FRATERNAL ORDERS - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0 (Current Period) (Prior Period) NAIC Company Code..... 56383 Employer's ID Number..... 31-4273120

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

Incorporated/Organized..... October 4, 1890 Commenced Business..... January 16, 1888

Statutory Home Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1801 Watermark Drive Suite 100….. Columbus ..... OH 43215 800-848-0123
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.uct.org

Statutory Statement Contact Kevin C Hecker 800-848-0123-0142
(Name) (Area Code) (Telephone Number) (Extension)
khecker@uct.org 614-487-9675
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. Thomas David Hoffman #	President	2. Stephen Randal Desselles #	Secretary/Treasurer
3. Joseph Henry Hoffman	Chief Executive Officer	4.	

OTHER

Ronald Allen Ives	Vice-President	Kevin Clare Hecker	Senior Vice-President & CFO
Jeffrey Lee Smith MAAA, FCA	Consulting Actuary		

DIRECTORS OR TRUSTEES

David Leonard Burt	Thomas David Hoffman	Jerry George Giff	Gordon Paul Woodworth
Glenn Edward Suever #	Stephen Randal Desselles #	Mary Frances Applegate #	Numan Dwight Loafman
Christopher Barry Phelan			

State of..... Ohio
County of..... Franklin

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

(Signature)	(Signature)	(Signature)
Thomas David Hoffman #	Stephen Randal Desselles	Joseph Henry Hoffman
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary/Treasurer	Chief Executive Officer
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This _____ day of _____ 2016

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

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	266
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	266
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	8,916	8,994		1,224	1,083
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	390	410			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,306	9,404	0	1,224	1,083
26.	Totals (Line 24 + 25.7)	9,306	9,404	0	1,224	1,083

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,994
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,994
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,115
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	2,360
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	12,475

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	28	414,522
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(15,000)
23.	In force December 31, current year	26	399,522

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	774,145	780,952		579,039	512,462
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,441	5,717		50	9
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	779,586	786,670	0	579,089	512,471
26.	Totals (Line 24 + 25.7)	779,586	786,670	0	579,089	512,471

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	7,907
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	7,907
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,038
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	10,038

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	13	135,418
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	12	125,418

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,501,103	1,514,304		1,610,482	1,425,310
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	19,718	20,719		5,705	1,061
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,520,821	1,535,023	0	1,616,187	1,426,370
26.	Totals (Line 24 + 25.7)	1,520,821	1,535,023	0	1,616,187	1,426,370

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,890
2.	Annuity considerations	1,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	4,890
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	5,035
12.	Surrender values. and withdrawals for life contracts	1,259
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	6,294

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	10	70,000
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(5,000)
23.	In force December 31, current year	9	65,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,970,489	1,987,817		1,707,159	1,510,871
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,818	5,063			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,975,307	1,992,880	0	1,707,159	1,510,871
26.	Totals (Line 24 + 25.7)	1,975,307	1,992,880	0	1,707,159	1,510,871

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	70,644
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	70,644
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	135,775
10.	Matured endowments	267
11.	Annuity benefits	8,049
12.	Surrender values. and withdrawals for life contracts	6,969
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	151,060
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	17	174,653
	Settled during current year:		
18.1	By payment in full	16	134,653
18.2	By payment on compromised claims		
18.3	Total paid	16	134,653
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	16	134,653
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	50,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	190	2,369,885
21.	Issued during year		
22.	Other changes to in force (net)	(18)	(159,911)
23.	In force December 31, current year	172	2,209,974

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	327,013	329,889		315,847	279,531
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	15,079	15,845		2,336	434
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	342,092	345,734	0	318,183	279,965
26.	Totals (Line 24 + 25.7)	342,092	345,734	0	318,183	279,965

LIFE INSURANCE

DIRECT BUSINESS IN CANADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	24,589
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	24,589
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	37,051
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	12,608
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	49,659

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	8	34,029
	Settled during current year:		
18.1	By payment in full	8	34,029
18.2	By payment on compromised claims		
18.3	Total paid	8	34,029
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	8	34,029
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	326	2,879,863
21.	Issued during year		
22.	Other changes to in force (net)	(20)	(584,392)
23.	In force December 31, current year	306	2,295,471

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	29,096	29,352		9,033	7,994
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	125,873	132,264		34,640	6,441
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	154,969	161,616	0	43,673	14,435
26.	Totals (Line 24 + 25.7)	154,969	161,616	0	43,673	14,435

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	4,249
2.	Annuity considerations	5,500
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,749
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	5,000
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	5,000

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	19	208,451
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	18	198,451

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,855,581	1,871,899		1,559,612	1,380,289
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	4,436	4,661		456	85
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,860,017	1,876,560	0	1,560,068	1,380,374
26.	Totals (Line 24 + 25.7)	1,860,017	1,876,560	0	1,560,068	1,380,374

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	3,203
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	3,203
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	6	112,630
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	6	112,630

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	7,734	7,802		19,460	17,222
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,241	3,406			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	10,975	11,208	0	19,460	17,222
26.	Totals (Line 24 + 25.7)	10,975	11,208	0	19,460	17,222

LIFE INSURANCE

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

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	157
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	157
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,489	1,502		486	430
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	25	26			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,514	1,529	0	486	430
26.	Totals (Line 24 + 25.7)	1,514	1,529	0	486	430

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	313
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	313
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	591
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	591
	POLICY EXHIBIT		
20.	In force December 31, prior year	3	21,472
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	3	21,472

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	8,926	9,004		383	339
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	150	158			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,076	9,162	0	383	339
26.	Totals (Line 24 + 25.7)	9,076	9,162	0	383	339

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	77,569
2.	Annuity considerations	1,588
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	79,157
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	188,000
10.	Matured endowments	3,611
11.	Annuity benefits	32,329
12.	Surrender values. and withdrawals for life contracts	24,886
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	248,826

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	6	47,028
17.	Incurred during current year	19	183,575
	Settled during current year:		
18.1	By payment in full	23	185,603
18.2	By payment on compromised claims		
18.3	Total paid	23	185,603
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	23	185,603
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	45,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	300	4,122,431
21.	Issued during year		
22.	Other changes to in force (net)	(36)	(560,849)
23.	In force December 31, current year	264	3,561,582

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,341,836	3,371,223		3,470,404	3,071,379
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	19,802	20,807		1,256	234
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	57	57			
25.7	Totals (sum of Lines 25.1 to 25.6)	3,361,695	3,392,087	0	3,471,660	3,071,612
26.	Totals (Line 24 + 25.7)	3,361,695	3,392,087	0	3,471,660	3,071,612

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	34,922
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	34,922
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	72,524
10.	Matured endowments	
11.	Annuity benefits	4,824
12.	Surrender values. and withdrawals for life contracts	3,005
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	80,353

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	834
17.	Incurred during current year	11	76,208
	Settled during current year:		
18.1	By payment in full	11	72,042
18.2	By payment on compromised claims		
18.3	Total paid	11	72,042
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	11	72,042
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	148	1,542,239
21.	Issued during year	1	40,000
22.	Other changes to in force (net)	(14)	(132,465)
23.	In force December 31, current year	135	1,449,774

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	404,588	408,146		296,983	262,836
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,425	3,599			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	408,013	411,745	0	296,983	262,836
26.	Totals (Line 24 + 25.7)	408,013	411,745	0	296,983	262,836

LIFE INSURANCE

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,016,330
2.	Annuity considerations	53,603
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,069,933
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,265,939
10.	Matured endowments	4,359
11.	Annuity benefits	164,379
12.	Surrender values. and withdrawals for life contracts	207,854
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,642,531

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	31	217,392
17.	Incurred during current year	246	2,324,045
	Settled during current year:		
18.1	By payment in full	250	2,286,594
18.2	By payment on compromised claims		
18.3	Total paid	250	2,286,594
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	250	2,286,594
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	27	254,843
	POLICY EXHIBIT		
20.	In force December 31, prior year	4,296	56,035,252
21.	Issued during year	16	330,910
22.	Other changes to in force (net)	(360)	(4,947,768)
23.	In force December 31, current year	3,952	51,418,394

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	79	79			
25.2	Guaranteed renewable	63,514,910	64,073,451		57,470,310	50,862,406
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	700,051	735,593		153,545	28,548
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	172	172			
25.7	Totals (sum of Lines 25.1 to 25.6)	64,215,213	64,809,295	0	57,623,855	50,890,954
26.	Totals (Line 24 + 25.7)	64,215,213	64,809,295	0	57,623,855	50,890,954

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	974	983		2,004	1,774
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	125	131			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,099	1,114	0	2,004	1,774
26.	Totals (Line 24 + 25.7)	1,099	1,114	0	2,004	1,774

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	15,570
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	15,570
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	64,849
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	8,392
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	73,241

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	1,523
17.	Incurred during current year	5	63,000
	Settled during current year:		
18.1	By payment in full	6	64,523
18.2	By payment on compromised claims		
18.3	Total paid	6	64,523
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	64,523
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	72	658,075
21.	Issued during year	2	15,000
22.	Other changes to in force (net)	(9)	(84,523)
23.	In force December 31, current year	65	588,552

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,354,990	1,366,905		924,066	817,818
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	13,459	14,142		581	108
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,368,449	1,381,048	0	924,647	817,926
26.	Totals (Line 24 + 25.7)	1,368,449	1,381,048	0	924,647	817,926

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,572,686	3,604,104		3,371,179	2,983,562
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,899	1,995		822	153
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,574,585	3,606,099	0	3,372,001	2,983,715
26.	Totals (Line 24 + 25.7)	3,574,585	3,606,099	0	3,372,001	2,983,715

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	54,351
2.	Annuity considerations	775
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	55,126
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	277,167
10.	Matured endowments	
11.	Annuity benefits	2,806
12.	Surrender values. and withdrawals for life contracts	7,894
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	287,866

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	18	285,852
	Settled during current year:		
18.1	By payment in full	18	285,852
18.2	By payment on compromised claims		
18.3	Total paid	18	285,852
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	18	285,852
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	288	4,147,422
21.	Issued during year	1	30,000
22.	Other changes to in force (net)	(21)	(412,694)
23.	In force December 31, current year	268	3,764,728

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,290,633	3,319,571		2,901,678	2,568,045
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	43,880	46,108		8,487	1,578
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,334,513	3,365,678	0	2,910,165	2,569,623
26.	Totals (Line 24 + 25.7)	3,334,513	3,365,678	0	2,910,165	2,569,623

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	48,648
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	48,648
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	69,321
10.	Matured endowments	
11.	Annuity benefits	38,078
12.	Surrender values. and withdrawals for life contracts	2,222
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	109,621

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	32,900
17.	Incurred during current year	7	69,525
	Settled during current year:		
18.1	By payment in full	6	68,900
18.2	By payment on compromised claims		
18.3	Total paid	6	68,900
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	68,900
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	33,525
	POLICY EXHIBIT		
20.	In force December 31, prior year	136	2,275,346
21.	Issued during year	2	23,526
22.	Other changes to in force (net)	(10)	(133,900)
23.	In force December 31, current year	128	2,164,972

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,755,286	3,788,309		3,545,066	3,137,457
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	23,521	24,715		6,172	1,148
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,778,807	3,813,024	0	3,551,238	3,138,604
26.	Totals (Line 24 + 25.7)	3,778,807	3,813,024	0	3,551,238	3,138,604

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	16,427
2.	Annuity considerations	1,940
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	18,367
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	5,030
10.	Matured endowments	
11.	Annuity benefits	1,370
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	6,400

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	5,000
	Settled during current year:		
18.1	By payment in full	1	5,000
18.2	By payment on compromised claims		
18.3	Total paid	1	5,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	54	541,610
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(5,750)
23.	In force December 31, current year	53	535,860

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	389,195	392,617		491,230	434,748
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	12,169	12,787		330	61
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	401,364	405,404	0	491,560	434,810
26.	Totals (Line 24 + 25.7)	401,364	405,404	0	491,560	434,810

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	30,953
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	30,953
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	174,677
10.	Matured endowments	
11.	Annuity benefits	716
12.	Surrender values. and withdrawals for life contracts	14,582
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	189,975

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	10,000
17.	Incurred during current year	12	188,295
	Settled during current year:		
18.1	By payment in full	14	198,295
18.2	By payment on compromised claims		
18.3	Total paid	14	198,295
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	14	198,295
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	131	2,109,606
21.	Issued during year		
22.	Other changes to in force (net)	(17)	(270,113)
23.	In force December 31, current year	114	1,839,493

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	192,839	194,534		198,971	176,093
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,278	7,647		2,551	474
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	200,116	202,182	0	201,522	176,567
26.	Totals (Line 24 + 25.7)	200,116	202,182	0	201,522	176,567

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	22,320
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	22,320
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	53,289
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	603
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	53,892

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	9	68,000
	Settled during current year:		
18.1	By payment in full	7	53,000
18.2	By payment on compromised claims		
18.3	Total paid	7	53,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	7	53,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	15,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	75	1,227,704
21.	Issued during year		
22.	Other changes to in force (net)	(8)	(75,807)
23.	In force December 31, current year	67	1,151,897

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	2,622,744	2,645,808		2,400,056	2,124,099
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,734	3,923			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	2,626,477	2,649,731	0	2,400,056	2,124,099
26.	Totals (Line 24 + 25.7)	2,626,477	2,649,731	0	2,400,056	2,124,099

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	5,399
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	5,399
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	2,684
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	954
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,638

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	2,659
	Settled during current year:		
18.1	By payment in full	1	2,659
18.2	By payment on compromised claims		
18.3	Total paid	1	2,659
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	2,659
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	25	189,762
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(17,659)
23.	In force December 31, current year	23	172,103

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	49,328	49,762		39,523	34,979
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	14,591	15,332		2,734	508
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	24	24			
25.7	Totals (sum of Lines 25.1 to 25.6)	63,944	65,118	0	42,257	35,487
26.	Totals (Line 24 + 25.7)	63,944	65,118	0	42,257	35,487

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,723
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,723
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	1,712
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,712

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	41,158
21.	Issued during year		
22.	Other changes to in force (net)		(9,803)
23.	In force December 31, current year	7	31,355

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	42,808	43,185		28,040	24,816
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,543	3,723		1,422	264
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	46,351	46,908	0	29,462	25,081
26.	Totals (Line 24 + 25.7)	46,351	46,908	0	29,462	25,081

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	889
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	10,889
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	2,400
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	2,400

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	57,555
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	5	57,555

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	4,152	4,189		225	199
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	2,559	2,689		4,446	827
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	6,711	6,877	0	4,672	1,026
26.	Totals (Line 24 + 25.7)	6,711	6,877	0	4,672	1,026

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	100,724
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	110,724
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	242,428
10.	Matured endowments	
11.	Annuity benefits	26,276
12.	Surrender values. and withdrawals for life contracts	25,947
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	294,650

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	5,000
17.	Incurred during current year	25	249,840
	Settled during current year:		
18.1	By payment in full	24	248,431
18.2	By payment on compromised claims		
18.3	Total paid	24	248,431
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	24	248,431
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	6,409
	POLICY EXHIBIT		
20.	In force December 31, prior year	480	7,557,751
21.	Issued during year	2	50,000
22.	Other changes to in force (net)	(37)	(486,971)
23.	In force December 31, current year	445	7,120,780

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,515,449	1,528,776		1,229,745	1,088,349
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	45,077	47,366		6,337	1,178
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,560,526	1,576,142	0	1,236,082	1,089,528
26.	Totals (Line 24 + 25.7)	1,560,526	1,576,142	0	1,236,082	1,089,528

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,974
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,974
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	17,065
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	17,065

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	2	17,000
	Settled during current year:		
18.1	By payment in full	2	17,000
18.2	By payment on compromised claims		
18.3	Total paid	2	17,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	17,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	22	409,090
21.	Issued during year		
22.	Other changes to in force (net)	(2)	(16,542)
23.	In force December 31, current year	20	392,548

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	110,814	111,789		63,367	56,081
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	14,641	15,385		610	113
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	125,455	127,173	0	63,978	56,195
26.	Totals (Line 24 + 25.7)	125,455	127,173	0	63,978	56,195

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	21,010
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	21,010
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	82,240
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	2,146
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	84,386

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	26,269
17.	Incurred during current year	9	59,561
	Settled during current year:		
18.1	By payment in full	9	81,561
18.2	By payment on compromised claims		
18.3	Total paid	9	81,561
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	9	81,561
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	4,269
	POLICY EXHIBIT		
20.	In force December 31, prior year	99	1,038,607
21.	Issued during year		
22.	Other changes to in force (net)	(12)	(226,561)
23.	In force December 31, current year	87	812,046

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,077,735	1,087,212		869,948	769,922
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	13,927	14,634		3,664	681
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,091,662	1,101,846	0	873,612	770,603
26.	Totals (Line 24 + 25.7)	1,091,662	1,101,846	0	873,612	770,603

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	32,076
2.	Annuity considerations	1,200
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	33,276
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,462
10.	Matured endowments	
11.	Annuity benefits	3,258
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	13,720

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	100	1,293,231
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(10,000)
23.	In force December 31, current year	99	1,283,231

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	5,557,882	5,606,758		5,288,232	4,680,194
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,290	3,457		150	28
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	5,561,173	5,610,215	0	5,288,382	4,680,222
26.	Totals (Line 24 + 25.7)	5,561,173	5,610,215	0	5,288,382	4,680,222

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	453
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	453
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	7	94,896
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(79,500)
23.	In force December 31, current year	2	15,396

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,509,814	1,523,091		1,274,852	1,128,270
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,688	9,129		807	150
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,518,503	1,532,221	0	1,275,659	1,128,420
26.	Totals (Line 24 + 25.7)	1,518,503	1,532,221	0	1,275,659	1,128,420

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	21,276
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	21,276
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	10,034
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	5,724
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	15,758

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full	1	10,000
18.2	By payment on compromised claims		
18.3	Total paid	1	10,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	73	1,074,860
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(40,000)
23.	In force December 31, current year	70	1,034,860

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,980,887	1,998,306		1,773,161	1,569,284
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	10,402	10,930		1,682	313
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,991,289	2,009,236	0	1,774,843	1,569,597
26.	Totals (Line 24 + 25.7)	1,991,289	2,009,236	0	1,774,843	1,569,597

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	11,311
2.	Annuity considerations	1,200
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	12,511
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	198
12.	Surrender values. and withdrawals for life contracts	1,652
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,850

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	10,000
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	30	320,873
21.	Issued during year	1	10,384
22.	Other changes to in force (net)		(4,986)
23.	In force December 31, current year	31	326,271

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,699,866	1,714,814		1,430,461	1,265,988
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	6,199	6,514			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,706,065	1,721,328	0	1,430,461	1,265,988
26.	Totals (Line 24 + 25.7)	1,706,065	1,721,328	0	1,430,461	1,265,988

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	8,407
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	18,407
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	3,032
10.	Matured endowments	
11.	Annuity benefits	626
12.	Surrender values. and withdrawals for life contracts	2,032
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	5,690
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	18,020
	Settled during current year:		
18.1	By payment in full	2	3,020
18.2	By payment on compromised claims		
18.3	Total paid	2	3,020
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	3,020
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	15,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	36	351,879
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(12,270)
23.	In force December 31, current year	33	339,609

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	6,394,866	6,451,101		5,504,032	4,871,182
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	18,546	19,488		2,554	475
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	6,413,412	6,470,589	0	5,506,587	4,871,657
26.	Totals (Line 24 + 25.7)	6,413,412	6,470,589	0	5,506,587	4,871,657

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,508
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,508
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	5,028
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	5,028

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	5,000
	Settled during current year:		
18.1	By payment in full	1	5,000
18.2	By payment on compromised claims		
18.3	Total paid	1	5,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	9	38,154
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(5,000)
23.	In force December 31, current year	8	33,154

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	6,105	6,159		8,972	7,940
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,280	3,446		3,611	671
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,385	9,605	0	12,583	8,612
26.	Totals (Line 24 + 25.7)	9,385	9,605	0	12,583	8,612

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	19,748
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	19,748
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	55,210
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	6,527
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	61,736

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	55,000
	Settled during current year:		
18.1	By payment in full	3	55,000
18.2	By payment on compromised claims		
18.3	Total paid	3	55,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	55,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	82	707,711
21.	Issued during year		
22.	Other changes to in force (net)	(5)	(73,000)
23.	In force December 31, current year	77	634,711

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	21,621	21,811		20,208	17,884
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	704	739			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	46	46			
25.7	Totals (sum of Lines 25.1 to 25.6)	22,370	22,596	0	20,208	17,884
26.	Totals (Line 24 + 25.7)	22,370	22,596	0	20,208	17,884

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	234
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	234
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	16,664	16,811		11,434	10,120
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	501	526			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	17,165	17,337	0	11,434	10,120
26.	Totals (Line 24 + 25.7)	17,165	17,337	0	11,434	10,120

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,946
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,946
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	3,773
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	3,773

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	3,747
	Settled during current year:		
18.1	By payment in full	1	3,747
18.2	By payment on compromised claims		
18.3	Total paid	1	3,747
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	3,747
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	49,931
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(3,747)
23.	In force December 31, current year	4	46,184

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	672,548	678,462		767,819	679,536
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,669	1,754			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	674,217	680,216	0	767,819	679,536
26.	Totals (Line 24 + 25.7)	674,217	680,216	0	767,819	679,536

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

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,599
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,599
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	5	41,000
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(4,000)
23.	In force December 31, current year	4	37,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	75,495	76,159		68,367	60,506
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	20,810	21,866		4,446	827
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	96,304	98,025	0	72,813	61,333
26.	Totals (Line 24 + 25.7)	96,304	98,025	0	72,813	61,333

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	90,402
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	90,402
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	173,778
10.	Matured endowments	
11.	Annuity benefits	1,923
12.	Surrender values. and withdrawals for life contracts	12,625
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	188,327

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	26	186,991
	Settled during current year:		
18.1	By payment in full	24	171,991
18.2	By payment on compromised claims		
18.3	Total paid	24	171,991
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	24	171,991
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	15,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	432	6,061,897
21.	Issued during year	2	50,000
22.	Other changes to in force (net)	(36)	(407,266)
23.	In force December 31, current year	398	5,704,631

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	52	52			
25.2	Guaranteed renewable	723,074	729,433		471,599	417,375
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	66,786	70,177		11,625	2,161
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other	46	46			
25.7	Totals (sum of Lines 25.1 to 25.6)	789,958	799,707	0	483,224	419,536
26.	Totals (Line 24 + 25.7)	789,958	799,707	0	483,224	419,536

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,480
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	14,480
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	25,621
10.	Matured endowments	
11.	Annuity benefits	27,538
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	53,158

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	25,500
	Settled during current year:		
18.1	By payment in full	3	25,500
18.2	By payment on compromised claims		
18.3	Total paid	3	25,500
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	25,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	70	916,101
21.	Issued during year		
22.	Other changes to in force (net)	(7)	(145,686)
23.	In force December 31, current year	63	770,415

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	551,388	556,237		510,253	451,584
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	10,768	11,315			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	562,156	567,551	0	510,253	451,584
26.	Totals (Line 24 + 25.7)	562,156	567,551	0	510,253	451,584

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	14,755
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	14,755
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	34	1,248,054
21.	Issued during year	1	50,000
22.	Other changes to in force (net)		
23.	In force December 31, current year	35	1,298,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,832,428	1,848,542		1,692,880	1,498,234
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,319	7,691		344	64
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,839,746	1,856,232	0	1,693,224	1,498,297
26.	Totals (Line 24 + 25.7)	1,839,746	1,856,232	0	1,693,224	1,498,297

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	50,316
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	50,316
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	114,102
10.	Matured endowments	481
11.	Annuity benefits	4,421
12.	Surrender values. and withdrawals for life contracts	19,520
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	138,524

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	4	20,172
17.	Incurred during current year	15	96,471
	Settled during current year:		
18.1	By payment in full	18	111,643
18.2	By payment on compromised claims		
18.3	Total paid	18	111,643
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	18	111,643
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	249	2,614,131
21.	Issued during year	1	4,000
22.	Other changes to in force (net)	(23)	(192,850)
23.	In force December 31, current year	227	2,425,281

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable	28	27			
25.2	Guaranteed renewable	678,764	684,733		595,100	526,676
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	28,379	29,820		11,024	2,050
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	707,171	714,580	0	606,124	528,725
26.	Totals (Line 24 + 25.7)	707,171	714,580	0	606,124	528,725

LIFE INSURANCE

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable					
25.3	Non-renewable for stated reasons only					
25.4	Other accident only					
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	0	0	0	0	0
26.	Totals (Line 24 + 25.7)	0	0	0	0	0

NONE

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	2,900
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	2,900
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	14	141,054
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	14	141,054

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,756	3,789		13,727	12,149
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	7,907	8,308		110	20
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	11,663	12,097	0	13,837	12,169
26.	Totals (Line 24 + 25.7)	11,663	12,097	0	13,837	12,169

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	8,134
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	8,134
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	13,044
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	1,138
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	14,182

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	10,000
17.	Incurred during current year	2	13,000
	Settled during current year:		
18.1	By payment in full	2	13,000
18.2	By payment on compromised claims		
18.3	Total paid	2	13,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	2	13,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000
	POLICY EXHIBIT		
20.	In force December 31, prior year	33	401,857
21.	Issued during year	3	58,000
22.	Other changes to in force (net)	(3)	(18,000)
23.	In force December 31, current year	33	441,857

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	419,462	423,151		339,972	300,882
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,033	3,187			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	422,495	426,337	0	339,972	300,882
26.	Totals (Line 24 + 25.7)	422,495	426,337	0	339,972	300,882

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LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,650
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,650
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	23,898
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	23,898

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	1	1,602
17.	Incurred during current year	2	22,133
	Settled during current year:		
18.1	By payment in full	3	23,735
18.2	By payment on compromised claims		
18.3	Total paid	3	23,735
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	23,735
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	41	362,725
21.	Issued during year		
22.	Other changes to in force (net)	(3)	(23,735)
23.	In force December 31, current year	38	338,990

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	767,155	773,901		765,278	677,286
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,648	5,934		1,909	355
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	772,802	779,835	0	767,186	677,641
26.	Totals (Line 24 + 25.7)	772,802	779,835	0	767,186	677,641

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	37,440
2.	Annuity considerations	400
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	37,840
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	77,345
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	2,436
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	79,781

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	2	5,262
17.	Incurred during current year	19	79,793
	Settled during current year:		
18.1	By payment in full	19	76,918
18.2	By payment on compromised claims		
18.3	Total paid	19	76,918
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	19	76,918
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	8,137
	POLICY EXHIBIT		
20.	In force December 31, prior year	164	1,365,598
21.	Issued during year		
22.	Other changes to in force (net)	(18)	(87,617)
23.	In force December 31, current year	146	1,277,981

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	330,548	333,455		302,735	267,927
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,519	5,799			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	336,067	339,254	0	302,735	267,927
26.	Totals (Line 24 + 25.7)	336,067	339,254	0	302,735	267,927

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	66,331
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	66,331
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	162,992
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	11,854
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	174,846
	DETAILS OF WRITE-INS	
1301.		
1302.		
1303.		
1398.	Summary of remaining write-ins for Line 13 from overflow page	0
1399.	Totals (Items 1301 thru 1303 plus 1398) (Line 13 above)	0

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year	5	36,211
17.	Incurred during current year	13	156,929
	Settled during current year:		
18.1	By payment in full	14	161,228
18.2	By payment on compromised claims		
18.3	Total paid	14	161,228
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	14	161,228
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	31,912
	POLICY EXHIBIT		
20.	In force December 31, prior year	268	3,640,934
21.	Issued during year		
22.	Other changes to in force (net)	(20)	(286,802)
23.	In force December 31, current year	248	3,354,132

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,523,759	1,537,159		1,586,050	1,403,687
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	15,978	16,789		16,608	3,088
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,539,737	1,553,948	0	1,602,658	1,406,775
26.	Totals (Line 24 + 25.7)	1,539,737	1,553,948	0	1,602,658	1,406,775

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	1,120
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	1,120
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	576,804	581,876		411,191	363,912
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	3,426	3,600			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	580,230	585,476	0	411,191	363,912
26.	Totals (Line 24 + 25.7)	580,230	585,476	0	411,191	363,912

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	23,640
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	23,640
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	90,504
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	18,583
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	109,087

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	6	89,738
	Settled during current year:		
18.1	By payment in full	6	89,738
18.2	By payment on compromised claims		
18.3	Total paid	6	89,738
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	6	89,738
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	129	1,546,165
21.	Issued during year		
22.	Other changes to in force (net)	(11)	(224,593)
23.	In force December 31, current year	118	1,321,572

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,459,359	3,489,781		2,780,348	2,460,665
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	18,604	19,548		10,274	1,910
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,477,963	3,509,329	0	2,790,622	2,462,575
26.	Totals (Line 24 + 25.7)	3,477,963	3,509,329	0	2,790,622	2,462,575

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

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

NONE

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year		
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	0	0

NONE

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	8,305	8,378		6,528	5,778
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	769	808			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	9,073	9,185	0	6,528	5,778
26.	Totals (Line 24 + 25.7)	9,073	9,185	0	6,528	5,778

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	550
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	550
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	0

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	20,000
21.	Issued during year		
22.	Other changes to in force (net)		(9,000)
23.	In force December 31, current year	1	11,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	129,054	130,188		162,455	143,776
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	5,335	5,605		2,055	382
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	134,388	135,794	0	164,510	144,158
26.	Totals (Line 24 + 25.7)	134,388	135,794	0	164,510	144,158

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	18,847
2.	Annuity considerations	10,000
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	28,847
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	50,836
10.	Matured endowments	
11.	Annuity benefits	509
12.	Surrender values. and withdrawals for life contracts	5,226
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	56,570

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	3	50,526
	Settled during current year:		
18.1	By payment in full	3	50,526
18.2	By payment on compromised claims		
18.3	Total paid	3	50,526
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	3	50,526
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	54	770,977
21.	Issued during year		
22.	Other changes to in force (net)	(6)	(97,776)
23.	In force December 31, current year	48	673,201

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	3,542,814	3,573,969		3,741,757	3,311,532
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	33,586	35,291		3,005	559
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	3,576,399	3,609,259	0	3,744,762	3,312,091
26.	Totals (Line 24 + 25.7)	3,576,399	3,609,259	0	3,744,762	3,312,091

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	9,929
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	9,929
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	4,029
10.	Matured endowments	
11.	Annuity benefits	2,053
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	6,082

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year	1	4,000
	Settled during current year:		
18.1	By payment in full	1	4,000
18.2	By payment on compromised claims		
18.3	Total paid	1	4,000
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	1	4,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	22	827,627
21.	Issued during year		
22.	Other changes to in force (net)	(1)	(4,000)
23.	In force December 31, current year	21	823,627

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,632,971	1,647,331		1,383,195	1,224,156
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	8,835	9,283		741	138
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,641,806	1,656,615	0	1,383,936	1,224,294
26.	Totals (Line 24 + 25.7)	1,641,806	1,656,615	0	1,383,936	1,224,294

LIFE INSURANCE

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0 NAIC Society Code.....56383

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Life and Annuities
1.	Life insurance	589
2.	Annuity considerations	
3.	Deposit-type contract funds	
4.	Other considerations	
5.	Total (Lines 1 to 4)	589
	DIRECT REFUNDS TO MEMBERS	
	Life Insurance:	
6.1	Paid in cash or left on deposit	
6.2	Applied to pay renewal premiums	
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	
6.4	Other	
6.5	Total (Sum of Lines 6.1 to 6.4)	0
	Annuities:	
7.1	Paid in cash or left on deposit	
7.2	Applied to provide paid-up annuities	
7.3	Other	
7.4	Total (Sum of Lines 7.1 to 7.3)	0
8.	Total (Line 6.5 plus Line 7.4)	0
	DIRECT CLAIMS AND BENEFITS PAID	
9.	Death benefits	
10.	Matured endowments	
11.	Annuity benefits	1,971
12.	Surrender values. and withdrawals for life contracts	
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0
14.	All other benefits, except accident & health	
15.	Total	1,971

DETAILS OF WRITE-INS

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

	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number of Certificates	2 Amount
16.	Unpaid December 31, prior year		
17.	Incurred during current year		
	Settled during current year:		
18.1	By payment in full		
18.2	By payment on compromised claims		
18.3	Total paid	0	0
18.4	Reduction by compromise		
18.5	Amount rejected		
18.6	Total settlements	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0
	POLICY EXHIBIT		
20.	In force December 31, prior year	1	15,000
21.	Issued during year		
22.	Other changes to in force (net)		
23.	In force December 31, current year	1	15,000

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Refunds Paid or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Collectively Renewable Certificates					
	Other Individual Certificates:					
25.1	Non-cancelable					
25.2	Guaranteed renewable	1,188,974	1,199,430		924,494	818,196
25.3	Non-renewable for stated reasons only					
25.4	Other accident only	1,274	1,338			
25.5	Medicare Title XVIII exempt from state taxes or fees					
25.6	All Other					
25.7	Totals (sum of Lines 25.1 to 25.6)	1,190,248	1,200,768	0	924,494	818,196
26.	Totals (Line 24 + 25.7)	1,190,248	1,200,768	0	924,494	818,196

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	301,230
2. Current year's realized pre-tax capital gains/(losses) of $.....35,488 transferred into the reserve net of taxes of $.....0	35,488
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	336,718
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	54,512
6. Reserve as of December 31, current year (Line 4 minus Line 5)	282,206

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2015	62,136	(7,624)		54,512
2. 2016	47,722	15,031		62,753
3. 2017	34,928	7,808		42,736
4. 2018	24,691	6,322		31,013
5. 2019	17,017	4,807		21,824
6. 2020	13,531	3,188		16,719
7. 2021	13,436	2,149		15,585
8. 2022	13,212	1,711		14,923
9. 2023	12,664	1,238		13,902
10. 2024	12,033	765		12,798
11. 2025	11,351	257		11,608
12. 2026	10,078	(6)		10,072
13. 2027	7,851	(6)		7,845
14. 2028	5,886	(7)		5,879
15. 2029	4,561	(7)		4,554
16. 2030	3,254	(7)		3,247
17. 2031	2,155	(8)		2,147
18. 2032	1,592	(8)		1,584
19. 2033	1,302	(9)		1,293
20. 2034	1,003	(9)		994
21. 2035	619	(10)		609
22. 2036	207	(10)		197
23. 2037		(10)		(10)
24. 2038		(11)		(11)
25. 2039		(12)		(12)
26. 2040		(12)		(12)
27. 2041		(11)		(11)
28. 2042		(9)		(9)
29. 2043		(7)		(7)
30. 2044		(4)		(4)
31. 2045 and Later		(1)		(1)
32. Total (Lines 1 to 31)	301,229	35,488	0	336,717

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	57,881	0	57,881		0	0	57,881
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	8,539		8,539			0	8,539
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	66,420	0	66,420	0	0	0	66,420
9. Maximum reserve	52,429		52,429			0	52,429
10. Reserve objective	37,762		37,762			0	37,762
11. 20% of (Line 10 minus Line 8)	(5,732)	(0)	(5,732)	0	(0)	(0)	(5,732)
12. Balance before transfers (Lines 8 + 11)	60,688	0	60,688	0	0	0	60,688
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(8,260)		(8,260)			0	(8,260)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	52,428	0	52,428	0	0	0	52,428

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	2,174,486	XXX	XXX	2,174,486	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	10,839,505	XXX	XXX	10,839,505	0.0004	4,336	0.0023	24,931	0.0030	32,519
3	2	High quality	2,212,257	XXX	XXX	2,212,257	0.0019	4,203	0.0058	12,831	0.0090	19,910
4	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8)	15,226,248	XXX	XXX	15,226,248	XXX	8,539	XXX	37,762	XXX	52,429
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	153,959	XXX	XXX	153,959	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24)	153,959	XXX	XXX	153,959	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	15,380,207	XXX	XXX	15,380,207	XXX	8,539	XXX	37,762	XXX	52,429

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Collectively Renewable		Other Individual Contracts									
					Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS														
1. Premiums written	11,870,346	XXX		XXX	79	XXX	11,187,514	XXX		XXX	682,581	XXX	172	XXX
2. Premiums earned	11,916,558	XXX		XXX	79	XXX	11,197,797	XXX		XXX	718,510	XXX	172	XXX
3. Incurred claims	7,672,631	64.4	0	0.0	0	0.0	7,644,083	68.3	0	0.0	28,548	4.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,672,631	64.4	0	0.0	0	0.0	7,644,083	68.3	0	0.0	28,548	4.0	0	0.0
6. Increase in contract reserves	(51,043)	(0.4)	0	0.0	(165)	(208.9)	(17,125)	(0.2)	0	0.0	(34,133)	(4.8)	380	220.9
7. Commissions (a)	(2,333,454)	(19.6)		0.0		0.0	(2,333,454)	(20.8)		0.0		0.0		0.0
8. Other general insurance expenses	6,614,151	55.5		0.0		0.0	6,599,033	58.9		0.0	15,118	2.1		0.0
9. Taxes, licenses and fees	383,661	3.2		0.0		0.0	382,784	3.4		0.0	877	0.1		0.0
10. Total other expenses incurred	4,664,358	39.1	0	0.0	0	0.0	4,648,363	41.5	0	0.0	15,995	2.2	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds	(369,388)	(3.1)	0	0.0	244	308.9	(1,077,524)	(9.6)	0	0.0	708,100	98.6	(208)	(120.9)
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(369,388)	(3.1)	0	0.0	244	308.9	(1,077,524)	(9.6)	0	0.0	708,100	98.6	(208)	(120.9)
DETAILS OF WRITE-INS														
1101.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Contracts				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES							
A. Premium Reserves:							
1. Unearned premiums	684,053		17	475,142		208,820	74
2. Advance premiums	158,594			77,124		81,470	
3. Reserve for rate credits	0						
4. Total premium reserves, current year	842,647	0	17	552,266	0	290,290	74
5. Total premium reserves, prior year	889,034		17	562,724		326,219	74
6. Increase in total premium reserves	(46,387)	0	0	(10,458)	0	(35,929)	0
B. Contract Reserves:							
1. Additional reserves (a)	520,660		171	421,103		98,906	480
2. Reserve for future contingent benefits	0						
3. Total contract reserves, current year	520,660	0	171	421,103	0	98,906	480
4. Total contract reserves, prior year	571,703		336	438,228		133,039	100
5. Increase in contract reserves	(51,043)	0	(165)	(17,125)	0	(34,133)	380
C. Claim Reserves and Liabilities:							
1. Total current year	1,460,227	0	0	1,386,761	0	73,466	0
2. Total prior year	2,650,533			2,452,070		198,463	
3. Increase	(1,190,306)	0	0	(1,065,309)	0	(124,997)	0

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Policies				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES							
1. Claims Paid During the Year:							
1.1 On claims incurred prior to current year	2,299,244			2,256,582		42,662	
1.2 On claims incurred during current year	6,563,693			6,452,810		110,883	
2. Claim Reserves and Liabilities, Dec. 31, Current Year:							
2.1 On claims incurred prior to current year	17,617			16,837		780	
2.2 On claims incurred during current year	1,442,610			1,369,924		72,686	
3. Test:							
3.1 Line 1.1 plus 2.1	2,316,861	0	0	2,273,419	0	43,442	0
3.2 Claim reserves and liabilities, Dec. 31, prior year	2,650,533			2,452,070		198,463	
3.3 Line 3.1 minus Line 3.2	(333,672)	0	0	(178,651)	0	(155,021)	0

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	Other Individual Policies				
			3	4	5	6	7
	Total	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 4 - REINSURANCE							
A. Reinsurance Assumed:							
1. Premiums written	0						
2. Premiums earned	0						
3. Incurred claims	0						
4. Commissions	0						
B. Reinsurance Ceded:							
1. Premiums written	52,225,966			52,208,883		17,083	
2. Premiums earned	52,891,362			52,874,279		17,083	
3. Incurred claims	43,218,323			43,218,323			
4. Commissions	6,494,749			6,494,749			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims			50,890,954	50,890,954
2.	Beginning claim reserves and liabilities			14,753,427	14,753,427
3.	Ending claim reserves and liabilities			8,020,526	8,020,526
4.	Claims paid	0	0	57,623,855	57,623,855
B.	Assumed Reinsurance:				
5.	Incurred claims				0
6.	Beginning claim reserves and liabilities				0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims			43,218,323	43,218,323
10.	Beginning claim reserves and liabilities			12,102,893	12,102,893
11.	Ending claim reserves and liabilities			6,560,298	6,560,298
12.	Claims paid	0	0	48,760,918	48,760,918
D.	Net:				
13.	Incurred claims	0	0	7,672,631	7,672,631
14.	Beginning claim reserves and liabilities	0	0	2,650,534	2,650,534
15.	Ending claim reserves and liabilities	0	0	1,460,228	1,460,228
16.	Claims paid	0	0	8,862,937	8,862,937
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses			7,672,631	7,672,631
18.	Beginning reserves and liabilities			2,625,856	2,625,856
19.	Ending reserves and liabilities			1,460,227	1,460,227
20.	Paid claims and cost containment expenses	0	0	8,838,260	8,838,260

Sch. S - Pt. 1 - Sn. 1
NONE

Sch. S - Pt. 1 - Sn. 2
NONE

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340	59-2859797	12/31/1997	hANNOVER lIFE rEASSURANCE cOMPANY OF aMERICA	FL	256,543	
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				256,543	0
1099999.	Total - Life and Annuity Non-Affiliates				256,543	0
1199999.	Total - Life and Annuity				256,543	0
2399999.	Total U.S.				256,543	0
9999999.	Total				256,543	0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099	75-1608507	01/01/1994	Optimum Re Insurance Company	TX	YRT/I	OL	2,713,551	32,588	33,836	10,728				
88099	75-1608507	06/29/2009	Optimum Re Insruance Company	TX	CO/I	OL	1,498,690	699,018	703,353	15,844				
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	CO/I	OL	35,351,579	10,817,631	11,383,486	759,630				
88340	59-2859797	12/31/1997	Hannover Life Reassurance Com. of America	FL	ACO/I	FL		2,332,036	2,321,712	15,132				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0
1199999.	Total - General Account - Authorized						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0
6999999.	Total U.S.						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0
9999999.	Total						39,563,820	13,881,273	14,442,387	801,334	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86258	13-2572994	12/31/1998	General Re Life Corporation	CT	CO/I	MS	51,424,956	2,605,559	9,831,615				
70688	36-6071399	12/31/2001	Transamerica Financial Life Insurance Company	NY	CO/I	MS	104,584	12,255	26,648				
66346	58-0828824	07/07/2009	Munich Amercian Reassurance Company	GA	YRT/I	STM	787,115	67,089	187,480				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						52,316,655	2,684,903	10,045,743	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						52,316,655	2,684,903	10,045,743	0	0	0	0
1199999.	Total - General Account - Authorized						52,316,655	2,684,903	10,045,743	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1440076	02/01/2005	Sirius International Insurance Corporation	SWE	YRT/I	A	17,083						
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						17,083	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						17,083	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized						17,083	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						52,333,738	2,684,903	10,045,743	0	0	0	0
6999999.	Total - U.S.						52,316,655	2,684,903	10,045,743	0	0	0	0
7099999.	Total - Non-U.S.						17,083	0	0	0	0	0	0
9999999.	Total						52,333,738	2,684,903	10,045,743	0	0	0	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000.....	AA-1440076.	..02/01/2005	Sirius International Insurance Corporation	.....	.....	.....	0	.....	.....	.....	.....	.....	.....	0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2299999.	Total - General Account - Accident and Health.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
2399999.	Total - General Account.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
3699999.	Total - Non-U.S.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0
9999999.	Total.....			0	0	0	0	0	.....XXX.....	0	0	0	0	0

SCHEDULE S - PART 5

Provision for Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating (1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

		1 2015	2 2014	3 2013	4 2012	5 2011
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	53,128	62,271	72,275	84,416	100,029
2.	Commissions and reinsurance expense allowances	6,632	9,273	12,924	17,052	22,835
3.	Contract claims	45,352	39,036	64,463	62,391	81,729
4.	Surrender benefits and withdrawals for life contracts	168	228	182	269	257
5.	Refunds to members					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts	2,903	(2,437)	(2,159)	(1,578)	(1,997)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	360	488	504	947	1,097
9.	Aggregate reserves for life and accident and health contracts	13,804	29,454	31,968	34,098	35,676
10.	Liability for deposit-type contracts		23	72	35	
11.	Contract claims unpaid	6,789	12,329	10,479	13,324	16,050
12.	Amounts recoverable on reinsurance	368	411	1,122	413	270
13.	Experience rating refunds due or unpaid					
14.	Refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					XXX
23.	Funds deposited by and withheld from (F)					XXX
24.	Letters of credit (L)					XXX
25.	Trust agreements (T)					XXX
26.	Other (O)					XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	17,967,433		17,967,433
2.	Reinsurance (Line 16)	431,561		431,561
3.	Premiums and considerations (Line 15)	116,838	375,894	492,732
4.	Net credit for ceded reinsurance	XXX	33,601,700	33,601,700
5.	All other admitted assets (balance)	171,480		171,480
6.	Total assets excluding separate accounts (Line 26)	18,687,312	33,977,594	52,664,906
7.	Separate account assets (Line 27)			0
8.	Total assets (Line 28)	18,687,312	33,977,594	52,664,906
	LIABILITIES, SURPLUS AND OTHER FUNDS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	4,423,076	26,611,401	31,034,477
10.	Liability for deposit-type contracts (Line 3)	16,336		16,336
11.	Claim reserves (Line 4)	1,491,000	6,788,753	8,279,753
12.	Member refunds/reserves (Lines 5 through 6)			0
13.	Premium & annuity considerations received in advance (Line 7)	162,021	577,440	739,461
14.	Other contract liabilities (Line 8)	282,205		282,205
15.	Reinsurance in unauthorized companies (Line 21.2 minus inset amount)			0
16.	Funds held under reinsurance with unauthorized reinsurance (Line 21.3 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.2 inset amount)			0
18	Funds held under reinsurance treaties with certified reinsurers (Line 24.3 inset amount)			0
19.	All other liabilities (balance)	2,889,556		2,889,556
20.	Total liabilities excluding Separate Accounts (Line 23)	9,264,194	33,977,594	43,241,788
21.	Separate Account liabilities (Line 24)			0
22.	Total liabilities (Line 25)	9,264,194	33,977,594	43,241,788
23.	Capital & surplus (Line 30)	9,423,118	XXX	9,423,118
24.	Total liabilities, capital & surplus (Line 31)	18,687,312	33,977,594	52,664,906
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	26,611,401		
26.	Claim reserves	6,788,753		
27.	Member refunds/reserves	0		
28.	Premium & annuity considerations received in advance	577,440		
29.	Liability for deposit-type contracts	0		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	33,977,594		
34.	Premiums and considerations	375,894		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	375,894		
41.	Total net credit for ceded reinsurance	33,601,700		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	9,994					9,994
2. Alaska AK	266					266
3. Arizona AZ	3,890	1,000				4,890
4. Arkansas AR	7,907					7,907
5. California CA	70,644					70,644
6. Colorado CO	4,249	5,500				9,749
7. Connecticut CT	3,203					3,203
8. Delaware DE	313					313
9. District of Columbia DC	157					157
10. Florida FL	77,569	1,588				79,157
11. Georgia GA	34,922					34,922
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL	54,351	775		1,877		57,003
15. Indiana IN	48,648					48,648
16. Iowa IA	15,570					15,570
17. Kansas KS	16,427	1,940				18,367
18. Kentucky KY	30,953					30,953
19. Louisiana LA	22,320					22,320
20. Maine ME	889	10,000				10,889
21. Maryland MD	2,723					2,723
22. Massachusetts MA	5,399					5,399
23. Michigan MI	100,724	10,000				110,724
24. Minnesota MN	9,974					9,974
25. Mississippi MS	32,076	1,200				33,276
26. Missouri MO	21,010					21,010
27. Montana MT	453					453
28. Nebraska NE	8,407	10,000				18,407
29. Nevada NV	2,946					2,946
30. New Hampshire NH	1,508					1,508
31. New Jersey NJ	19,748					19,748
32. New Mexico NM	234					234
33. New York NY	2,599					2,599
34. North Carolina NC	21,276					21,276
35. North Dakota ND	11,311	1,200				12,511
36. Ohio OH	90,402					90,402
37. Oklahoma OK	14,480					14,480
38. Oregon OR	14,755					14,755
39. Pennsylvania PA	50,316					50,316
40. Rhode Island RI	2,900					2,900
41. South Carolina SC	8,134					8,134
42. South Dakota SD	9,650					9,650
43. Tennessee TN	37,440	400				37,840
44. Texas TX	66,331					66,331
45. Utah UT	1,120					1,120
46. Vermont VT						0
47. Virginia VA	23,640					23,640
48. Washington WA	550					550
49. West Virginia WV	9,929					9,929
50. Wisconsin WI	18,847	10,000				28,847
51. Wyoming WY	589					589
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN	24,589					24,589
58. Aggregate Other Alien OT						0
59. Totals	1,016,330	53,603	0	1,877	0	1,071,810

Sch. Y - Pt. 1A
NONE

Sch. Y - Pt. 2
NONE

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed with this statement by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
7.	Will an audited financial report be filed by June 1?	YES
8.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
9.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

43. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
44. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING

45. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	EXPLANATIONS:	BARCODES:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.	The data for this supplement is not required to be filed.	
12.	The data for this supplement is not required to be filed.	
13.		
14.	The data for this supplement is not required to be filed.	
15.	The data for this supplement is not required to be filed.	
16.	The data for this supplement is not required to be filed.	
17.	The data for this supplement is not required to be filed.	
18.	The data for this supplement is not required to be filed.	
19.	The data for this supplement is not required to be filed.	
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29.	The data for this supplement is not required to be filed.	
30.	The data for this supplement is not required to be filed.	
31.	The data for this supplement is not required to be filed.	
32.	The data for this supplement is not required to be filed.	
33.	The data for this supplement is not required to be filed.	
34.	The data for this supplement is not required to be filed.	
35.		
36.		

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

37. The data for this supplement is not required to be filed.

38.

39.

40.

41. The data for this supplement is not required to be filed.

42. The data for this supplement is not required to be filed.

43. The data for this supplement is not required to be filed.

44. The data for this supplement is not required to be filed.

45. The data for this supplement is not required to be filed.

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	Aggregate of			
		Cost	All	All Other Lines			
	Life	Containment	Other	of Business	Investment	Fraternal	Total
09.304 Product Development	7		153				160
09.305 Temporary Worker Services	595		13,803				14,397
09.306 Claims Outsourcing	38,734		899,130				937,864
09.307 Deprecitation-Leasehold Improvements	174		4,043				4,217
09.308 Records Storage	634		14,710			301	15,645
09.309 Charitable Contributions	12		269			49,469	49,750
09.310 UCT Events						1,163	1,163
09.397 Summary of remaining write-ins for Line 9.3	40,155	0	932,108	0	0	50,933	1,023,195

Overflow Page for Write-Ins

NONE

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	02/07/1995			07/01/1997	PLAN B ISSUE AGE	3,345	5,829	174.3	1			0.0	
YES	MS(C)91	C	NO	346	02/07/1995			07/01/1997	PLAN C ISSUE AGE	27,619	8,505	30.8	7			0.0	
YES	MS(F)-91	F	NO	346	02/07/1995			07/01/1997	PLAN F ISSUE AGE	12,729	7,741	60.8	3			0.0	
YES	MS(C)-04	C	NO	346	03/12/2004			12/31/2005	PLAN C ATTAINED AGE	2,970	(1,124)	(37.8)	1			0.0	
YES	MS AB 06	B	NO	346	08/20/2005			05/31/2010	PLAN B ATTAINED AGE	3,390	(38)	(1.1)	1			0.0	
YES	MS AC 06	C	NO	346	08/20/2005			05/31/2010	PLAN C ATTAINED AGE	38,163	24,168	63.3	11			0.0	
YES	MS AF 06	F	NO	346	08/20/2005			05/31/2010	PLAN F ATTAINED AGE	562,201	367,025	65.3	162			0.0	
YES	MS AG 06	G	NO	346	08/20/2005			05/31/2010	PLAN G ATTAINED AGE	54,538	28,872	52.9	17			0.0	
YES	MSAAF2010	F	NO	346	04/19/2010				PLAN F ATTAINED AGE (2010)	10,918	9,571	87.7	4			0.0	
YES	MSAAG2010	G	NO	346	04/19/2010				PLAN G ATTAINED AGE (2010)	1,928	483	25.1	1			0.0	
YES	MSAAN2010	N	NO	346	04/19/2010				PLAN N ATTAINED AGE (2010)	12,759	12	0.1	6			0.0	
0199999.	Total Policy Experience on Individual Policies									730,560	451,044	61.7	214	0	0	0.0	0

360.AL

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS-88	P	NO	246	02/16/1988		08/27/1991	02/01/1992	PRE-STANDARD	(136)	4,132	(3,038.2)				0.0	
YES	MS IF 06 AR	F	NO	346	06/06/2006			05/31/2010	PLAN F ISSUE AGE	1,416,077	1,415,890	100.0	562			0.0	
YES	MS IG 06 AR	G	NO	346	06/06/2006			05/31/2010	PLAN G ISSUE AGE	117,791	95,828	81.4	51			0.0	
YES	MSIAF2010 AR	F	NO	346	05/20/2010				PLAN F ISSUE AGE (2010)	843	1,126	133.6				0.0	
YES	MSIAG2010 AR	G	NO	34	05/20/2010				PLAN G ISSUE AGE (2010)	2,237	3,091	138.2	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,536,812	1,520,067	98.9	614	0	0	0.0	0

360.AR

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS(C) 00 AZ.....	C.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN C ATTAINED AGE.....	4,660	203	.....4.4	1	.....	.....	.....0.0	.....
.....YES.....	MS(F) 00 AZ.....	F.....	.....NO.....	....346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN F ATTAINED AGE.....	3,783	577	.....15.3	1	.....	.....	.....0.0	.....
.....YES.....	MS IF 06 AZ.....	F.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	1,851,192	1,294,663	.....69.9	502	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 AZ.....	G.....	.....NO.....	....346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	101,540	119,072	.....117.3	32	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO.....	....346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....	80	.....0.0	.....	3,307	2,517	.....76.1	1
0199999.	Total Policy Experience on Individual Policies.....									1,961,175	1,414,595	.....72.1	536	3,307	2,517	.....76.1	1

360.AZ

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....California

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	17,878	17,173	.....96.1	4	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	5,241	852	.....16.3	1	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	31,419	26,365	.....83.9	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									54,538	44,390	.....81.4	10	0	0	.....0.0	0

360.CA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(D)-02 CO	D	NO	346	.04/29/2002			.03/15/2006	PLAN D ATTAINED AGE		756	0.0				0.0	
YES	MS(F)-02 CO	F	NO	346	.04/29/2002			.03/15/2006	PLAN F ATTAINED AGE	90,894	60,454	66.5	34			0.0	
YES	MS(G)-03 CO	G	NO	346	.10/10/2003			.03/15/2006	PLAN G ATTAINED AGE	15,608	4,411	28.3	6			0.0	
YES	MS AB 06 CO	F	NO	346	.03/15/2006			.05/31/2010	PLAN B ATTAINED AGE	2,019	(34)	(1.7)	1			0.0	
YES	MS AF 06 CO	F	NO	346	.03/15/2006			.05/31/2010	PLAN F ATTAINED AGE	1,005,031	756,805	75.3	398			0.0	
YES	MS AG 06 CO	G	NO	346	.03/15/2006			.05/31/2010	PLAN G ATTAINED AGE	269,107	235,889	87.7	123			0.0	
YES	MS AAF2010 CO	F	NO	346	.07/06/2010				PLAN F ATTAINED AGE (2010)	68,085	46,556	68.4	32	95,727	41,249	43.1	46
YES	MS AAG2010 CO	G	NO	346	.07/06/2010				PLAN G ATTAINED AGE (2010)			0.0		1,919	131	6.8	1
YES	MSAAN2010 CO	N	NO	346	.07/06/2010				PLAN N ATTAINED AGE (2010)	7,003	6,282	89.7	4	11,753	3,651	31.1	6
0199999.	Total Policy Experience on Individual Policies									1,457,747	1,111,119	76.2	598	109,399	45,031	41.2	53

360.CO

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88 FL.....	P.....	.....NO.....	....246.....	.09/12/1988	.....	.02/25/1991	.01/01/1992	PRE-STANDARD.....	8,996	37,275	.....414.4	4	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	63,163	12,400	.....19.6	31	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	196,027	187,090	.....95.4	73	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	1,423,794	1,334,908	.....93.8	506	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	1,922,526	1,705,609	.....88.7	626	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,614,506	3,277,282	.....90.7	1,240	0	0	.....0.0	0

360.FL

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	05/24/1988		05/23/1991	01/01/1992	PRE-STANDARD	2,131	9,237	433.5	1			0.0	
YES	MS(A)-91	A	NO	346	02/15/1994			01/13/2006	PLAN A ISSUE AGE	5,669	3,667	64.7	2			0.0	
YES	MS(B)-91	B	NO	346	02/15/1994			01/13/2006	PLAN B ISSUE AGE	22,250	7,928	35.6	7			0.0	
YES	MS(C)-91	C	NO	346	02/15/1994			01/13/2006	PLAN C ISSUE AGE	68,245	42,770	62.7	15			0.0	
YES	MS(F)-91	F	NO	346	02/15/1994			01/13/2006	PLAN F ISSUE AGE	113,602	43,610	38.4	26			0.0	
YES	MS IC 06 GA	C	NO	346	01/13/2006			05/31/2010	PLAN C ISSUE AGE	4,066	4,032	99.2	1			0.0	
YES	MSIAF2010 GA	F	NO	346	10/23/2013				PLAN F ISSUE AGE (2010)			0.0		851	221	26.0	
YES	MSIAG2010 GA	G	NO	346	10/23/2013				PLAN G ISSUE AGE (2010)			0.0		1,320	(254)	(19.2)	
0199999.	Total Policy Experience on Individual Policies									215,963	111,244	51.5	52	2,171	(33)	(1.5)	0

360.GA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	.03/15/1995			.08/03/2000	PLAN C ISSUE AGE	16,622	5,573	33.5	3			0.0	
YES	MS(F)-91	F	NO	346	.03/15/1995			.08/03/2000	PLAN F ISSUE AGE	76,819	42,299	55.1	14			0.0	
YES	MS AD 06	D	NO	346	.09/09/2005			.05/31/2010	PLAN D ATTAINED AGE	(779)	10,630	(1,364.6)				0.0	
YES	MS AF 06	F	NO	346	.09/09/2005			.05/31/2010	PLAN F ATTAINED AGE	504,912	500,408	99.1	132			0.0	
YES	MS AG 08	G	NO	346	.07/30/2008			.05/31/2010	PLAN G ATTAINED AGE	39,592	62,596	158.1	12			0.0	
YES	MSAAF2010	F	NO	346	.05/25/2010				PLAN F ATTAINED AGE (2010)	3,103	5,539	178.5	1			0.0	
0199999.	Total Policy Experience on Individual Policies									640,269	627,045	97.9	162	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS IF 06 ID.....	F.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	2,987,773	2,408,877	.....80.6	904	.....	.....	.....0.0	.....
.....YES.....	MS IG 06 ID.....	G.....	.....NO.....	....346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	601,477	661,924	.....110.0	233	.....	.....	.....0.0	.....
.....YES.....	MSIAF2010	F.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	20,084	11,003	.....54.8	7	3,592	.....(1,491)	.....(41.5)	1
.....YES.....	MSIAG2010.....	G.....	.....NO.....	....346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	2,103	791	.....37.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,611,437	3,082,595	.....85.4	1,145	3,592	.....(1,491)	.....(41.5)	1

360.ID

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	.01/15/1992			.02/05/2001	PLAN A ISSUE AGE		2,986	0.0				0.0	
YES	MS(B)-91	B	NO	346	.01/15/1992			.02/05/2001	PLAN B ISSUE AGE	4,340	6,907	159.1	1			0.0	
YES	MS(C)-91	C	NO	346	.10/07/1993			.02/05/2001	PLAN C ISSUE AGE	61,772	66,156	107.1	12			0.0	
YES	MS(F)-91	F	NO	346	.01/15/1992			.02/05/2001	PLAN F ISSUE AGE	441,668	310,646	70.3	74			0.0	
YES	MS(F)-00	F	NO	346	.02/05/2001			.12/31/2005	PLAN F ATTAINED AGE	13,986	11,516	82.3	4			0.0	
YES	MS AC 06 IL	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE		(31)	0.0				0.0	
YES	MS AD 06 IL	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	7,896	6,300	79.8	2			0.0	
YES	MS AF 06 IL	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	1,366,047	1,139,875	83.4	357			0.0	
YES	MS AG 06 IL	G	NO	346	.09/12/2005			.05/31/2010	PLAN G ATTAINED AGE	276,143	222,336	80.5	81			0.0	
YES	MS AAF 2010 IL	F	NO	346	.05/22/2010				PLAN F ATTAINED AGE (2010)	106,444	52,009	48.9	32	8,159	3,106	38.1	2
YES	MS AAG 2010IL	G	NO	346	.05/22/2010				PLAN G ATTAINED AGE (2010)	13,495	11,257	83.4	5	21,963	34,087	155.2	9
0199999.	Total Policy Experience on Individual Policies									2,291,791	1,829,957	79.8	568	30,122	37,193	123.5	11

360.IL

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.IN

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	03/28/1994			10/16/2000	PLAN A ISSUE AGE	2,453	629	25.6	1			0.0	
YES	MS(B)-91	B	NO	346	03/28/1994			10/16/2000	PLAN B ISSUE AGE	3,813	(56)	(1.5)	1			0.0	
YES	MS(C)-91	C	NO	346	03/28/1994			10/16/2000	PLAN C ISSUE AGE	93,840	61,588	65.6	19			0.0	
YES	MS(F)-91	F	NO	346	03/28/1994			10/16/2000	PLAN F ISSUE AGE	198,843	200,035	100.6	43			0.0	
YES	MS(C)-00	C	NO	346	10/16/2000			12/31/2005	PLAN C ATTAINED AGE	18,146	9,523	52.5	5			0.0	
YES	MS(D)-00	D	NO	346	10/16/2000			12/31/2005	PLAN D ATTAINED AGE	3,704	4,647	125.5	1			0.0	
YES	MS(F)-00	F	NO	346	10/16/2000			12/31/2005	PLAN F ATTAINED AGE	230,384	296,400	128.7	61			0.0	
YES	MS(G)-03	G	NO	346	10/10/2003			12/31/2005	PLAN G ATTAINED AGE	75,346	86,889	115.3	24			0.0	
YES	MS AB 06	B	NO	346	12/27/2005			05/31/2010	PLAN B ATTAINED AGE	1,570	19,878	1,266.1				0.0	
YES	MS AC 06	C	NO	346	12/27/2005			05/31/2010	PLAN C ATTAINED AGE	20,898	22,231	106.4	6			0.0	
YES	MS AD 06	D	NO	346	12/27/2005			05/31/2010	PLAN D ATTAINED AGE	5,659	18,155	320.8	2			0.0	
YES	MS AF 06	F	NO	346	12/27/2005			05/31/2010	PLAN F ATTAINED AGE	1,279,772	1,066,272	83.3	357			0.0	
YES	MS AG 06	G	NO	346	12/27/2006			05/31/2010	PLAN G ATTAINED AGE	1,758,194	1,449,070	82.4	590			0.0	
YES	MS AAF 2010	F	NO	34	05/28/2010				PLAN F ATTAINED AGE (2010)	26,843	4,833	18.0	9			0.0	
YES	MS AAG 2010	G	NO	34	05/28/2010				PLAN G ATTAINED AGE (2010)	15,947	12,965	81.3	7	1,764	(397)	(22.5)	
0199999.	Total Policy Experience on Individual Policies									3,735,412	3,253,059	87.1	1,126	1,764	(397)	(22.5)	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.10/04/1989	.....	.02/22/1991	.04/01/1992	PRE-STANDARD.....	9,870	10,000	.....101.3	3	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.03/25/1992	.....	.....	.11/05/2007	PLAN A ISSUE AGE.....	2,220	2,319	.....104.5	1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	244,212	230,469	.....94.4	53	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	63,147	102,992	.....163.1	11	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 KS.....	F.....	.....NO.....	....346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	2,135	119	.....5.6	1	9,017	25,036	.....277.7	3
0199999.	Total Policy Experience on Individual Policies.....									321,584	345,899	.....107.6	69	9,017	25,036	.....277.7	3

360.KS

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.01/26/1988	.....	.02/01/1991	.01/01/1992	PRE-STANDARD.....	2,088	762	.....36.5	1	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.03/11/1992	.....	.....	.01/03/2001	PLAN A ISSUE AGE.....	2,546	1,767	.....69.4	1	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.12/02/1993	.....	.....	.01/03/2001	PLAN B ISSUE AGE.....	.....	62	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.12/02/1993	.....	.....	.01/03/2001	PLAN C ISSUE AGE.....	55,007	36,981	.....67.2	12	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.05/06/1992	.....	.....	.01/03/2001	PLAN F ISSUE AGE.....	97,942	96,879	.....98.9	23	.....	.....	.....0.0	.....
.....YES.....	MSAAC2010 KY.....	C.....	.....NO.....	....346.....	.07/20/2010	.....	.....	.....	PLAN C ATTAINED (2010).....	2,922	929	.....31.8	1	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 KY.....	F.....	.....NO.....	....346.....	.07/20/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	4,274	1,177	.....27.5	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									164,779	138,557	.....84.1	40	0	0	.....0.0	0

360.KY

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.11/15/1993	.....	.....	.05/24/2001	PLAN C ISSUE AGE.....	4,717	2,303	.....48.8	1	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.08/14/1992	.....	.....	.05/24/2001	PLAN F ISSUE AGE.....	14,589	304	.....2.1	3	.....	.....	.....0.0	.....
.....YES.....	MS(G)-04 LA.....	G.....	.....NO.....	....346.....	.02/20/2004	.....	.....	.02/16/2006	PLAN G ATTAINED AGE.....	8,139	3,751	.....46.1	2	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 LA.....	C.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	30,279	39,660	.....131.0	6	.....	.....	.....0.0	.....
.....YES	MS AD 06 LA.....	D.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	8,839	3,732	.....42.2	2	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 LA.....	F.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	2,389,832	1,994,163	.....83.4	473	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 LA.....	G.....	.....NO.....	....346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	218,421	136,880	.....62.7	54	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 LA.....	F.....	.....NO.....	....346.....	.06/25/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	3,493	442	.....12.7	1	.....	.....	.....0.0	.....
.....YES.....	MSAAG2010 LA.....	G.....	.....NO.....	....346.....	.06/25/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	3,572	651	.....18.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									2,681,881	2,181,886	.....81.4	543	0	0	.....0.0	0

360.LA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(A)-91	A	NO	346	02/11/1992			08/01/2000	PLAN A ISSUE AGE	6,483	2,958	45.6	2			0.0	
YES	MS(C)-91	C	NO	346	08/19/1993			08/01/2000	PLAN C ISSUE AGE	67,153	33,258	49.5	13			0.0	
YES	MS(F)-91	F	NO	346	05/04/1992			08/01/2000	PLAN F ISSUE AGE	27,029	23,162	85.7	6			0.0	
YES	MS(C)-00	C	NO	346	08/01/2000			12/31/2005	PLAN C ATTAINED AGE	16,857	3,026	18.0	4			0.0	
YES	MS(D)-00	D	NO	346	08/01/2000			12/31/2005	PLAN D ATTAINED AGE	7,812	957	12.3	2			0.0	
YES	MS(F)-00	F	NO	346	08/01/2000			12/31/2005	PLAN F ATTAINED AGE	8,170	1,329	16.3	3			0.0	
YES	MS AC 06	C	NO	346	12/09/2005			05/31/2010	PLAN C ATTAINED AGE	37,053	16,842	45.5	9			0.0	
YES	MS AD 06	D	NO	346	12/09/2005			05/31/2010	PLAN D ATTAINED AGE	3,540	12,183	344.2	1			0.0	
YES	MS AF 06	F	NO	346	12/09/2005			05/31/2010	PLAN F ATTAINED AGE	640,369	490,803	76.6	161			0.0	
YES	MS AG 06	G	NO	346	12/09/2005			05/31/2010	PLAN G ATTAINED AGE	346,779	340,503	98.2	97			0.0	
YES	MSAAF2010	F	NO	34	04/23/2010				PLAN F ATTAINED AGE (2010)	10,130	7,422	73.3	3			0.0	
YES	MSAAG2010	G	NO	34	04/23/2010				PLAN G ATTAINED AGE (2010)		(247)	0.0				0.0	
YES	MSAAN2010	N	NO	34	04/23/2010				PLAN N ATTAINED AGE (2010)	5,101	133	2.6	2			0.0	
0199999.	Total Policy Experience on Individual Policies									1,176,476	932,329	79.2	303	0	0	0.0	0

360.MI

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	11,225	16,144	143.8	3			0.0	
YES	MS(B)-91	B	NO	346	01/14/1992			12/31/2005	PLAN B ISSUE AGE	7,268	6,055	83.3	2			0.0	
YES	MS(C)-91	C	NO	346	11/10/1993			12/31/2005	PLAN C ISSUE AGE	78,723	50,069	63.6	14			0.0	
YES	MS(F)-91	F	NO	346	06/01/1992			12/31/2005	PLAN F ISSUE AGE	61,582	57,526	93.4	11			0.0	
YES	MS IF 06 MO	F	NO	346	09/21/2005			05/31/2010	PLAN F ISSUE AGE	4,525	337	7.4	1			0.0	
YES	MSIAB2010	B	NO	346	08/10/2010				PLAN B ISSUE AGE (2010)	5,359	3,436	64.1	2			0.0	
YES	MSIAC2010	C	NO	346	08/10/2010				PLAN C ISSUE AGE (2010)	14,773	35,164	238.0	5	8,368	10,244	122.4	4
YES	MSIAD2010	D	NO	346	08/10/2010				PLAN D ISSUE AGE (2010)	53,624	32,423	60.5	23	54,799	41,831	76.3	24
YES	MSIAF2010	F	NO	346	08/10/2010				PLAN F ISSUE AGE (2010)	190,301	271,424	142.6	71	21,113	(37,524)	(177.7)	9
YES	MSIAG2010	G	NO	346	08/10/2010				PLAN G ISSUE AGE (2010)	84,732	83,204	98.2	36	34,321	4,269	12.4	18
YES	MSIAN2010	N	NO	346	08/10/2010				PLAN N ISSUE AGE (2010)	88,220	83,867	95.1	46	51,887	13,400	25.8	29
0199999.	Total Policy Experience on Individual Policies									600,332	639,649	106.5	214	170,488	32,220	18.9	84

360.MO

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/22/1988		.12/26/1990	.07/01/1992	PRE-STANDARD	5,312	332	6.3	1			0.0	
YES	MS(C)-91MS	C	NO	346	.08/16/1996			.08/18/2000	PLAN C ISSUE AGE	8,823	8,371	94.9	2			0.0	
YES	MS(F)-91 MS	F	NO	346	.08/16/1996			.08/18/2000	PLAN F ISSUE AGE	45,261	44,408	98.1	9			0.0	
YES	MS(C)-00 MS	C	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE	2,611	647	24.8	1			0.0	
YES	MS(F)-00 MS	F	NO	346	.08/18/2000		.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE	5,043	1,539	30.5	1			0.0	
YES	MS AA 06 MS	A	NO	346	.09/12/2005			.05/31/2010	PLAN A ATTAINED AGE		(733)	0.0				0.0	
YES	MS AB 06 MS	B	NO	346	.09/12/2005			.05/31/2010	PLAN B ATTAINED AGE	3,793	4,059	107.0	1			0.0	
YES	MS AC 06 MS	C	NO	346	.09/12/2005			.05/31/2010	PLAN C ATTAINED AGE	74,724	170,590	228.3	18			0.0	
YES	MS AD 06 MS	D	NO	346	.09/12/2005			.05/31/2010	PLAN D ATTAINED AGE	41,033	21,404	52.2	11			0.0	
YES	MS AF 06 MS	F	NO	346	.09/12/2005			.05/31/2010	PLAN F ATTAINED AGE	5,357,690	4,298,103	80.2	1,250			0.0	
YES	MS G 06 MS	G	NO	346	.12/14/2006			.05/31/2010	PLAN G ATTAINED AGE	115,408	80,426	69.7	33			0.0	
YES	MSAAC2010 MS	C	NO	346	.07/21/2010				PLAN C ATTAINED AGE (2010)	76,843	186,079	242.2	15			0.0	
YES	MSAAF2010 MS	F	NO	346	.07/21/2010				PLAN F ATTAINED AGE (2010)	16,049	32,472	202.3	4			0.0	
YES	MSAAG2010 MS	G	NO	346	.07/21/2010				PLAN G ATTAINED AGE (2010)			0.0		3,057	547	17.9	1
YES	MSAAN2010 MS	N	NO	346	.07/21/2010				PLAN N ATTAINED AGE (2010)	2,098	178	8.5	1			0.0	
0199999.	Total Policy Experience on Individual Policies									5,754,688	4,847,875	84.2	1,347	3,057	547	17.9	1

360.MS

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/22/1988		01/29/1991	07/01/1992	PRE-STANDARD	(534)	1,635	(306.2)				0.0	
YES	MS(B)-91	B	NO	346	06/26/1992			09/01/2004	PLAN B ISSUE AGE	1,339	5,575	416.4				0.0	
YES	MS AC 06 MT	C	NO	346	01/17/2006			05/31/2010	PLAN C ATTAINED AGE	14,310	5,105	35.7	5			0.0	
YES	MS AD 06 MT	D	NO	346	01/17/2006			05/31/2010	PLAN D ATTAINED AGE	14,732	12,447	84.5	5			0.0	
YES	MS AF 06 MT	F	NO	346	01/17/2006			05/31/2010	PLAN F ATTAINED AGE	1,329,179	1,047,099	78.8	409			0.0	
YES	MS AG 06 MT	G	NO	346	01/17/2006			05/31/2010	PLAN G ATTAINED AGE	94,684	102,980	108.8	38			0.0	
YES	MS AAC 2010 MT	C	NO	346	07/12/2010				PLAN C ATTAINED AGE (2010)			0.0		2,357	3,938	167.1	1
YES	MS AAF 2010 MT	F	NO	34	07/12/2010				PLAN F ATTAINED AGE (2010)	8,779	6,252	71.2	3	1,255	369	29.4	2
YES	MS AAG 2010 MT	G	NO	34	07/12/2010				PLAN G ATTAINED AGE (2010)	2,108	472	22.4	1			0.0	
YES	MS AAN 2010 MT	N	NO	34	07/12/2010				PLAN N ATTAINED AGE (2010)			0.0				0.0	
0199999.	Total Policy Experience on Individual Policies									1,464,597	1,181,565	80.7	461	3,612	4,307	119.2	3

360.MT

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	10/24/1989			01/01/1992	PRE-STANDARD	3,892	9,570	245.9	1			0.0	
YES	MS(A)-91	A	NO	346	09/14/1992			02/16/2001	PLAN A ISSUE AGE	3,402	550	16.2	1			0.0	
YES	MS(C)-91	C	NO	346	07/22/1994			02/16/2001	PLAN C ISSUE AGE	28,781	37,202	129.3	4			0.0	
YES	MS(F)-91	F	NO	346	07/22/1994			02/16/2001	PLAN F ISSUE AGE	53,397	33,216	62.2	9			0.0	
YES	MS AC 06 NC	C	NO	346	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	257,017	279,189	108.6	51			0.0	
YES	MS AD 06 NC	D	NO	346	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	3,753	1,319	35.1	1			0.0	
YES	MS AF 06 NC	F	NO	346	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	1,106,282	739,862	66.9	252			0.0	
YES	MS AG 08 NC	G	NO	346	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	263,181	239,828	91.1	82			0.0	
YES	MS AAC 2010 NC	C	NO	346	06/01/2010				PLAN C ATTAINED AGE (2010)	19,970	59,708	299.0	3			0.0	
YES	MS AAF 2010 NC	F	NO	34	06/01/2010				PLAN F ATTAINED AGE (2010)	2,795	1,334	47.7	1			0.0	
YES	MS AAG 2010 NC	G	NO	34	06/01/2010				PLAN G ATTAINED AGE (2010)	4,135	206	5.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									1,746,605	1,401,984	80.3	407	0	0	0.0	0

360.NC

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.12/30/1989	.....	.01/15/1991	.01/01/1992	PRE-STANDARD.....	4,153	1,096	.....26.4	1	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN B ISSUE AGE.....	3,119	5,992	.....192.1	1	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN C ISSUE AGE.....	32,722	9,487	.....29.0	8	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN F ISSUE AGE.....	30,867	11,843	.....38.4	7	.....	.....	.....0.0	.....
.....YES.....	MS(F)-00.....	F.....	.....NO.....	....346.....	.08/08/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	2,894	5,208	.....180.0	1	.....	.....	.....0.0	.....
.....YES.....	MS AC 06 ND.....	C.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	9,680	5,952	.....61.5	3	.....	.....	.....0.0	.....
.....YES	MS AF 06 ND.....	F.....	.....NO.....	....346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,644,201	1,298,447	.....79.0	472	.....	.....	.....0.0	.....
.....YES	MSG 06 ND.....	G.....	.....NO.....	....346.....	.01/05/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	2,036	2,324	.....114.1	1	.....	.....	.....0.0	.....
.....YES.....	MSAAF2010 ND.....	F.....	.....NO.....	....34.....	.05/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	3,458	76	.....2.2	.....	.....	.....(747)	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,733,130	1,340,425	.....77.3	494	0	.....(747)	.....0.0	0

360.ND

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.05/01/1989		.02/28/1991	.05/01/1992	PRE-STANDARD	2,771	11,027	397.9	1			0.0	
YES	MS(B)-91	B	NO	346	.05/22/1995			.10/04/2000	PLAN B ISSUE AGE	3,843	1,495	38.9	1			0.0	
YES	MS(F)-91	F	NO	346	.05/22/1995			.10/04/2000	PLAN F ISSUE AGE	48,257	21,784	45.1	9			0.0	
YES	MS(F)-00	F	NO	346	.10/04/2000			.01/05/2006	PLAN F ATTAINED AGE	17,560	16,166	92.1	4			0.0	
YES	MS AC 06	C	NO	346	.01/05/2006			.05/31/2010	PLAN C ATTAINED AGE	3,524	(13)	(0.4)	1			0.0	
YES	MS AF 06	F	NO	346	.01/05/2006			.05/31/2010	PLAN F ATTAINED AGE	5,425,920	4,708,391	86.8	1,436			0.0	
YES	MS AG 06	G	NO	346	.01/05/2006			.05/31/2010	PLAN G ATTAINED AGE	86,645	99,650	115.0	25			0.0	
YES	MS AAF 2010 NE	F	NO	34	.06/28/2010				PLAN F ATTAINED AGE (2010)	3,439	1,933	56.2	1	9,255	7,967	86.1	3
0199999.	Total Policy Experience on Individual Policies									5,591,959	4,860,433	86.9	1,478	9,255	7,967	86.1	3

360.NE

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

5 6 3 8 3 2 0 1 5 3 6 0 2 9 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MSE 06 NV	E	NO	346	02/16/2007			05/31/2010	PLAN E ATTAINED AGE	2,341	3,736	159.6	1			0.0	
YES	MSF 06 NV	F	NO	346	02/16/2007			05/31/2010	PLAN F ATTAINED AGE	434,739	383,587	88.2	112			0.0	
YES	MSG 06 NV	G	NO	346	02/16/2007			05/31/2010	PLAN G ATTAINED AGE	179,072	232,363	129.8	52			0.0	
YES	MSAAF2010 NV	F	NO	34	06/21/2010				PLAN F ATTAINED AGE (2010)	11,238	4,878	43.4	5	6,353	2,593	40.8	2
YES	MS AAG 2010 NV	G	NO	34	06/21/2010				PLAN G ATTAINED AGE (2010)	2,602	(660)	(25.4)	1	5,774	1,887	32.7	3
YES	MS AAN 2010 NV	N	NO	34	06/21/2010				PLAN N ATTAINED AGE (2010)	2,005	565	28.2	1			0.0	
0199999.	Total Policy Experience on Individual Policies									631,997	624,469	98.8	172	12,127	4,480	36.9	5

360.NV

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OH

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	.01/27/1988		01/.09/1991	.01/01/1992	PRE-STANDARD	14,995	11,988	79.9	2			0.0	
YES	MS(A)-91	A	NO	346	.01/01/1992			.07/14/2000	PLAN A ISSUE AGE	5,857	4,276	73.0	2			0.0	
YES	MS(B)-91	B	NO	346	.01/30/1992			.07/14/2000	PLAN B ISSUE AGE	14,147	3,178	22.5	4			0.0	
YES	MS(C)-91	C	NO	346	.06/24/1993			.07/14/2000	PLAN C ISSUE AGE	218,042	117,039	53.7	49			0.0	
YES	MS(F)-91	F	NO	346	.01/30/1992			.07/14/2000	PLAN F ISSUE AGE	45,344	26,361	58.1	10			0.0	
YES	MS(C)-00 OH	C	NO	346	.07/14/2000			.12/31/2005	PLAN C ATTAINED AGE	5,013	4,196	83.7	1			0.0	
YES	MS AC 06 OH	C	NO	346	.09/15/2005			.05/31/2010	PLAN C ATTAINED AGE	4,327	1,236	28.6	1			0.0	
YES	MS AF 06 OH	F	NO	346	.09/15/2005			.05/31/2010	PLAN F ATTAINED AGE	9,211	1,209	13.1	2			0.0	
YES	MSAAC2010 OH	C	NO	34	.06/29/2010				PLAN C ATTAINED AGE (2010)	6,814	6,614	97.1	3	1,877	(1,138)	(60.6)	1
YES	MSAAD2010 OH	D	NO	34	.06/29/2010				PLAN D ATTAINED AGE (2010)			0.0		10,924	5,697	52.2	5
YES	MSAAF2010 OH	F	NO	34	.06/29/2010				PLAN F ATTAINED AGE (2010)	2,525	3,697	146.4	1	56,797	27,087	47.7	37
YES	MSAAG2010 OH	G	NO	34	.06/29/2010				PLAN G ATTAINED AGE (2010)	5,537	7,144	129.0	3	43,147	32,345	75.0	35
YES	MSAAN2010 OH	N	NO	34	.06/29/2010				PLAN N ATTAINED AGE (2010)	5,497	3,382	61.5	4	25,460	4,945	19.4	18
0199999.	Total Policy Experience on Individual Policies									337,309	190,320	56.4	82	138,205	68,936	49.9	96

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

360.OK

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	03/22/1998		01/12/1991	07/01/1992	PRE-STANDARD	5,927	22,415	378.2	1			0.0	
YES	MS(A)-91	A	NO	346	01/01/1992			08/18/2000	PLAN A ISSUE AGE	3,921	638	16.3	2			0.0	
YES	MS(B)-91	B	NO	346	09/23/1993			08/18/2000	PLAN B ISSUE AGE	2,231	3,913	175.4	1			0.0	
YES	MS(C)-91	C	NO	346	09/23/1993			08/18/2000	PLAN C ISSUE AGE	135,821	88,438	65.1	37			0.0	
YES	MS(F)-91	F	NO	346	04/03/1992			08/18/2000	PLAN F ISSUE AGE	105,688	92,961	88.0	24			0.0	
YES	MS(A)-00	A	NO	346	08/18/2000			12/31/2005	PLAN A ATTAINED AGE	2,795	14,768	528.4	1			0.0	
YES	MS(B)-00	B	NO	346	08/18/2000			12/31/2005	PLAN B ATTAINED AGE	3,128	6,672	213.3	1			0.0	
YES	MS(C)-00	C	NO	346	08/18/2000			12/31/2005	PLAN C ATTAINED AGE	16,660	10,273	61.7	4			0.0	
YES	MS(F)-00	F	NO	346	08/18/2000			12/31/2005	PLAN F ATTAINED AGE	160,730	131,130	81.6	37			0.0	
YES	MS(G)-03	G	NO	346	11/04/2003			12/31/2005	PLAN G ATTAINED AGE	7,468	1,993	26.7	2			0.0	
YES	MS AA 06 OK	A	NO	346	09/23/2005			05/31/2010	PLAN A ATTAINED AGE	489	(1,415)	(289.4)				0.0	
YES	MS AC 06 OK	C	NO	346	09/23/2005			05/31/2010	PLAN C ATTAINED AGE	3,743	1,075	28.7	1			0.0	
YES	MS AF 06 OK	F	NO	346	09/23/2005			05/31/2010	PLAN F ATTAINED AGE	54,384	55,262	101.6	14			0.0	
0199999.	Total Policy Experience on Individual Policies									502,985	428,123	85.1	125	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-89.....	P.....	.....NO.....	....246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	1,002	2,438	.....243.3	1	.....	.....	.....0.0	.....
.....YES.....	MSE 06.....	E.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....	.....(181)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MSF 06.....	F.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,278,602	1,104,553	.....86.4	332	.....	.....	.....0.0	.....
.....YES.....	MSG 06.....	G.....	.....NO.....	....346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	29,871	41,260	.....138.1	9	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010.....	F.....	.....NO.....	....346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	12,888	2,529	.....19.6	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,322,363	1,150,599	.....87.0	346	0	0	.....0.0	0

360.OR

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

5 6 3 8 3 2 0 1 5 3 6 0 3 9 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.06/01/1989	.....	.02/08/1991	.05/01/1992	PRE-STANDARD.....	.....	.....(7)	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS(A)-91.....	A.....	.....NO.....	....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN A ISSUE AGE.....	4,403	.....(332)	.....(7.5)	2	.....	.....	.....0.0	.....
.....YES.....	MS(B)-91.....	B.....	.....NO.....	....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN B ISSUE AGE.....	42,808	43,907	.....102.6	15	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN C ISSUE AGE.....	516,975	411,267	.....79.6	133	.....	.....	.....0.0	.....
.....YES.....	MS(D)-00.....	D.....	.....NO.....	....346.....	.10/11/2001	.....	.....	.11/22/2006	PLAN D ATTAINED AGE.....	3,448	30	.....0.9	1	.....	.....	.....0.0	.....
.....YES.....	MS AB 06 PA.....	B.....	.....NO.....	....346.....	.11/22/2006	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	2,952	365	.....12.4	1	.....	.....	.....0.0	.....
.....YES.....	MS AAC 2010 PA.....	C.....	.....NO.....	....346.....	.06/01/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	8,572	1,937	.....22.6	4
.....YES.....	MS AAF 2010 PA.....	F.....	.....NO.....	....346.....	.06/01/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	8,236	3,482	.....42.3	4	1,695	.....(1,635)	.....(96.5)	1
.....YES.....	MS AAG 2010 PA.....	G.....	.....NO.....	....346.....	.06/01/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....	.....0.0	.....	1,955	18	.....0.9	1
.....YES.....	MS AAN 2010 PA.....	N.....	.....NO.....	....346.....	.06/01/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	3,193	1,021	.....32.0	1	3,602	705	.....19.6	3
0199999.	Total Policy Experience on Individual Policies.....									582,015	459,733	.....79.0	157	15,824	1,025	.....6.5	9

360.PA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

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

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(C)-91	C	NO	346	.03/14/1995			.09/14/2000	PLAN C ISSUE AGE	7,899	1,674	21.2	2			0.0	
YES	MS(F)-91	F	NO	346	.03/14/1995			.09/14/2000	PLAN F ISSUE AGE	26,263	15,244	58.0	6			0.0	
YES	MS(C)-00	C	NO	346	.09/14/2000			.12/31/2005	PLAN C ATTAINED AGE	(182)	128	(70.3)				0.0	
YES	MS(F)-00	F	NO	346	.09/14/2000			.12/31/2005	PLAN F ATTAINED AGE	45,217	49,334	109.1	13			0.0	
YES	MS AB 06 SC	B	NO	346	.12/06/2005			.05/31/2010	PLAN B ATTAINED AGE	9,340	3,388	36.3	3			0.0	
YES	MS AC 06 SC	C	NO	346	.12/06/2005			.05/31/2010	PLAN C ATTAINED AGE	3,267	411	12.6	1			0.0	
YES	MS AF 06 SC	F	NO	346	.12/06/2005			.05/31/2010	PLAN F ATTAINED AGE	124,975	61,854	49.5	37			0.0	
YES	MS AG 06 SC	G	NO	346	.12/06/2005			.05/31/2010	PLAN G ATTAINED AGE	13,482	23,635	175.3	4			0.0	
0199999.	Total Policy Experience on Individual Policies									230,261	155,668	67.6	66	0	0	0.0	0

360.SC

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	04/25/1988		02/01/1991	07/01/1992	PRE-STANDARD	4,018	3,981	99.1	1			0.0	
YES	MS(B)-91	B	NO	346	09/20/1993			06/27/2000	PLAN B ISSUE AGE	(98)	(303)	309.2				0.0	
YES	MS(F)-91	F	NO	346	09/20/1993			06/27/2000	PLAN F ISSUE AGE	27,019	9,618	35.6	5			0.0	
YES	MS(F)-00	F	NO	346	06/27/2000			12/31/2005	PLAN F ATTAINED AGE	77,578	37,144	47.9	19			0.0	
YES	MS AC 06 SD	C	NO	346	09/01/2005			05/31/2010	PLAN C ATTAINED AGE	3,115	421	13.5	1			0.0	
YES	MS AF 06 SD	F	NO	346	09/01/2005			05/31/2010	PLAN F ATTAINED AGE	600,468	549,598	91.5	138			0.0	
YES	MS AG 06 SD	G	NO	346	09/01/2005			05/31/2010	PLAN G ATTAINED AGE	7,317	6,008	82.1	2			0.0	
YES	MS AAF 2010 SD	F	NO	346	04/23/2010				PLAN F ATTAINED AGE (2010)	(509)	3,040	(597.2)			(221)	0.0	
0199999.	Total Policy Experience on Individual Policies									718,908	609,507	84.8	166	0	(221)	0.0	0

360.SD

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	MS(B)-91	B	NO	346	08/02/1994			08/11/2000	PLAN B ISSUE AGE	8,281	3,370	40.7	2			0.0	
YES	MS(C)-91	C	NO	346	08/02/1994			08/11/2000	PLAN C ISSUE AGE	61,172	79,215	129.5	11			0.0	
YES	MS(F)-91	F	NO	346	08/02/1994			08/11/2000	PLAN F ISSUE AGE	116,688	111,932	95.9	20			0.0	
YES	MS(F)-00 TN	F	NO	346	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	4,581	162	3.5	1			0.0	
YES	MS AF 06 TN	F	NO	346	10/26/2005			05/31/2010	PLAN F ATTAINED AGE		(4)	0.0				0.0	
YES	MSAAF2010	F	NO	346	07/23/2010				PLAN F ATTAINED AGE (2010)	4,939	20	0.4	2			0.0	
0199999.	Total Policy Experience on Individual Policies									195,661	194,695	99.5	36	0	0	0.0	0

360.TN

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-89-TX	P	NO	346	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	59,023	30,829	52.2	9			0.0	
YES	MS(A)-91	A	NO	346	08/20/1992			11/14/2000	PLAN A ISSUE AGE	5,503	502	9.1	2			0.0	
YES	MS(B)-91	B	NO	346	08/20/1992			11/14/2000	PLAN B ISSUE AGE	1,555	7,969	512.5				0.0	
YES	MS(C)-91	C	NO	346	10/19/1993			11/14/2000	PLAN C ISSUE AGE	188,301	180,250	95.7	35			0.0	
YES	MS(F)-91	F	NO	346	08/20/1992			11/14/2000	PLAN F ISSUE AGE	435,441	275,755	63.3	80			0.0	
YES	MS(A)-00	A	NO	346	11/14/2000			03/03/2006	PLAN A ATTAINED AGE	(243)	(2,472)	1,017.3				0.0	
YES	MS(F)-00	F	NO	346	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	5,093	221	4.3	1			0.0	
YES	MS AA 06 TX	A	NO	346	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	188,190	465,958	247.6	29			0.0	
YES	MS AC 06 TX	C	NO	346	03/03/2006			05/31/2010	PLAN C ATTAINED AGE			0.0				0.0	
YES	MS AF 06 TX	F	NO	346	03/03/2006			05/31/2010	PLAN F ATTAINED AGE	1,453	6,722	462.6				0.0	
YES	MSAAA2010 TX	A	NO	346	09/09/2010				PLAN A ATTAINED AGE (2010)	13,758	31,320	227.6	3			0.0	
YES	MSAAF2010 TX	F	NO	346	09/09/2010				PLAN F ATTAINED AGE (2010)	5,586	27,514	492.6	2			0.0	
0199999.	Total Policy Experience on Individual Policies									903,660	1,024,568	113.4	161	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
N/A	MS-88	P	NO	246	02/16/1988		02/04/1991	07/01/1992	PRE-STANDARD		912	0.0	1			0.0	
YES	MSF 06 UT	F	NO	346	11/15/2006			05/31/2010	PLAN F ATTAINED AGE	323,324	181,215	56.0	95			0.0	
YES	MSG 06 UT	G	NO	346	11/15/2006			05/31/2010	PLAN G ATTAINED AGE	21,571	20,345	94.3	7			0.0	
YES	MSAAF2010 UT	F	NO	34	07/22/2010				PLAN F ATTAINED AGE (2010)	9,644	34,900	361.9	4	1,932	(1,305)	(67.5)	1
YES	MSAAG2010 UT	G	NO	34	07/22/2010				PLAN G ATTAINED AGE (2010)	424	315	74.3		3,491	358	10.3	2
YES	MSAAN2010 UT	N	NO	34	07/22/2010				PLAN N ATTAINED AGE (2010)	3,800	509	13.4	2			0.0	
0199999.	Total Policy Experience on Individual Policies									358,763	238,196	66.4	109	5,423	(947)	(17.5)	3

360.UT

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.06/17/1988	.....	.02/13/1991	.07/01/1992	PRE-STANDARD.....	.....(1,486)	2,012	.....(135.4)	.....	.....	.....	.....0.0	.....
.....YES.....	MS(C)-91.....	C.....	.....NO.....	....346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN C ISSUE AGE.....	20,508	4,503	.....22.0	4	.....	.....	.....0.0	.....
.....YES.....	MS(F)-91.....	F.....	.....NO.....	....346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN F ISSUE AGE.....	538	.....(356)	.....(66.2)	.....	.....	.....	.....0.0	.....
.....YES.....	MS AE 06 VA.....	E.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	58,609	62,110	.....106.0	21	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 VA.....	F.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	3,041,606	2,089,192	.....68.7	880	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 VA.....	G.....	.....NO.....	....346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	225,581	135,751	.....60.2	80	.....	.....	.....0.0	.....
.....YES.....	MSAAG2010 VA.....	G.....	.....NO.....	....346.....	.02/03/2011	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....	.....(18)	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,345,356	2,293,194	.....68.5	985	0	0	.....0.0	0

360.VA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....N/A.....	MS-88.....	P.....	.....NO.....	....246.....	.03/04/1998	.....	.04/18/1991	.07/01/1992	PRE-STANDARD.....	1,880	3,384	.....180.0	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,880	3,384	.....180.0	1	0	0	.....0.0	0

360.WA

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS-AT (BP) WI-04....	O.....	.....NO.....	.....	.04/14/2004	.....	.....	.05/31/2010	MED SUPP WI CORE & RIDERS.....	3,535,541	2,969,287	.....84.0	847	.....	.....	.....0.0	.....
.....YES.....	MS-AT (BP) WI-10 ...	O.....	.....NO.....	.....	.06/28/2010	.....	.....	.....	MED SUPP WI CORE & RIDERS (2010)	3,808	1,874	.....49.2	1	3,356	3,817	.....113.7	1
0199999.	Total Policy Experience on Individual Policies.....									3,539,349	2,971,161	.....83.9	848	3,356	3,817	.....113.7	1

360.WI

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

5 6 3 8 3 2 0 1 5 3 6 0 4 9 1 0 0 *

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS AE 06 WV.....	E.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	31,312	49,115	.....156.9	10	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WV.....	F.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,472,158	1,006,491	.....68.4	427	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WV.....	G.....	.....NO.....	....346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	196,646	226,899	.....115.4	65	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO.....	....34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	10,400	13,457	.....129.4	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,710,516	1,295,962	.....75.8	505	0	0	.....0.0	0

360.WV

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

Supplement for the year 2015 of the **The Order Of United Commercial Travelers Of America**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....0
NAIC Company Code.....56383
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.
Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS AC 06 WY.....	C.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....	167	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	MS AF 06 WY.....	F.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	1,121,605	810,245	.....72.2	351	.....	.....	.....0.0	.....
.....YES.....	MS AG 06 WY.....	G.....	.....NO.....	....346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	42,273	34,388	.....81.3	15	.....	.....	.....0.0	.....
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO.....	....34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	15,028	9,822	.....65.4	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,178,906	854,622	.....72.5	372	0	0	.....0.0	0

360.WY

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215
   2.2 Contact person and phone number..... Dennis Lee 800-848-0123
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   3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

2015 ALPHABETICAL INDEX
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