8.45 \$1,000,000 or more

8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools?

\$..... 0

9.1 Does the company have variable annuities with guaranteed benefits?

Yes[] No[X]

9.2 If 9.1 is yes, complete the following table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Column 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
.....

10. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

\$..... 0

10.1 Amount of loss reserves established by these annuities during the current year:

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
.....

11.1 Do you act as a custodian for health savings accounts?

Yes[] No[X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date:

\$..... 0

11.3 Do you act as an administrator for health savings accounts?

Yes[] No[X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date:

\$..... 0

12.1 Are any of the captive affiliates reported on Schedule S, Part 3 as authorized reinsurers?

Yes[] No[] N/A[X]

12.2 If the answer to 12.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

13. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded)

\$..... 830,172

13.1 Direct Premium Written

\$..... 1,342,328

13.2 Total incurred claims

..... 2,040

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without Secondary Guarantee)
Universal Life (with or without Secondary Guarantee)
Variable Universal Life (with or without Secondary Guarantee)

FIVE - YEAR HISTORICAL DATA**Show Amounts in Whole Dollars Only, No Cents; Show Percentages to One Decimal Place, i.e., 17.6.****Show Amounts of Life Insurance in this Exhibit in Thousands (Omit \$000)**

	1 2015	2 2014	3 2013	4 2012	5 2011
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Column 4)	78,602	83,775	88,778	111,371	119,583
2. Ordinary - term (Line 21, Column 4, less Line 34, Column 4)	11,126	11,972	12,738	.....	.....
3. Credit life (Line 21, Column 6) .....	.....	.....	.....	.....	126
4. Group, excluding FEGLI/SGLI (Line 21, Column 9 less Lines 43 & 44, Column 4) .....	.....	.....	.....	.....	.....
5. Industrial (Line 21, Column 2) .....	.....	.....	.....	.....	.....
6. FEGLI/SGLI (Lines 43 & 44, Column 4) .....	.....	.....	.....	.....	.....
7. TOTAL (Line 21, Column 10)	89,728	95,747	101,516	111,371	119,709
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Column 2) .....	.....	.....	.....	.....	.....
9. Ordinary - term (Line 2, Column 4, less Line 34, Column 2) .....	.....	.....	.....	.....	.....
10. Credit life (Line 2, Column 6) .....	.....	.....	.....	.....	.....
11. Group (Line 2, Column 9) .....	.....	.....	.....	.....	.....
12. Industrial (Line 2, Column 2) .....	.....	.....	.....	.....	.....
13. TOTAL (Line 2, Column 10) .....	.....	.....	.....	.....	.....
Premium Income-Lines of Business (Exhibit 1 - Part 1)					
14. Industrial life (Exhibit 1 - Part 1, Line 20.4, Column 2) .....	.....	.....	.....	.....	.....
15.1 Ordinary life insurance (Exhibit 1 - Part 1, Line 20.4, Column 3) .....	.....	.....	.....	.....	.....
15.2 Ordinary individual annuities (Exhibit 1 - Part 1, Line 20.4, Column 4) .....	.....	.....	.....	.....	.....
16. Credit life, (group and individual) (Exhibit 1 - Part 1, Line 20.4, Column 5) .....	.....	.....	.....	.....	.....
17.1 Group life insurance (Exhibit 1 - Part 1, Line 20.4, Column 6) .....	.....	.....	.....	.....	.....
17.2 Group annuities (Exhibit 1 - Part 1, Line 20.4, Column 7) .....	.....	.....	.....	.....	.....
18.1 A & H group (Exhibit 1 - Part 1, Line 20.4, Column 8) .....	.....	.....	.....	.....	.....
18.2 A & H credit (group and individual) (Exhibit 1 - Part 1, Line 20.4, Column 9) .....	.....	.....	.....	.....	.....
18.3 A & H other (Exhibit 1 - Part 1, Line 20.4 Column 10) .....	.....	.....	.....	.....	.....
19. Aggregate of all other lines of business (Exhibit 1 - Part 1, Line 20.4, Column 11) .....	.....	.....	.....	.....	.....
20. TOTAL .....	.....	.....	.....	.....	.....
Balance Sheet Items (Pages 2 and 3)					
21. TOTAL Admitted Assets excluding Separate Accounts business (Page 2, Line 26, Column 3)	146,962,421	52,331,674	9,209,190	8,881,028	8,859,300
22. TOTAL Liabilities excluding Separate Accounts business (Page 3, Line 26)	115,468,729	31,473,817	317,302	273,392	256,575
23. Aggregate life reserves (Page 3, Line 1)	0	.....	.....	.....	.....
24. Aggregate A & H reserves (Page 3, Line 2) .....	.....	.....	.....	.....	.....
25. Deposit-type contract funds (Page 3, Line 3) .....	.....	.....	.....	.....	.....
26. Asset valuation reserve (Page 3, Line 24.1)	12,102	23,877	14,449	20,240	24,356
27. Capital (Page 3, Lines 29 & 30)	2,727,274	2,727,274	2,727,274	2,727,274	2,727,274
28. Surplus (Page 3, Line 37)	28,766,418	18,130,583	6,164,614	5,880,362	5,875,451
Cash Flow (Page 5)					
29. Net Cash from Operations (Line 11)	27,075,574	19,453,482	448,177	47,862	(98,624)
Risk-Based Capital Analysis					
30. TOTAL Adjusted Capital	31,505,794	20,881,734	8,906,337	8,627,876	8,627,081
31. Authorized control level risk-based capital	126,661	109,847	99,436	78,716	84,000
Percentage Distribution of Cash, Cash Equivalents and Invested Assets					
(Page 2, Column 3) (Line No./Page 2, Line 12, Column 3) x 100.0					
32. Bonds (Line 1)	10.9	17.6	39.2	55.8	55.8
33. Stocks (Lines 2.1 and 2.2)	0.2	1.6	3.4	0.2	.....
34. Mortgage loans on real estate (Line 3.1 and 3.2) .....	.....	.....	.....	.....	.....
35. Real estate (Lines 4.1, 4.2 and 4.3) .....	.....	.....	.....	.....	.....
36. Cash, cash equivalents and short-term investments (Line 5)	89.0	80.8	57.4	44.0	44.2
37. Contract loans (Line 6) .....	.....	.....	.....	.....	.....
38. Derivatives (Page 2, Line 7) .....	.....	.....	.....	.....	.....
39. Other invested assets (Line 8) .....	.....	.....	.....	.....	.....
40. Receivables for securities (Line 9) .....	.....	.....	.....	.....	.....
41. Securities lending reinvested collateral assets (Line 10) .....	.....	.....	.....	.....	.....
42. Aggregate write-ins for invested assets (Line 11) .....	.....	.....	.....	.....	.....
43. Cash, cash equivalents and invested assets (Line 12)	100.0	100.0	100.0	100.0	100.0

FIVE - YEAR HISTORICAL DATA (Continued)

	1 2015	2 2014	3 2013	4 2012	5 2011
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Schedule D Summary, Line 12 Column 1)					
45. Affiliated preferred stocks (Schedule D Summary, Line 18, Column 1)					
46. Affiliated common stocks (Schedule D Summary, Line 24, Column 1)					
47. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
48. Affiliated mortgage loans on real estate					
49. All other affiliated					
50. TOTAL of above Lines 44 to 49					
51. TOTAL Investment in Parent included in Lines 44 to 49 above					
TOTAL Nonadmitted and Admitted Assets					
52. TOTAL Nonadmitted Assets (Page 2, Line 28, Column 2)					301
53. TOTAL Admitted Assets (Page 2, Line 28, Column 3)	146,962,421	52,331,674	9,209,190	8,881,028	8,859,300
Investment Data					
54. Net investment income (Exhibit of Net Investment Income)	24,772	28,571	36,514	35,419	73,604
55. Realized capital gains (losses) (Page 4, Line 34, Column 1)		0			
56. Unrealized capital gains (losses) (Page 4, Line 38, Col. 1)			0		
57. TOTAL of Above Lines 54, 55, and 56	24,772	28,570	36,513	35,419	73,604
Benefits and Reserve Increase (Page 6)					
58. TOTAL Contract Benefits-Life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11)					
59. TOTAL Contract Benefits - A & H (Lines 13 & 14, Columns 9, 10 & 11)					
60. Increase in life reserves-other than group and annuities (Line 19, Columns 2 & 3)					
61. Increase in A & H reserves (Line 19, Columns 9, 10 & 11)					
62. Dividends to policyholders (Line 30, Column 1)					
Operating Percentages					
63. Insurance expense percent (Page 6, Column 1, Lines 21, 22 & 23 less Line 6) / (Page 6 Column 1, Line 1 plus Exhibit 7, Column 2, Line 2) x 100.00					
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Column 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Column 4, Lines 1 & 21)] x 100.00	5.3	4.8	8.1	6.5	7.7
65. A & H loss percent (Schedule H, Part 1, Line 5 + Line 6, Column 2)					
66. A & H cost containment percent (Schedule H, Part 1, Line 4, Column 2)					
67. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2)					
A & H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1, Column 2)					
69. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2, Column 2)					
70. Incurred losses on prior years' claims - health other than group (Schedule H, Part 3, Line 3.1, Column 1 less Col. 2)					
71. Prior years' claim liability and reserve - health other than group (Schedule H, Part 3, Line 3.2, Column 1 less Col. 2)					
Net Gains From Operations After Federal Income					
Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Column 2)					
73. Ordinary - life (Column 3)	10,624,061	11,975,397	278,461	795	(28,373)
74. Ordinary - individual annuities (Column 4)					
75. Ordinary - supplementary contracts (Column 5)					
76. Credit life (Column 6)					
77. Group life (Column 7)					
78. Group annuities (Column 8)					
79. A & H - group (Column 9)					
80. A & H - credit (Column 10)					
81. A & H - other (Column 11)					
82. Aggregate of all other lines of business (Column 12)					
83. TOTAL (Column 1)	10,624,061	11,975,397	278,461	795	(28,373)

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes[] No[] N/A[X]

If no, please explain:

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group		10 Total Amount of Insurance (a)
	1	2	3	4	5 Number of Individual Policies and Group Certificates	6	Number of Policies	8 Certificates	
	Number of Policies	Amount of Insurance (a)	Number of Policies	Amount of Insurance (a)	Amount of Insurance (a)	Policies	Amount of Insurance (a)	Amount of Insurance (a)	
1. In force end of prior year			2,178	95,747					95,747
2. Issued during year									
3. Reinsurance assumed			2						
4. Revived during year				29					29
5. Increased during year (net)				117					117
6. Subtotals, Lines 2 to 5			2	146					146
7. Additions by dividends during year	XXX		XXX		XXX		XXX	XXX	
8. Aggregate write-ins for increases									
9. TOTALS (Lines 1 and 6 to 8)		2,180		95,893					95,893
Deductions during year:									
10. Death			30	1,049			XXX		1,049
11. Maturity							XXX		
12. Disability							XXX		
13. Expiry									
14. Surrender			63	2,472					2,472
15. Lapse			47	2,489					2,489
16. Conversion				215			XXX	XXX	215
17. Decreased (net)				(60)					(60)
18. Reinsurance									
19. Aggregate write-ins for decreases									
20. TOTALS (Lines 10 to 19)		140		6,165					6,165
21. In force end of year (Line 9 minus Line 20)		2,040		89,728					89,728
22. Reinsurance ceded end of year	XXX		XXX	89,728	XXX		XXX	XXX	89,728
23. Line 21 minus Line 22	XXX		XXX	0	XXX	(b)	XXX	XXX	0
DETAILS OF WRITE-INS									
0801.									
0802.									
0803.									
0898. Summary of remaining write-ins for Line 8 from overflow page									
0899. TOTALS (Lines 0801 through 0803 plus 0898) (Line 8 above)									
1901.									
1902.									
1903.									
1998. Summary of remaining write-ins for Line 19 from overflow page									
1999. TOTALS (Lines 1901 through 1903 plus 1998) (Line 19 above)									

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.

EXHIBIT OF LIFE INSURANCE (Continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends	XXX		XXX	
25. Other paid-up insurance				119
26. Debit ordinary insurance	XXX	XXX		942

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies -- decreasing				
28. Term policies -- other				
29. Other term insurance -- decreasing	XXX		XXX	
30. Other term insurance	XXX		XXX	11,126
31. TOTALS (Lines 27 to 30)				11,126
Reconciliation to Lines 2 and 21:				
32. Term additions	XXX		XXX	
33. TOTALS, extended term insurance	XXX	XXX		
34. TOTALS, whole life and endowment				2,040
35. TOTALS (Lines 31 to 34)				2,040
				89,728

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (included in Line 2)		In Force End of Year (included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial				
37. Ordinary				89,728
38. Credit Life (Group and Individual)				
39. Group				
40. TOTALS (Lines 36 to 39)				89,728

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Indivi- dual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies	XXX		XXX	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis		XXX		XXX
43. Federal Employees' Group Life Insurance included in Line 21				
44. Servicemen's Group Life Insurance included in Line 21				
45. Group Permanent Insurance included in Line 21				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a)		1,533
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BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc. policies and riders included above.	
47.1	
47.2	

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium			96	359				
49. Disability Income								
50. Extended Benefits			XXX	XXX				
51. Other								
52. TOTAL	(b)		96	(b)	359		(b)	(b)

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT & HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year			3	.....
2. Issued during year .....				.....
3. Reinsurance assumed .....				.....
4. Increased during year (net) .....				.....
5. TOTALS (Lines 1 to 4)			3	.....
Deductions during year:				
6. Decreased (net) .....				.....
7. Reinsurance ceded			3	.....
8. TOTALS (Lines 6 and 7)			3	.....
9. In force end of year .....				.....
10. Amount on deposit		(a)		(a)
11. Income now payable		(a) .....		.....
12. Amount of income payable	(a)	(a)	(a)	(a)

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year		12	403	.....
2. Issued during year
3. Reinsurance assumed
4. Increased during year (net)
5. TOTALS (Lines 1 to 4)		12	403	.....
Deductions during year:				
6. Decreased (net)		6	23	.....
7. Reinsurance ceded		6	380	.....
8. TOTALS (Lines 6 and 7)		12	403	.....
9. In force end of year
Income now payable:				
10. Amount of income payable:		(a)	XXX	XXX
Deferred fully paid:				
11. Account balance		XXX	(a)	XXX
Deferred not fully paid:				
12. Account balance		XXX	(a)	XXX

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year
2. Issued during year
3. Reinsurance assumed
4. Increased during year (net)		XXX		XXX		XXX
5. TOTALS (Lines 1 to 4)				XXX		XXX
Deductions during year:						
6. Conversions				XXX	XXX	XXX
7. Decreased (net)		XXX		XXX		XXX
8. Reinsurance ceded		XXX		XXX		XXX
9. TOTALS (Lines 6 to 8)		XXX		XXX		XXX
10. In force end of year		(a)		(a)		(a)

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

		1 Deposit Funds Contracts	2 Dividend Accumulations Contracts
1. In force end of prior year .....			.....
2. Issued during year .....			.....
3. Reinsurance assumed .....			.....
4. Increased during year (net) .....			.....
5. TOTALS (Lines 1 to 4) .....			.....
Deductions during year:			
6. Decreased (net) .....			.....
7. Reinsurance ceded .....			.....
8. TOTALS (Lines 6 and 7) .....			.....
9. In force end of year .....			.....
10. Amount of account balance		(a)	(a)

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2 Life Insurance Premiums	3 Annuity Considerations				
1. Alabama (AL)	L	5,529 .....	.....	.....	.....	5,529 .....	.....
2. Alaska (AK)	L .....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ)	L	34,632 .....	.....	.....	.....	34,632 .....	.....
4. Arkansas (AR)	L	1,954 .....	.....	.....	.....	1,954 .....	.....
5. California (CA)	L	130,853	1,016 .....	.....	.....	131,869 .....	.....
6. Colorado (CO)	L	7,016 .....	.....	.....	.....	7,016 .....	.....
7. Connecticut (CT)	L	10,569 .....	.....	.....	.....	10,569 .....	.....
8. Delaware (DE)	L	600 .....	.....	.....	.....	600 .....	.....
9. District of Columbia (DC)	L .....	.....	.....	.....	.....	.....	.....
10. Florida (FL)	L	43,532	100,780 .....	.....	.....	144,312 .....	.....
11. Georgia (GA)	L	11,649 .....	.....	.....	.....	11,649 .....	.....
12. Hawaii (HI)	L	5,446 .....	.....	.....	.....	5,446 .....	.....
13. Idaho (ID)	L	1,511 .....	.....	.....	.....	1,511 .....	.....
14. Illinois (IL)	L	11,544 .....	.....	.....	.....	11,544 .....	.....
15. Indiana (IN)	L	15,456 .....	.....	.....	.....	15,456 .....	.....
16. Iowa (IA)	L	4,707 .....	.....	.....	.....	4,707 .....	.....
17. Kansas (KS)	L	3,366 .....	.....	.....	.....	3,366 .....	.....
18. Kentucky (KY)	L	47,118 .....	.....	645 .....	.....	47,763 .....	.....
19. Louisiana (LA)	L	14,570 .....	.....	.....	.....	14,570 .....	.....
20. Maine (ME)	N .....	.....	.....	.....	.....	.....	.....
21. Maryland (MD)	L	1,587 .....	.....	.....	.....	1,587 .....	.....
22. Massachusetts (MA)	L	563 .....	.....	.....	.....	563 .....	.....
23. Michigan (MI)	L	19,879 .....	.....	.....	.....	19,879 .....	.....
24. Minnesota (MN)	L	1,806 .....	.....	.....	.....	1,806 .....	.....
25. Mississippi (MS)	L	5,411 .....	.....	.....	.....	5,411 .....	.....
26. Missouri (MO)	L	2,250	6,500 .....	.....	.....	8,750 .....	.....
27. Montana (MT)	L .....	.....	.....	.....	.....	.....	.....
28. Nebraska (NE)	L	1,423 .....	.....	.....	.....	1,423 .....	.....
29. Nevada (NV)	L	6,246 .....	.....	.....	.....	6,246 .....	.....
30. New Hampshire (NH)	L	524 .....	.....	.....	.....	524 .....	.....
31. New Jersey (NJ)	L	415 .....	.....	.....	.....	415 .....	.....
32. New Mexico (NM)	L	1,938 .....	.....	.....	.....	1,938 .....	.....
33. New York (NY)	N	469 .....	.....	.....	.....	469 .....	.....
34. North Carolina (NC)	L	20,064 .....	.....	.....	.....	20,064 .....	.....
35. North Dakota (ND)	L	650 .....	.....	.....	.....	650 .....	.....
36. Ohio (OH)	L	317,237	25,596	746 .....	.....	343,579 .....	.....
37. Oklahoma (OK)	L	1,224 .....	.....	.....	.....	1,224 .....	.....
38. Oregon (OR)	L	463 .....	.....	.....	.....	463 .....	.....
39. Pennsylvania (PA)	L	2,598 .....	.....	.....	.....	2,598 .....	.....
40. Rhode Island (RI)	L .....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC)	L	8,669 .....	.....	.....	.....	8,669 .....	.....
42. South Dakota (SD)	L	746 .....	.....	.....	.....	746 .....	.....
43. Tennessee (TN)	L	9,190 .....	.....	.....	.....	9,190 .....	.....
44. Texas (TX)	L	28,316 .....	.....	.....	.....	28,316 .....	.....
45. Utah (UT)	L	1,600 .....	.....	.....	.....	1,600 .....	.....
46. Vermont (VT)	L .....	.....	.....	.....	.....	.....	.....
47. Virginia (VA)	L	29,350	5,544 .....	.....	.....	34,894 .....	.....
48. Washington (WA)	L	2,155 .....	.....	.....	.....	2,155 .....	.....
49. West Virginia (WV)	L	4,440 .....	.....	.....	.....	4,440 .....	.....
50. Wisconsin (WI)	L	5,201 .....	.....	.....	.....	5,201 .....	.....
51. Wyoming (WY)	L .....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS)	N .....	.....	.....	.....	.....	.....	.....
53. Guam (GU)	N .....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR)	N .....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI)	N .....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP)	N .....	.....	.....	.....	.....	.....	.....
57. Canada (CAN)	N .....	.....	.....	.....	.....	.....	.....
58. Aggregate Other Alien (OT)	XXX .....	.....	.....	.....	.....	.....	.....
59. Subtotal	(49) XXX	824,469	139,436	1,391 .....	.....	965,296 .....	.....
90. Reporting entity contributions for employee benefits plans .....	.....	.....	.....	.....	.....	.....	.....
91. Dividends or refunds applied to purchase paid-up additions and annuities	XXX .....	.....	.....	.....	.....	.....	.....
92. Dividends or refunds applied to shorten endowment or premium paying period	XXX .....	.....	.....	.....	.....	.....	.....
93. Premium or annuity considerations waived under disability or other contract provisions	XXX	5,704 .....	.....	.....	.....	5,704 .....	.....
94. Aggregate other amounts not allocable by State	XXX .....	.....	.....	.....	.....	.....	.....
95. TOTALS (Direct Business)	XXX	830,172	139,436	1,391 .....	.....	970,999 .....	.....
96. Plus Reinsurance Assumed	XXX .....	.....	.....	.....	.....	.....	.....
97. TOTALS (All Business)	XXX	830,172	139,436	1,391 .....	.....	970,999 .....	.....
98. Less Reinsurance Ceded	XXX	830,172	139,436	1,391 .....	.....	970,999 .....	.....
99. TOTALS (All Business) less Reinsurance Ceded	XXX .....	.....	(b)	0 .....	.....	0 .....	.....

DETAILS OF WRITE-INS

58001	XXX .....	.....	.....	.....	.....	.....	.....
58002	XXX .....	.....	.....	.....	.....	.....	.....
58003	XXX .....	.....	.....	.....	.....	.....	.....
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX .....	.....	.....	.....	.....	.....	.....
58999. TOTALS (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX .....	.....	.....	.....	.....	.....	.....
9401	XXX .....	.....	.....	.....	.....	.....	.....
9402	XXX .....	.....	.....	.....	.....	.....	.....
9403	XXX .....	.....	.....	.....	.....	.....	.....
9498. Summary of remaining write-ins for Line 94 from overflow page	XXX .....	.....	.....	.....	.....	.....	.....
9499. TOTALS (Lines 9401 through 9403 plus 9498) (Line 94 above)	XXX .....	.....	.....	.....	.....	.....	.....

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

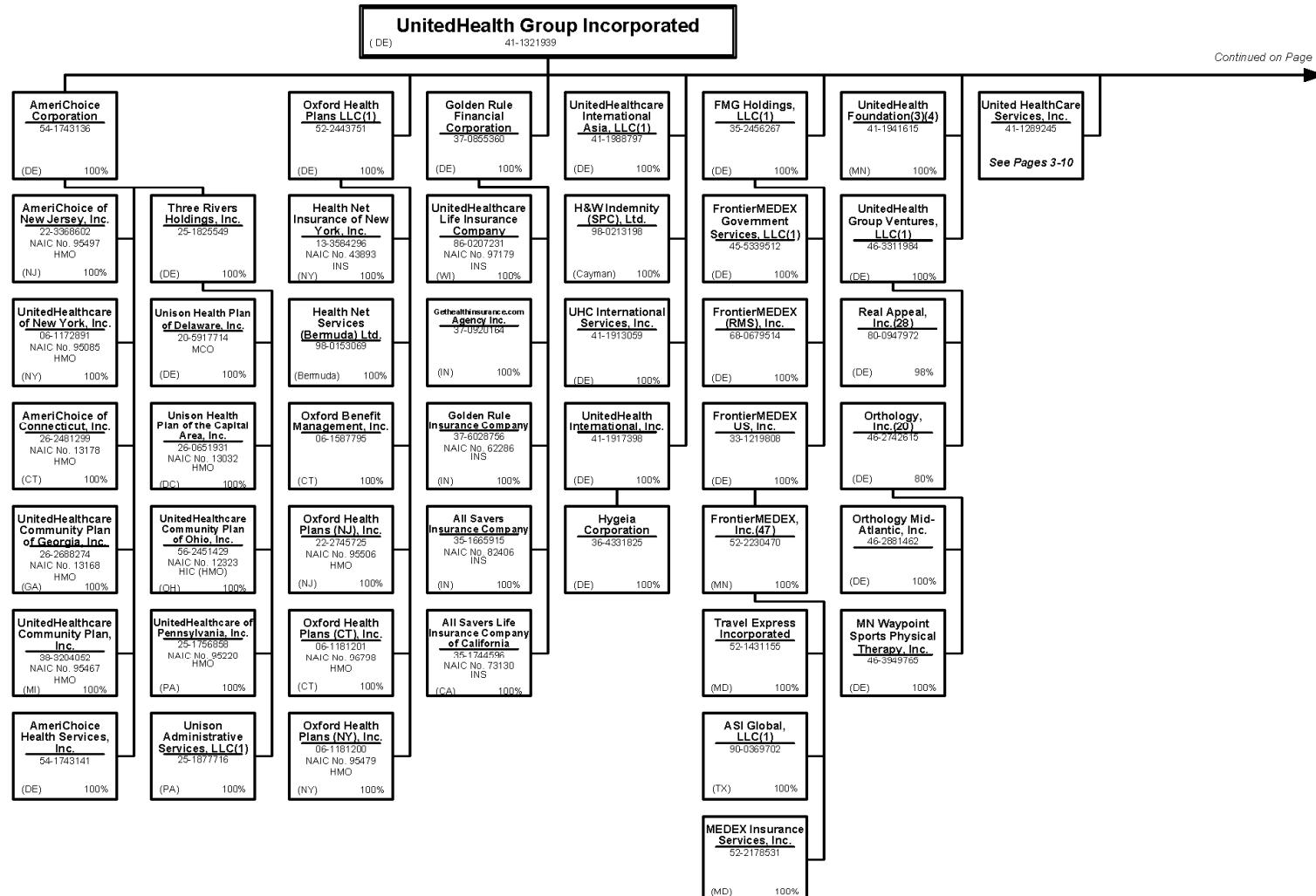
(b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10 or with Schedule H, Part 1, Column 1, Line 1. Indicate which.... Exhibit 1, Lines 6.4, 10.4, and 16.4, Cols 8, 9 and 10

Explanation of basis of allocation by states, etc., of premiums and annuity considerations: Premiums are allocated according to the policyholder address on record.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

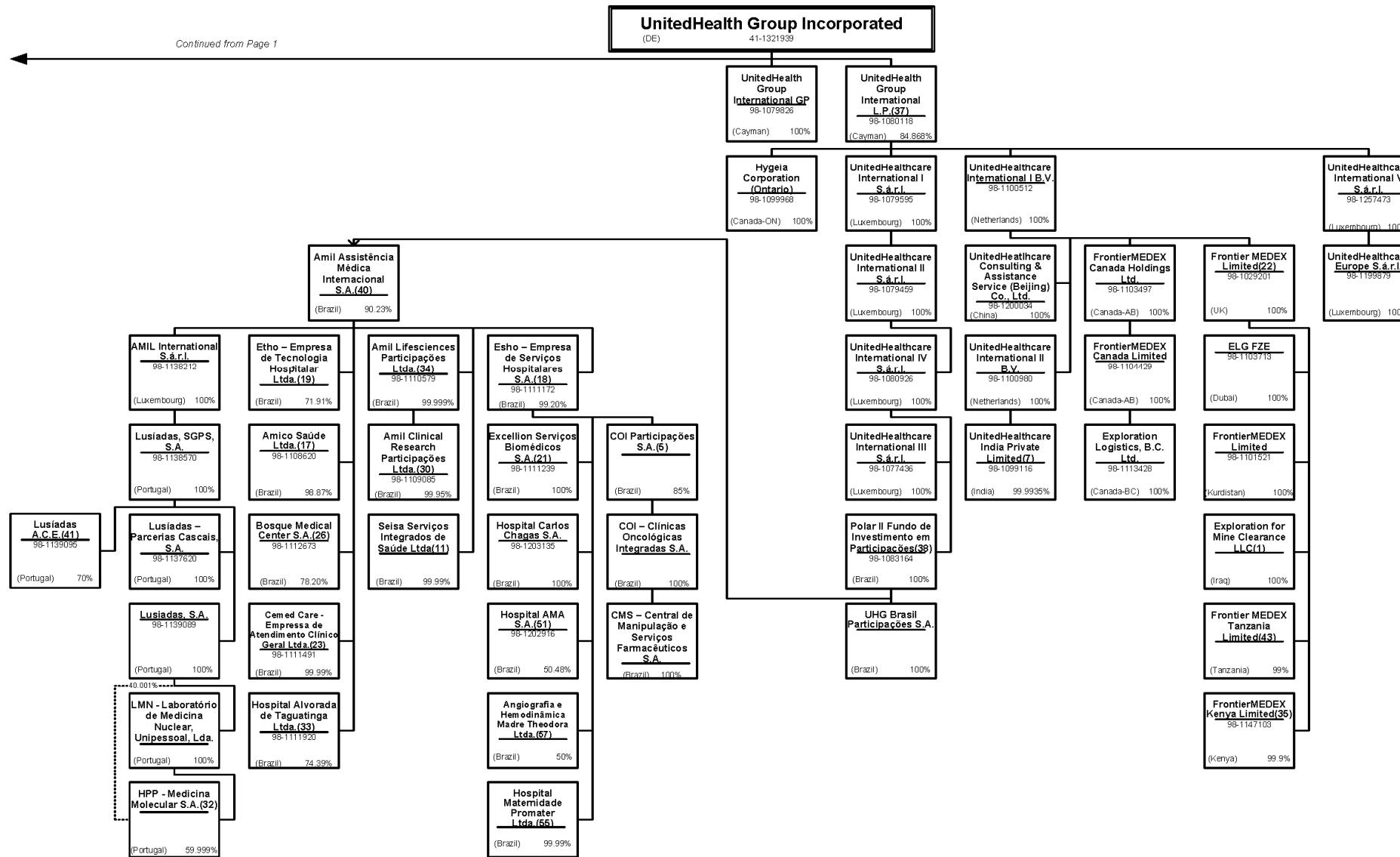
MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

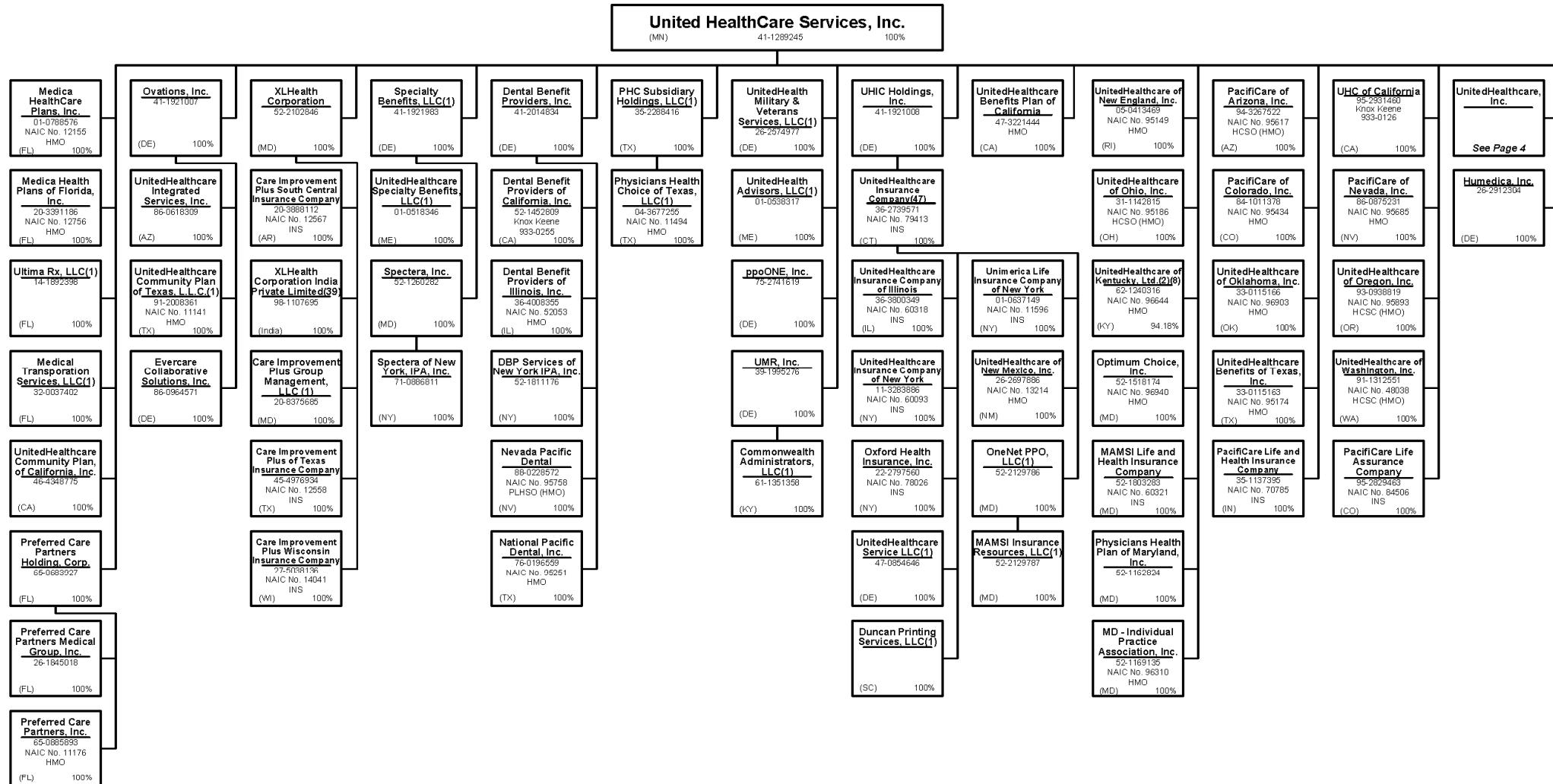


**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**

Continued from Page 1



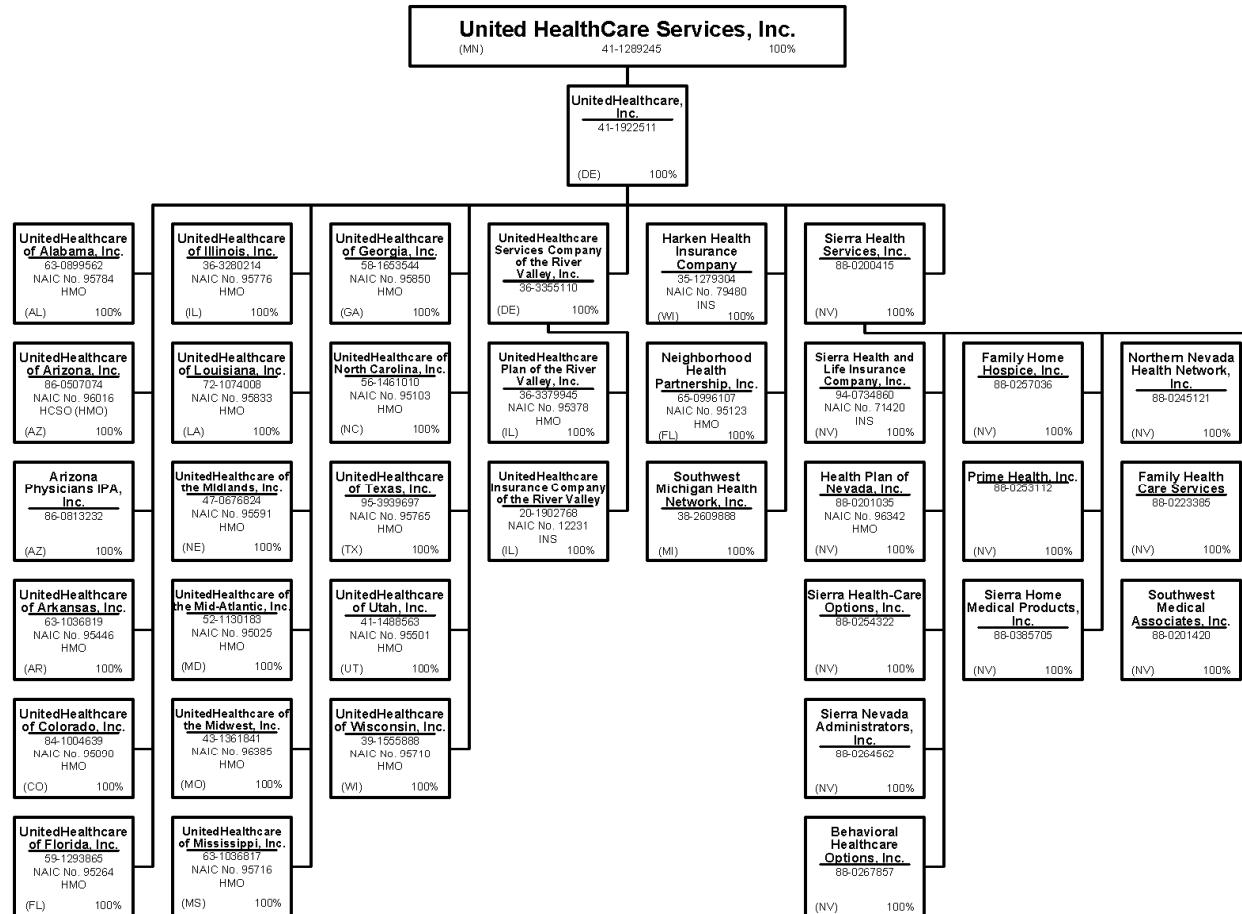
**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART**



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

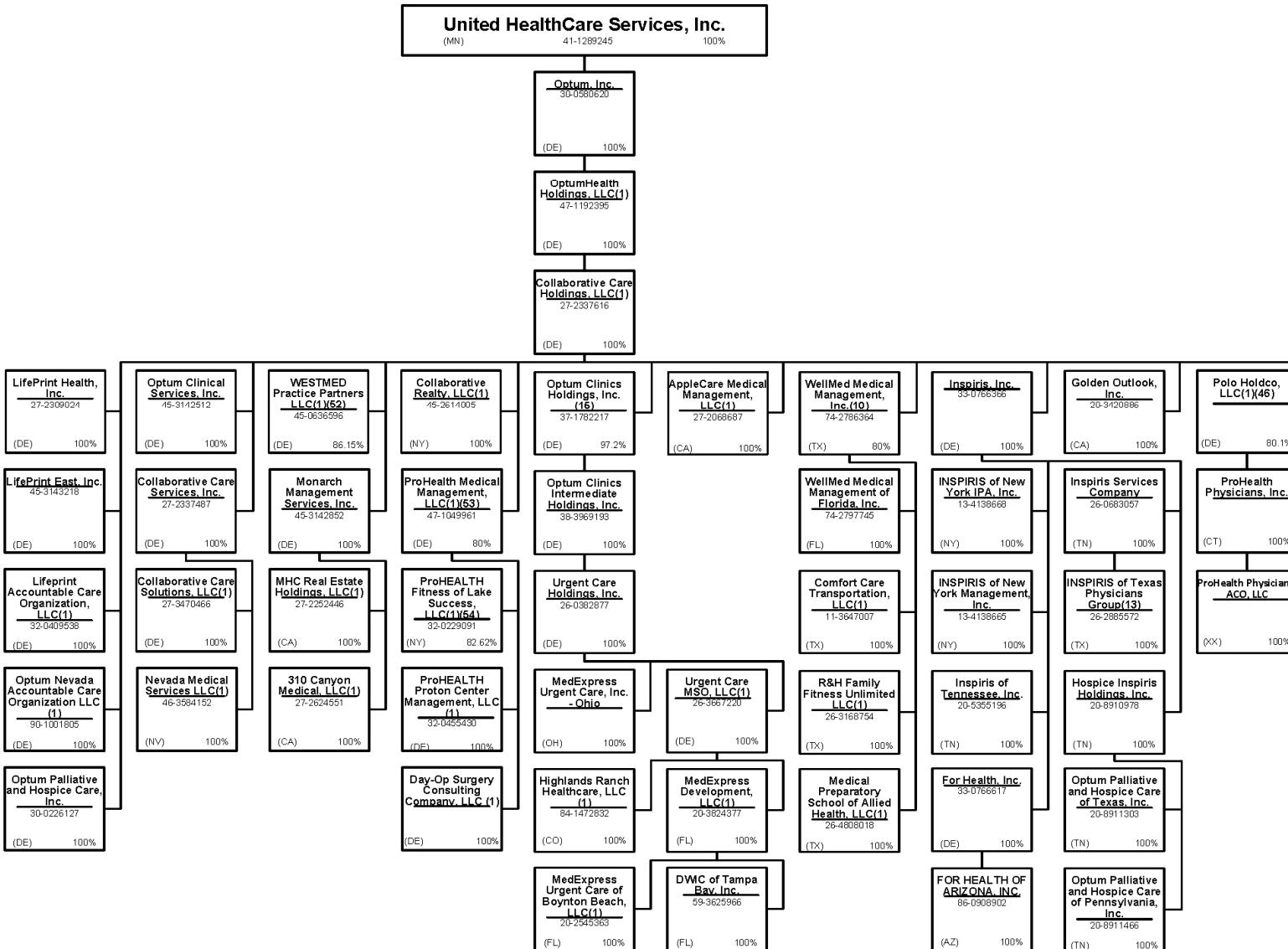
PART 1 - ORGANIZATIONAL CHART



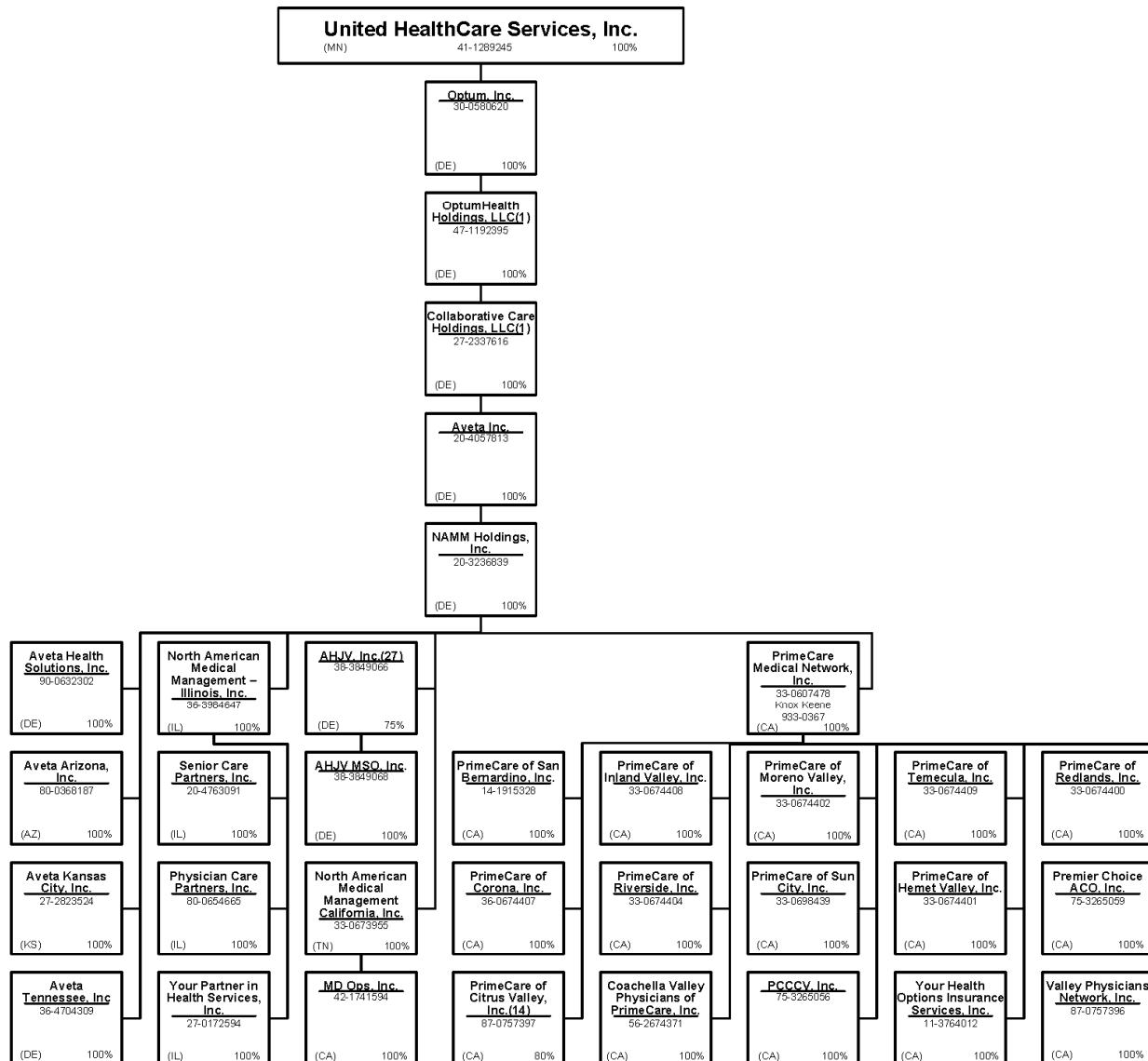
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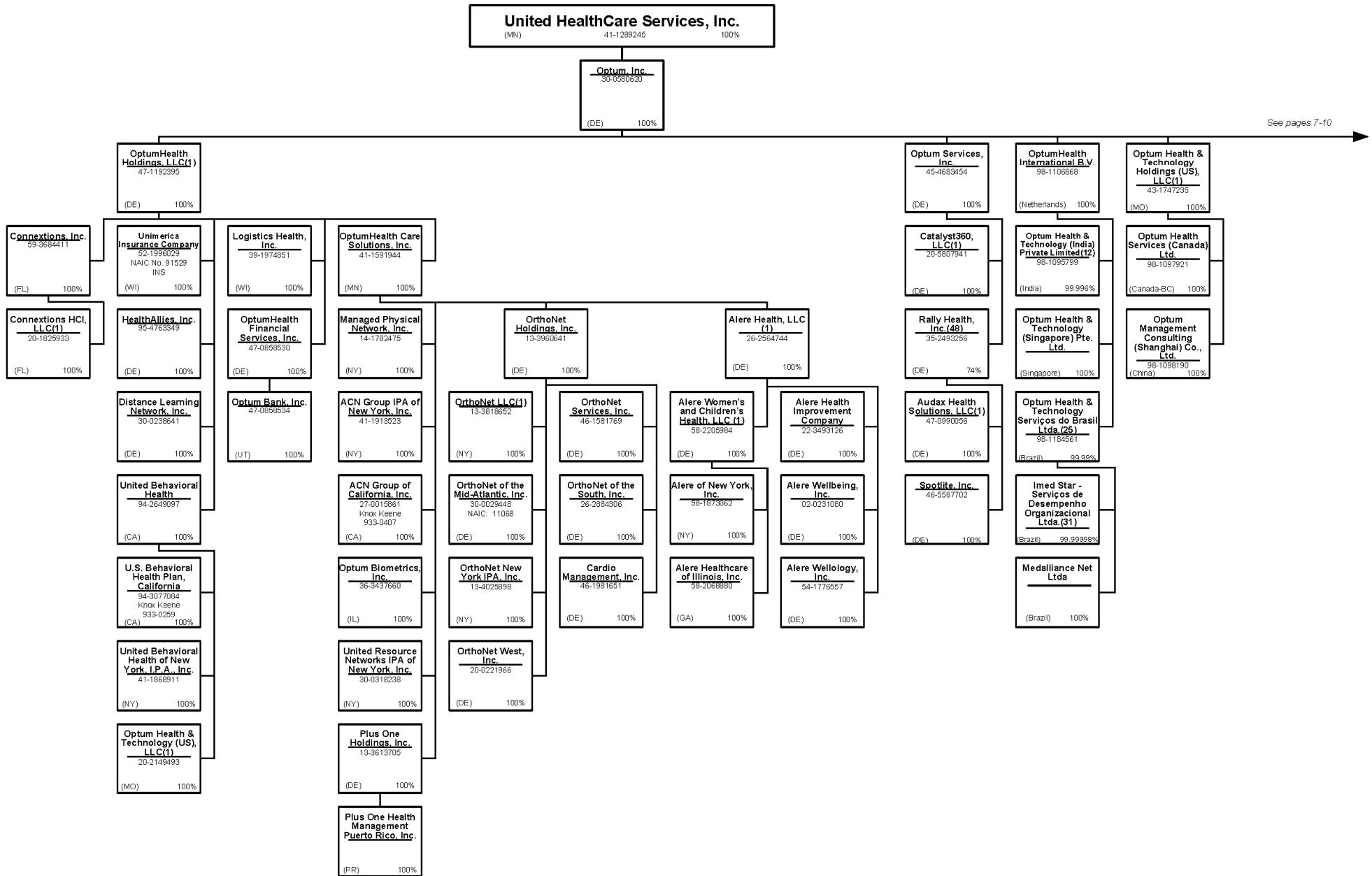
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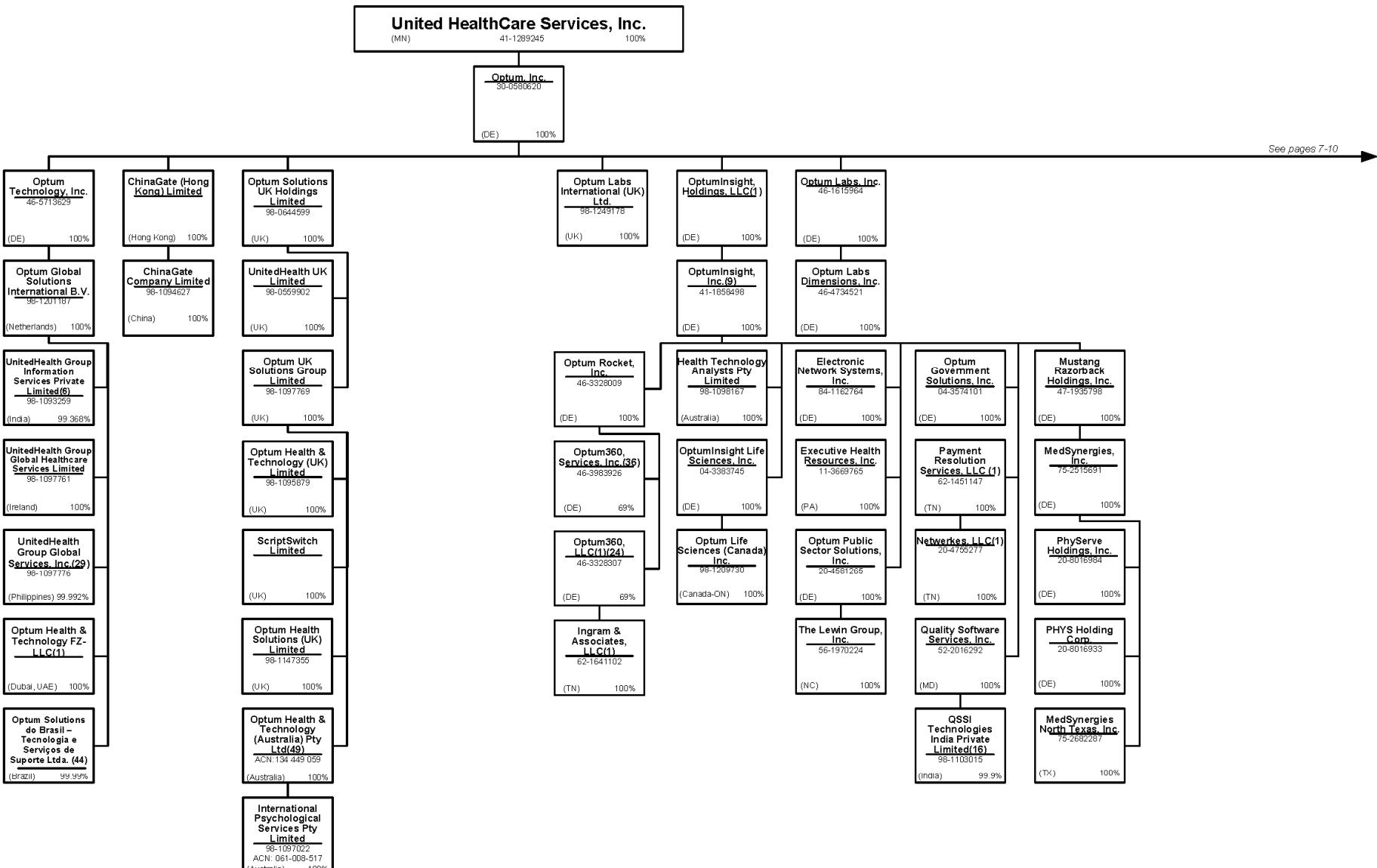
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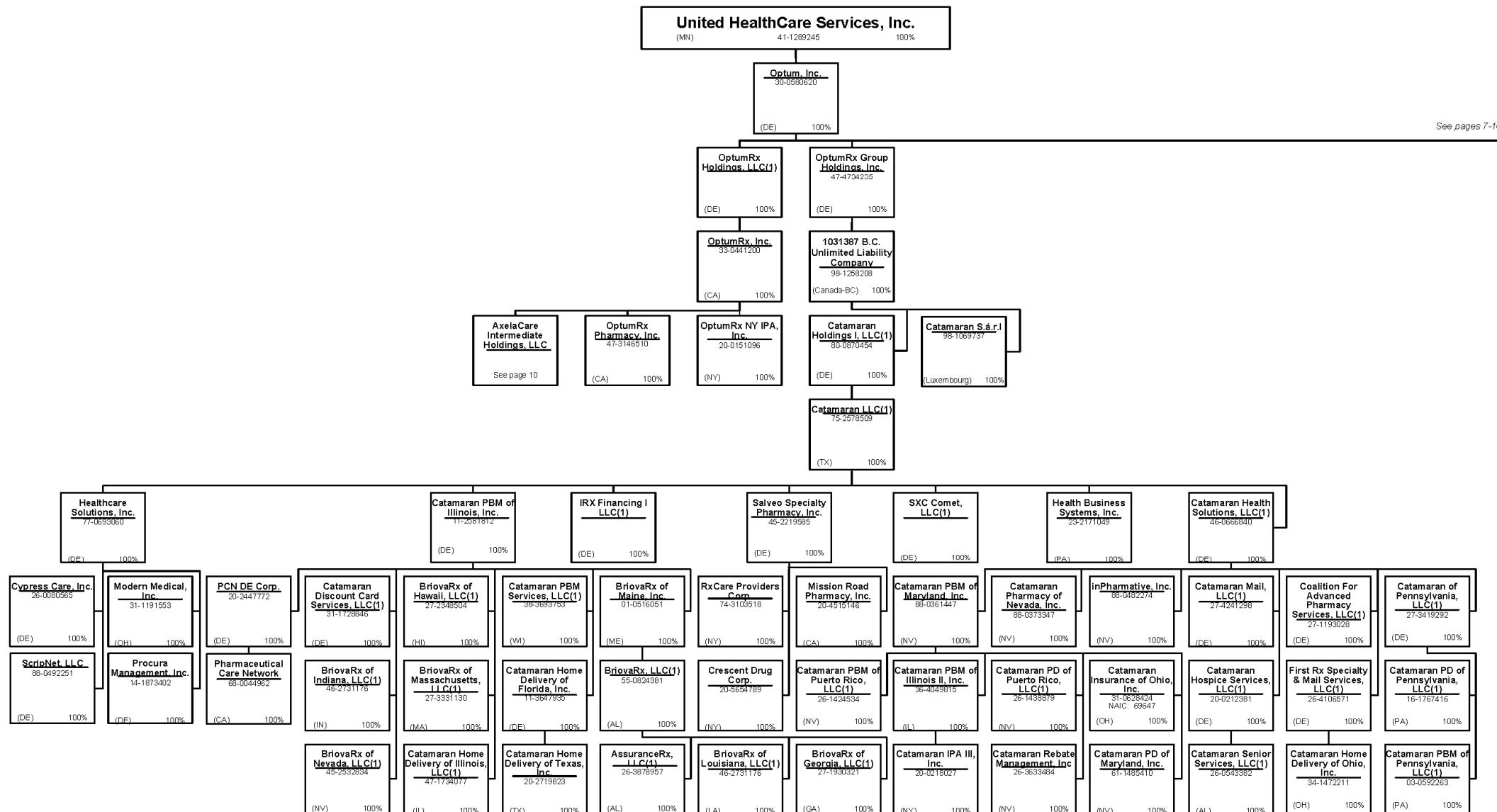
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SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

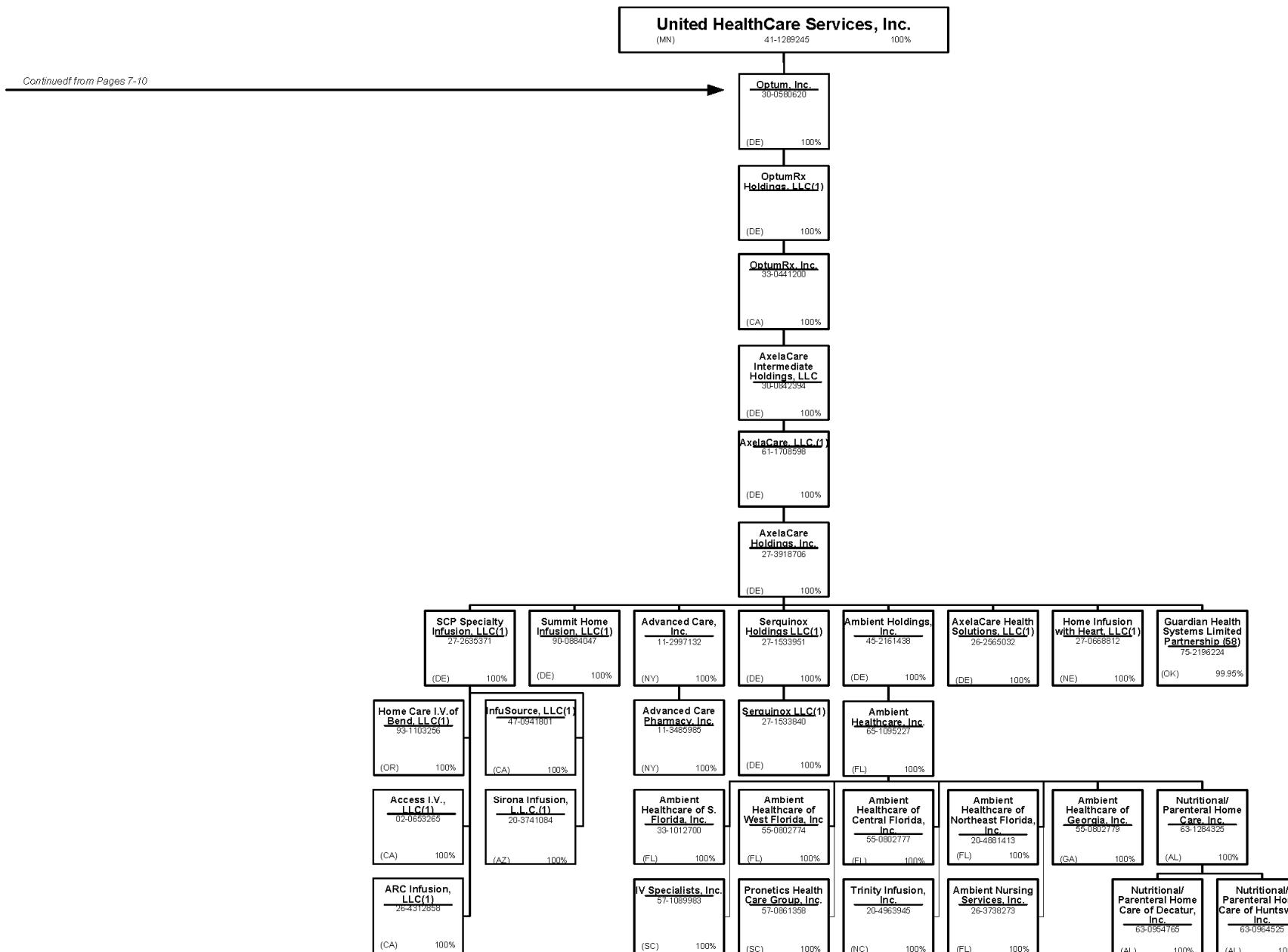
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) COI Participações S.A. is 85% owned by Etho – Empresa de Tecnologia Hospitalar Ltda and 15% owned by COIPAR Participações S.A.
- (6) UnitedHealth Group Information Services Private Limited is 99.368% owned by Optum Global Solutions International B.V. The remaining 0.632% is owned by UnitedHealth International, Inc.
- (7) UnitedHealthcare India Private Limited is 99.9935% owned by UnitedHealthcare International II B.V. and 0.0065% owned by UnitedHealth International, Inc.
- (8) General partnership interests are held by UnitedHealthcare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). UnitedHealthcare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, UnitedHealthcare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (9) Branch office located in Abu Dhabi, UAE.
- (10) WellMed Medical Management, Inc. is 80% owned by Collaborative Care Holdings, LLC and 20% owned by VMG Healthcare Partners, L.P.
- (11) Seisa Serviços Integrados de Saúde Ltda is 99.99% owned by Amil Assistência Médica Internacional S.A. and 0.000008% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
- (12) Optum Health & Technology (India) Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.
- (13) INSPIRIS of Texas Physicians Group is a Texas non-profit (taxable) whose sole member is Inspiris Services Company.
- (14) PrimeCare of Citrus Valley, Inc. is 80% owned by PrimeCare Medical Network, Inc. and 20% owned by Citrus Valley Medical Associates, Inc.
- (15) Optum Clinics Holdings, Inc. is 97.2% owned by Collaborative Care Holdings, LLC and 2.8% is owned by external shareholders.
- (16) QSSI Technologies India Private Limited is 99.9% owned by Quality Software Services, Inc. and 0.1% owned by an Indian citizen.
- (17) Amico Saúde Ltda. is 98.87947% owned by Amil Assistência Médica Internacional S.A. and 0.1.12053% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
- (18) Etho – Empresa de Serviços Hospitalares S.A. is 99.206059% owned by Amil Assistência Médica Internacional S.A.; 0.034900% owned by Treasury Shares and .759041% owned by external shareholders.
- (19) Etho – Empresa de Tecnologia Hospitalar Ltda. 71.91% owned by Amil Assistência Médica Internacional S.A. and 28.08% owned by an external shareholder.
- (20) Orthology, Inc. is 80% owned by UnitedHealth Group Ventures, LLC and 20% owned by external shareholders.

- (21) Excelion Serviços Biomédicos S.A. is 100% owned by Etho – Empresa de Serviços Hospitalares S.A.
- (22) Branch offices in Iraq and Uganda.
- (23) Cemed Care Empresa de Atendimento Clínico Geral Ltda. is 99.999999% owned by Amil Assistência Médica Internacional S.A. and 0.000001% owned by Amico Saúde Ltda.
- (24) Optum 360, LLC is 69% owned by Optum Rocket, Inc; the remaining 31% is owned by external holders.
- (25) Optum Health & Technology Serviços do Brasil Ltda. is 99.9961% owned by OptumHealth International B.V. and .0039% owned by OptumInsight, Inc.
- (26) Bosque Medical Center S.A. is 78.2049803% owned by Amil Assistência Médica Internacional S.A. and 21.7950197% owned by Etho – Empresa de Serviços Hospitalares S.A.
- (27) AHJV, Inc. is 75% owned by NAMM Holdings, Inc. and 25% owned by Humana, Inc.
- (28) Real Appeal, Inc. is majority-owned by UHG or one of its affiliates and the remaining 2% is owned by Real Appeal Management.
- (29) UnitedHealth Group Global Services, Inc. is 99.992% owned by Optum Global Solutions International B.V., and the remaining 0.008% is held by the company's directors.
- (30) Amil Clinical Research Participações Ltda. is 99.95% owned by Amil Lifesciences Participações Ltda. and 0.05% owned by Cemed Care – Empresa de Atendimento Clínico Geral Ltda.
- (31) Imed Star Serviços de Desempenho Organizacional Ltda. is 99.99998% owned by Optum Health & Technology Serviços do Brasil Ltda and 0.00002% owned by UHG Brasil Participações S.A.
- (32) HPP – Medicina Molecular, S.A. is 59.99852% owned by LMN - Laboratórios de Medicina Nuclear, Unipessoal, Lda. And 40.00148% owned by Lusiadas, S.A. and 5% by an officer of Amil.
- (33) Hospital Alvorada Taguatinga Ltda. is 74.39679% owned by Amil Assistência Médica Internacional S.A. 25.60321% by Bosque Medical Center S.A.
- (34) Amil Lifesciences Participações Ltda. is 99.99966% owned by Amil Assistência Médica Internacional S.A. and 0.00034% owned by Cemed Care Empresa de Atendimento Clínico Geral Ltda.
- (35) FrontierMEDEX Kenya Limited is 99.8% owned by FrontierMEDEX Limited and 0.1% owned by UnitedHealthcare International I B.V.
- (36) Optum360 Services, Inc. is 69% owned by Optum Rocket, Inc.; and the remaining 31% is owned by external shareholders.
- (37) The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (14.8145%), Hygeia Corporation (DE) (0.2012%) and UnitedHealth Group Incorporated (84.9843%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.
- (38) Polar II Fundo de Investimento em Participações is a Brazilian private equity investment fund incorporated in the form of a closed-end condominium.
- (39) XLHealth Corporation India Private Limited is 99.999% held by XLHealth Corporation and 0.001% is held by an officer of the Corporation.
- (40) Amil Assistência Médica Internacional S.A. is 90.23% owned by Polar II Fundo de Investimento em Participações and the remaining 9.77% is owned by the former controlling shareholders of Amil Assistência Médica Internacional S.A.
- (41) Lusiadas A.C.E. is 70% owned by Lusiadas, SGPS, S.A., 10% owned by Lusiadas – Parcerias Cascais, S.A., and 20% owned by Lusiadas, S.A.
- (42) TBD
- (43) Frontier MEDEX Tanzania Limited is 99% owned by Frontier MEDEX Limited. The remaining 1% is owned by a former officer of Frontier MEDEX Limited and is being transferred to UnitedHealthcare International I B.V.
- (44) Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda., is 99.999996% owned by Optum Global Solutions International B.V. and 0.000004% owned by OptumHealth International B.V.
- (45) TBD
- (46) Polo Holdco, LLC is 80.1% owned by Collaborative Care Holdings, LLC and the remaining 19.9% being owned by an outside third party.
- (47) Representative office in Beijing, China.
- (48) The remaining 26% is owned by internal and external investors.
- (49) Branch office located in Hong Kong.
- (50) Dental Center Serviços Odontológicos Ltda. is 100% owned by Seisa Serviços Integrados de Saúde Ltda.
- (51) Hospital AMA S.A. is 50.48% owned by Etho – Empresa de Serviços Hospitalares S.A. and 49.52% owned by Seisa Serviços Integrados de Saúde Ltda.
- (52) WESTMED Practice Partners LLC is 86.15% owned by Collaborative Care Holdings, LLC and 13.85% owned by external shareholders.
- (53) ProHealth Medical Management, LLC is 80% owned by Collaborative Care Holdings, LLC and 20% owned by an external shareholder.
- (54) PROHEALTH FITNESS OF LAKE SUCCESS, LLC is 82.62% owned by ProHealth Medical Management, LLC and 17.38% by an external shareholder.
- (55) Hospital Maternidade Promater Ltda is 99.99% owned by Etho – Empresa de Serviços Hospitalares S.A. and 0.00006% owned by Seisa Serviços Integrados de Saúde Ltda.
- (56) Hospital Geral e Maternidade Madre Maria Theodora Ltda. is 99.9999% owned by Etho – Empresa de Serviços Hospitalares S.A. and 0.00001% owned by Cemed Care Empresa de Atendimento Clínico Geral Ltda.
- (57) Angiografia e Hemodinâmica Madre Theodora Ltda. Is 50% owned by Etho – Empresa de Serviços Hospitalares S.A. and 50% owned by 28 individual partners.
- (58) Guardian Health Systems Limited Partnership is 99.95% owned by Axelacare Holdings, Inc. with the remaining 0.05% interest as a limited partner being held by Axelacare Health Solutions, LLC.

Important note: Under Federal Exchange regulations, any change in ownership of a QHP (Qualified Health Plan) issuer or any of its parent entities requires advance notice to HHS. Please contact LCRA Corporate Governance for detail

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