



ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Consumers Life Insurance Company

NAIC Group Code.....730, 730
(Current Period) (Prior Period)

NAIC Company Code..... 62375

Employer's ID Number..... 21-0706531

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... October 3, 1955

Commenced Business..... October 3, 1955

Statutory Home Office

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

2060 East Ninth Street..... Cleveland OH US..... 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Mail Address

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

2060 East Ninth Street..... Cleveland OH US 44115-1355
(Street and Number) (City or Town, State, Country and Zip Code)

216-687-7000

(Area Code) (Telephone Number)

Internet Web Site Address

www.ConsumersLife.com

Statutory Statement Contact

Sharon Matonis
(Name)
Sharon.Matonis@medmutual.com
(E-Mail Address)

216-687-6049

(Area Code) (Telephone Number) (Extension)

216-360-4073

(Fax Number)

OFFICERS

| Name | Title |
|---------------------------|-----------------|
| 1. Richard Alan Chircosta | President & CEO |
| 3. Raymond Karl Mueller | Treasurer |

| Name | Title |
|-------------------------------|-----------|
| 2. Steffany Matticola Larkins | Secretary |
| 4. | |

Title

OTHER

DIRECTORS OR TRUSTEES

James Charles Cellura
Raymond Karl Mueller

Jared Paul Chaney

Richard Alan Chircosta

Steffany Matticola Larkins

State of..... Ohio
County of.... Cuyahoga

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)
Richard Alan Chircosta
1. (Printed Name)
President & CEO
(Title)

(Signature)
Steffany Matticola Larkins
2. (Printed Name)
Secretary
(Title)

(Signature)
Raymond Karl Mueller
3. (Printed Name)
Treasurer
(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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 0 3 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 0 9 1 0 0 *

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

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 1 0 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | .567 | | 21,035 | | 21,602 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | .567 | 0 | 21,035 | 0 | 21,602 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 9,893 | | 30,000 | | 39,893 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 9,893 | 0 | 30,000 | 0 | 39,893 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | 2,031 | | | 0 | 2,031 |
| 17. Incurred during current year..... | 1 | 9,894 | | | 2 | 28,625 | | | 3 | 38,519 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 9,894 | | | 2 | 30,000 | | | 3 | 39,894 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 9,894 | 0 | 0 | 2 | 30,000 | 0 | 0 | 3 | 39,894 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 9,894 | 0 | 0 | 2 | 30,000 | 0 | 0 | 3 | 39,894 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 656 | 0 | 0 | 0 | 656 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 14 | 470,000 | (a) | | 31 | 12,876,425 | | | 45 | 13,346,425 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (6) | (160,000) | | | (9) | (9,163,838) | | | (15) | (9,323,838) |
| 23. In force December 31 of current year..... | 8 | 310,000 | 0 | (a) 0 | 22 | 3,712,587 | 0 | 0 | 30 | 4,022,587 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | .814 | .814 | | | .73,656 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | |110,323 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | 4,553 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 4,553 | 4,553 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | .814 | .814 | 0 | .78,209 | .114,876 |

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



* 6 2 3 7 5 2 0 1 5 4 3 0 5 9 1 0 0 *
 DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 229,379 | | 24,950,595 | | 25,179,974 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 229,379 | 0 | 24,950,595 | 0 | 25,179,974 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 199,893 | | 16,486,272 | | 16,686,165 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 199,893 | 0 | 16,486,272 | 0 | 16,686,165 |
| DETAILS OF WRITE-INS | | | | | |
| 1301..... | | | | | 0 |
| 1302..... | | | | | 0 |
| 1303..... | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)..... | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------------|---|-------------|-------------------------|-------------|------------|-------------|----------|----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | 1,534,825 | | | 0 | 1,534,825 |
| 17. Incurred during current year..... | 8 | 199,894 | | | 179 | 16,864,434 | | | 187 | 17,064,328 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 199,894 | | | 179 | 16,486,272 | | | 187 | 16,686,166 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 199,894 | 0 | 0 | 179 | 16,486,272 | 0 | 0 | 187 | 16,686,166 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 199,894 | 0 | 0 | 179 | 16,486,272 | 0 | 0 | 187 | 16,686,166 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 1,912,987 | 0 | 0 | 0 | 1,912,987 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1,158 | 33,945,020 | (a)..... |6,427 | 9,838,101,890 | | | | 7,585 | 9,872,046,910 |
| 21. Issued during year..... | 25 | 615,000 | | 190 | 1,361,021,665 | | | | 215 | 1,361,636,665 |
| 22. Other changes to in force (Net)..... | (359) | (14,698,000) | | (984) | (387,418,792) | | | | (1,343) | (402,116,792) |
| 23. In force December 31 of current year..... | 824 | 19,862,020 | (a).....0 | 5,633 | 10,811,704,763 | 0 | 0 | 0 | 6,457 | 10,831,566,783 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 7,536,234 | 7,536,234 | | | 5,810,423 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | 6,639,090 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 703,431 | 703,431 | | 426,814 | 425,147 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 703,431 | 703,431 | 0 | 426,814 | 425,147 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 8,239,665 | 8,239,665 | 0 | 6,237,237 | 7,064,237 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....254.



* 6 2 3 7 5 2 0 1 5 4 3 0 1 6 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 1 4 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 1 5 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 3,020 | | 43,365 | | 46,385 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 3,020 | 0 | 43,365 | 0 | 46,385 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | 27,500 | | 27,500 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 27,500 | 0 | 27,500 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|--------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | 3,673 | | | 0 | 3,673 |
| 17. Incurred during current year..... | | | 2 | 25,167 | | | | | 2 | 25,167 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | 2 | 27,500 | | | | | 2 | 27,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 2 | 27,500 | 0 | 0 | 2 | 27,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 2 | 27,500 | 0 | 0 | 2 | 27,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 1,340 | 0 | 0 | 0 | 1,340 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 24 | 710,000 | (a) | | 41 | 22,584,469 | | | .65 | 23,294,469 |
| 21. Issued during year..... | | | | | 1 | 125,000 | | | 1 | 125,000 |
| 22. Other changes to in force (Net)..... | (8) | (340,000) | | | (11) | (15,133,469) | | | (19) | (15,473,469) |
| 23. In force December 31 of current year..... | 16 | 370,000 | 0 | (a) | 31 | 7,576,000 | 0 | 0 | .47 | 7,946,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 29,261 | 29,261 | | | 44,293 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | 58,263 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 29,261 | 29,261 | 0 | 44,293 | 58,263 |

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



* 6 2 3 7 5 2 0 1 5 4 3 0 1 7 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **KENTUCKY** DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 2 3 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | .555 | | 803,497 | | .804,052 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | .555 | 0 | 803,497 | 0 | .804,052 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | 900,417 | | .900,417 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 900,417 | 0 | .900,417 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|--------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | .30,142 | | | 0 | .30,142 |
| 17. Incurred during current year..... | | | 12 | .907,905 | | | | | 12 | .907,905 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | 12 | .900,417 | | | | | 12 | .900,417 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 12 | .900,417 | 0 | 0 | 12 | .900,417 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 12 | .900,417 | 0 | 0 | 12 | .900,417 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | .37,630 | 0 | 0 | 0 | .37,630 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | .7,000 | (a)..... | | 124 | .193,560,750 | | | 125 | .193,567,750 |
| 21. Issued during year..... | | | | | 3 | .16,547,100 | | | 3 | .16,547,100 |
| 22. Other changes to in force (Net)..... | | | | | (4) | .2,568,000 | | | (4) | .2,568,000 |
| 23. In force December 31 of current year..... | 1 | .7,000 | 0 (a)..... | 0 | 123 | .212,675,850 | 0 | 0 | 124 | .212,682,850 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | .8,967 | .8,967 | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | .8,967 | .8,967 | 0 | 0 | 0 |

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



DIRECT BUSINESS IN THE STATE OF **MINNESOTA** DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **MISSISSIPPI** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **NEVADA** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 219,339 | | 23,641,803 | | 23,861,142 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 219,339 | 0 | 23,641,803 | 0 | 23,861,142 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 90,000 | | 15,335,855 | | 15,425,855 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 90,000 | 0 | 15,335,855 | 0 | 15,425,855 |
| DETAILS OF WRITE-INS | | | | | |
| 1301..... | | | | | 0 |
| 1302..... | | | | | 0 |
| 1303..... | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)..... | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|--------------|---|-------------|-------------------------|-------------|------------|-------------|----------|----------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | 1,466,218 | | | 0 | 1,466,218 |
| 17. Incurred during current year..... | 6 | 90,000 | | | 159 | 15,713,491 | | | 165 | 15,803,491 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 6 | 90,000 | | | 159 | 15,335,855 | | | 165 | 15,425,855 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 6 | 90,000 | 0 | 0 | 159 | 15,335,855 | 0 | 0 | 165 | 15,425,855 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 6 | 90,000 | 0 | 0 | 159 | 15,335,855 | 0 | 0 | 165 | 15,425,855 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 1,843,854 | 0 | 0 | 0 | 1,843,854 |
| POLICY EXHIBIT | | | | | | No. of Pol. | | | | |
| 20. In force December 31, prior year..... | 1,083 | 31,883,020 | (a)..... |6,147 | 9,398,716,385 | | | | 7,230 | 9,430,599,405 |
| 21. Issued during year..... | 25 | 615,000 | | 185 | 1,344,192,065 | | | | 210 | 1,344,807,065 |
| 22. Other changes to in force (Net)..... | (321) | (13,548,000) | | (955) | (321,921,221) | | | | (1,276) | (335,469,221) |
| 23. In force December 31 of current year..... | 787 | 18,950,020 | (a).....0 | 5,377 | 10,420,987,229 | 0 | 0 | 0 | 6,164 | 10,439,937,249 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 6,809,663 | 6,809,663 | | | 5,006,358 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | 5,677,798 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 703,431 | 703,431 | | 422,261 | 420,594 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 703,431 | 703,431 | 0 | 422,261 | 420,594 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 7,513,094 | 7,513,094 | 0 | 5,428,619 | 6,098,392 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products....0 and number of persons insured under indemnity only products....254.



DIRECT BUSINESS IN THE STATE OF **OKLAHOMA** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **OREGON** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | .59 | | | 0 | .59 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | .59 | 0 | 0 | 0 | 0 | .59 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | | No. of Pol. | | | | | |
| 21. Issued during year..... | | | (a)..... | 1 | 373,750 | | | 1 | 373,750 | |
| 22. Other changes to in force (Net)..... | | | | | | | | 0 | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | (a).....0 | 1 | (46,937) | 326,813 | 0 | 0 | (46,937) | 326,813 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 1,046 | 1,046 | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 1,046 | 1,046 | 0 | 0 | 0 |

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



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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 5,898 | | 436,087 | | 441,985 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 5,898 | 0 | 436,087 | 0 | 441,985 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 100,000 | | 192,500 | | 292,500 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 100,000 | 0 | 192,500 | 0 | 292,500 |
| DETAILS OF WRITE-INS | | | | | |
| 1301..... | | | | | 0 |
| 1302..... | | | | | 0 |
| 1303..... | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page..... | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)..... | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|--------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | 32,636 | | | 0 | 32,636 |
| 17. Incurred during current year..... | 1 | 100,000 | | | 4 | 189,235 | | | 5 | 289,235 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 100,000 | | | 4 | 192,500 | | | 5 | 292,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 100,000 | 0 | 0 | 4 | 192,500 | 0 | 0 | 5 | 292,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 100,000 | 0 | 0 | 4 | 192,500 | 0 | 0 | 5 | 292,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 29,371 | 0 | 0 | 0 | 29,371 |
| POLICY EXHIBIT | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year..... | .36 | 875,000 | (a) | | 80 | 209,572,611 | | | 116 | 210,447,611 |
| 21. Issued during year..... | | | | | 1 | 157,500 | | | 1 | 157,500 |
| 22. Other changes to in force (Net)..... | (24) | (650,000) | | | (5) | (43,737,577) | | | (29) | (44,387,577) |
| 23. In force December 31 of current year..... | 12 | 225,000 | 0 | (a) | 76 | 165,992,534 | 0 | 0 | .88 | 166,217,534 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | .686,483 | .686,483 | | | 684,632 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | .791,222 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | .686,483 | .686,483 | 0 | 684,632 | .791,222 |

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

DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR

NAIC Group Code.....730

NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **TEXAS** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **VIRGINIA** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **WISCONSIN** DURING THE YEAR
NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



* 6 2 3 7 5 2 0 1 5 4 3 0 4 9 1 0 0 *
 DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | | 3,409 |3,409 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 3,409 | 0 | 3,409 |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|----------|-------------|---|-------------|-------------------------|-------------|------------|-------------|----------|--------------|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED | | | | | | | | | | |
| 16. Unpaid December 31, prior year..... | | | | | | .66 | | | 0 | .66 |
| 17. Incurred during current year..... | | | | | | 11 | | | 0 | 11 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | .77 | 0 | 0 | 0 | .77 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | | No. of Pol. | | | | | |
| 21. Issued during year..... | | | (a)..... |3 | 417,500 | | | | 3 | 417,500 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | (a).....0 | 0 | 16,250 | 0 | 0 | 0 | 0 | 16,250 |
| | | | | | 433,750 | 0 | 0 | 3 | 433,750 | |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | 1,484 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | 1,484 |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | | | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 0 | 0 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 0 | 0 | 0 | 1,484 | 1,484 |

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



DIRECT BUSINESS IN THE STATE OF **WYOMING** DURING THE YEAR
 NAIC Group Code.....730 NAIC Company Code.....62375

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1 Amount |
|--|-------------|
| 1. Reserve as of December 31, prior year..... | |
| 2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0..... | 3,520 |
| 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)..... | 3,520 |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)..... | 147 |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5)..... | 3,373 |

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..... | | 147 | | 147 |
| 2. 2016..... | | 765 | | 765 |
| 3. 2017..... | | 779 | | 779 |
| 4. 2018..... | | 795 | | 795 |
| 5. 2019..... | | 797 | | 797 |
| 6. 2020..... | | 237 | | 237 |
| 7. 2021..... | | | | 0 |
| 8. 2022..... | | | | 0 |
| 9. 2023..... | | | | 0 |
| 10. 2024..... | | | | 0 |
| 11. 2025..... | | | | 0 |
| 12. 2026..... | | | | 0 |
| 13. 2027..... | | | | 0 |
| 14. 2028..... | | | | 0 |
| 15. 2029..... | | | | 0 |
| 16. 2030..... | | | | 0 |
| 17. 2031..... | | | | 0 |
| 18. 2032..... | | | | 0 |
| 19. 2033..... | | | | 0 |
| 20. 2034..... | | | | 0 |
| 21. 2035..... | | | | 0 |
| 22. 2036..... | | | | 0 |
| 23. 2037..... | | | | 0 |
| 24. 2038..... | | | | 0 |
| 25. 2039..... | | | | 0 |
| 26. 2040..... | | | | 0 |
| 27. 2041..... | | | | 0 |
| 28. 2042..... | | | | 0 |
| 29. 2043..... | | | | 0 |
| 30. 2044..... | | | | 0 |
| 31. 2045 and Later..... | | | | 0 |
| 32. Total (Lines 1 to 31).....0 | | 3,520 | 0 | 3,520 |

ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 Total Amount (Cols. 3 + 6) |
|--|--------------------------------------|------------------------|-----------------------------|----------------------|--|-----------------------------|---------------------------------------|
| | 1 Other Than Mortgage Loans | 2 Mortgage Loans | 3 Total (Cols. 1 + 2) | 4 Common Stock | 5 Real Estate and Other Invested Assets | 6 Total (Cols. 4 + 5) | |
| 1. Reserve as of December 31, prior year..... | 32,087 | | 32,087 | | | 0 | 32,087 |
| 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..... | 5,500 | | 5,500 | | | 0 | 5,500 |
| 8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)..... | 37,587 | 0 | 37,587 | 0 | 0 | 0 | 37,587 |
| 9. Maximum reserve..... | 41,251 | | 41,251 | | | 0 | 41,251 |
| 10. Reserve objective..... | 31,626 | | 31,626 | | | 0 | 31,626 |
| 11. 20% of (Line 10 minus Line 8)..... | (1,192) | 0 | (1,192) | 0 | 0 | 0 | (1,192) |
| 12. Balance before transfers (Lines 8 + 11)..... | 36,395 | 0 | 36,395 | 0 | 0 | 0 | 36,395 |
| 13. Transfers..... | | | 0 | | | 0 | 0 |
| 14. Voluntary contribution..... | | | 0 | | | 0 | 0 |
| 15. Adjustment down to maximum/up to zero..... | | | 0 | | | 0 | 0 |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)..... | 36,395 | 0 | 36,395 | 0 | 0 | 0 | 36,395 |

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------------------------|------------------|--|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| LONG-TERM BONDS | | | | | | | | | | | | |
| 1 | | Exempt obligations..... | 5,677,494 | XXX | XXX | 5,677,494 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | |
| 2 | 1 | Highest quality..... | 13,750,273 | XXX | XXX | 13,750,273 | 0.0004 | 5,500 | 0.0023 | 31,626 | 0.0030 | |
| 3 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | |
| 4 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | |
| 5 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | |
| 6 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | |
| 7 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | |
| 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)..... | 19,427,767 | XXX | XXX | 19,427,767 | XXX | 5,500 | XXX | 31,626 | XXX | |
| PREFERRED STOCKS | | | | | | | | | | | | |
| 10 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | |
| 11 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | |
| 12 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | |
| 13 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | |
| 14 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | |
| 15 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | |
| 16 | | Affiliated life with AVR..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | |
| 17 | | Total preferred stocks (sum of Lines 10 through 16)..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| SHORT-TERM BONDS | | | | | | | | | | | | |
| 18 | | Exempt obligations..... | 3,013,827 | XXX | XXX | 3,013,827 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | |
| 19 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | |
| 20 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | |
| 21 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | |
| 22 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | |
| 23 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | |
| 24 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | |
| 25 | | Total short-term bonds (sum of Lines 18 thru 24)..... | 3,013,827 | XXX | XXX | 3,013,827 | XXX | 0 | XXX | 0 | XXX | |
| DERIVATIVE INSTRUMENTS | | | | | | | | | | | | |
| 26 | | Exchange traded..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | |
| 27 | 1 | Highest quality..... | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | |
| 28 | 2 | High quality..... | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | |
| 29 | 3 | Medium quality..... | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | |
| 30 | 4 | Low quality..... | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | |
| 31 | 5 | Lower quality..... | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | |
| 32 | 6 | In or near default..... | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | |
| 33 | | Total derivative instruments..... | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| 34 | | Total (Lines 9 + 17 + 25 + 33)..... | 22,441,594 | XXX | XXX | 22,441,594 | XXX | 5,500 | XXX | 31,626 | XXX | |

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|--|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|-----------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| | | MORTGAGE LOANS | | | | | | | | | | |
| | | In good standing: | | | | | | | | | | |
| 35 | | Farm mortgages - CM1 - highest quality..... | | | XXX..... | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | 0 |
| 36 | | Farm mortgages - CM2 - high quality..... | | | XXX..... | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 37 | | Farm mortgages - CM3 - medium quality..... | | | XXX..... | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | 0 |
| 38 | | Farm mortgages - CM4 - low medium quality..... | | | XXX..... | 0 | 0.0105 | 0 | 0.0300 | 0 | 0.0375 | 0 |
| 39 | | Farm mortgages - CM5 - low quality..... | | | XXX..... | 0 | 0.0160 | 0 | 0.0425 | 0 | 0.0550 | 0 |
| 40 | | Residential mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 41 | | Residential mortgages-all other..... | | | XXX..... | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 |
| 42 | | Commercial mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 43 | | Commercial mortgages-all other - CM1 - highest quality..... | | | XX..... | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | 0 |
| 44 | | Commercial mortgages-all other - CM2 - high quality..... | | | XX..... | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 45 | | Commercial mortgages-all other - CM3 - medium quality..... | | | XXX..... | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | 0 |
| 46 | | Commercial mortgages-all other - CM4 - low medium quality..... | | | XXX..... | 0 | 0.0105 | 0 | 0.0300 | 0 | 0.0375 | 0 |
| 47 | | Commercial mortgages-all other - CM5 - low quality..... | | | XXX..... | 0 | 0.0160 | 0 | 0.0425 | 0 | 0.0550 | 0 |
| | | Overdue, not in process: | | | | | | | | | | |
| 48 | | Farm mortgages..... | | | XXX..... | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| 49 | | Residential mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 50 | | Residential mortgages-all other..... | | | XXX..... | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 51 | | Commercial mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 52 | | Commercial mortgages-all other..... | | | XXX..... | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| | | In process of foreclosure: | | | | | | | | | | |
| 53 | | Farm mortgages..... | | | XXX..... | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 54 | | Residential mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 55 | | Residential mortgages-all other..... | | | XXX..... | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | 0 |
| 56 | | Commercial mortgages-insured or guaranteed..... | | | XXX..... | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 57 | | Commercial mortgages-all other..... | | | XXX..... | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 58 | | Total Schedule B mortgages (sum of Lines 35 through 57)..... | 0 | 0 | XXX..... | 0 | XXX..... | 0 | XXX..... | 0 | XXX..... | 0 |
| 59 | | Schedule DA mortgages..... | | | XXX..... | 0 | 0.0030 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 60 | | Total mortgage loans on real estate (Lines 58 + 59)..... | 0 | 0 | XXX..... | 0 | XXX..... | 0 | XXX..... | 0 | XXX..... | 0 |

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

| Line Number | NAIC Designation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|--|-----------------------------------|--|-----------------------------------|---|--------------------|---------------------------|-------------------|---------------------------|---------------------|----------------------------|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| 32 | | COMMON STOCK | | | | | | | | | | |
| | | Unaffiliated public..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | (a).....0.1300 | 0..... | (a).....0.1300..... | |
| | | Unaffiliated private..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.1600..... | 0..... | 0.1600..... | |
| | | Federal Home Loan Bank..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.0050..... | 0..... | 0.0080..... | |
| | | Affiliated life with AVR..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.0000..... | 0..... | 0.0000..... | |
| | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| | | Fixed income exempt obligations..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income highest quality..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income high quality..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income medium quality..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income low quality..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income lower quality..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Fixed income in or near default..... | | | | 0..... | XXX..... | | XXX..... | | XXX..... | |
| | | Unaffiliated common stock public..... | | | | 0..... | 0.0000 | 0..... | (a).....0.1300 | 0..... | (a).....0.1300..... | |
| | | Unaffiliated common stock private..... | | | | 0..... | 0.0000 | 0..... | 0.1600..... | 0..... | 0.1600..... | |
| | | Real estate..... | | | | 0..... | (b).....0.0000 | 0..... | (b).....0.1300 | 0..... | (b).....0.1300..... | |
| | | Affiliated - certain other (see SVO Purposes and Procedures manual)..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.1600..... | 0..... | 0.1600..... | |
| | | Affiliated - all other..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.1600..... | 0..... | 0.1600..... | |
| | | Total common stock (sum of Lines 1 through 16)..... | 0..... | 0..... | 0..... | 0..... | XXX..... | 0..... | XXX..... | 0..... | XXX..... | |
| | | REAL ESTATE | | | | | | | | | | |
| 18 | | Home office property (General Account only)..... | | | | | | | | | | |
| | | Investment properties..... | | | | | | | | | | |
| | | Properties acquired in satisfaction of debt..... | | | | | | | | | | |
| | | Total real estate (sum of Lines 18 through 20)..... | 0..... | 0..... | 0..... | 0..... | XXX..... | 0..... | XXX..... | 0..... | XXX..... | |
| 22 | 1 | OTHER INVESTED ASSETS | | | | | | | | | | |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS | | | | | | | | | | |
| | | Exempt obligations..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.0000 | 0..... | 0.0000..... | |
| | | Highest quality..... | | XXX..... | XXX..... | 0..... | 0.0004 | 0..... | 0.0023 | 0..... | 0.0030..... | |
| | | High quality..... | | XXX..... | XXX..... | 0..... | 0.0019 | 0..... | 0.0058 | 0..... | 0.0090..... | |
| | | Medium quality..... | | XXX..... | XXX..... | 0..... | 0.0093 | 0..... | 0.0230 | 0..... | 0.0340..... | |
| | | Low quality..... | | XXX..... | XXX..... | 0..... | 0.0213 | 0..... | 0.0530 | 0..... | 0.0750..... | |
| | | Lower quality..... | | XXX..... | XXX..... | 0..... | 0.0432 | 0..... | 0.1100 | 0..... | 0.1700..... | |
| | | In or near default..... | | XXX..... | XXX..... | 0..... | 0.0000 | 0..... | 0.2000 | 0..... | 0.2000..... | |
| | | Total with bond characteristics (sum of Lines 22 through 28)..... | 0..... | XXX..... | XXX..... | 0..... | XXX..... | 0..... | XXX..... | 0..... | XXX..... | |

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

| Line Number | NAIC Designation | Description | 1 | 2 | 3 | 4 | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|-------------|------------------|--|------------------------------|---------------------------------------|------------------------------|--|--------------------|------------------------|-------------------|------------------------|-----------------|-------------------------|
| | | | Book/Adjusted Carrying Value | Reclassify Related Party Encumbrances | Add Third Party Encumbrances | Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS | | | | | | | | | | |
| 30 | 1 | Highest quality..... |XXX..... |XXX..... |0..... |0..... |0004..... |0..... |0023..... |0..... |0030..... |0..... |
| 31 | 2 | High quality..... |XXX..... |XXX..... |0..... |0..... |0019..... |0..... |0058..... |0..... |0090..... |0..... |
| 32 | 3 | Medium quality..... |XXX..... |XXX..... |0..... |0..... |0093..... |0..... |0230..... |0..... |0340..... |0..... |
| 33 | 4 | Low quality..... |XXX..... |XXX..... |0..... |0..... |0213..... |0..... |0530..... |0..... |0750..... |0..... |
| 34 | 5 | Lower quality..... |XXX..... |XXX..... |0..... |0..... |0432..... |0..... |1100..... |0..... |1700..... |0..... |
| 35 | 6 | In or near default..... |XXX..... |XXX..... |0..... |0..... |0000..... |0..... |2000..... |0..... |2000..... |0..... |
| 36 | | Affiliated life with AVR..... |XXX..... |XXX..... |0..... |0..... |0000..... |0..... |0000..... |0..... |0000..... |0..... |
| 37 | | Total with preferred stock characteristics (sum of Lines 30 through 36)..... |0..... |XXX..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |
| 33 | | INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS | | | | | | | | | | |
| | | In Good Standing Affiliated: | | | | | | | | | | |
| | 38 | Mortgages - CM1 - highest quality..... |XXX..... |0..... |0..... |0..... |0010..... |0..... |0050..... |0..... |0065..... |0..... |
| | 39 | Mortgages - CM2 - high quality..... |XXX..... |0..... |0..... |0..... |0035..... |0..... |0100..... |0..... |0130..... |0..... |
| | 40 | Mortgages - CM3 - medium quality..... |XXX..... |0..... |0..... |0..... |0060..... |0..... |0175..... |0..... |0225..... |0..... |
| | 41 | Mortgages - CM4 - low medium quality..... |XXX..... |0..... |0..... |0..... |0105..... |0..... |0300..... |0..... |0375..... |0..... |
| | 42 | Mortgages - CM5 - low quality..... |XXX..... |0..... |0..... |0..... |0160..... |0..... |0425..... |0..... |0550..... |0..... |
| | 43 | Residential mortgages-insured or guaranteed..... |XXX..... |0..... |0..... |0..... |0003..... |0..... |0006..... |0..... |0010..... |0..... |
| | 44 | Residential mortgages-all other..... |XXX..... |XXX..... |0..... |0..... |0013..... |0..... |0030..... |0..... |0040..... |0..... |
| | 45 | Commercial mortgages-insured or guaranteed..... |XXX..... |XXX..... |0..... |0..... |0003..... |0..... |0006..... |0..... |0010..... |0..... |
| | | Overdue, Not in Process Affiliated: | | | | | | | | | | |
| | 46 | Farm mortgages..... |XXX..... |0..... |0..... |0..... |0420..... |0..... |0760..... |0..... |01200..... |0..... |
| | 47 | Residential mortgages-insured or guaranteed..... |XXX..... |0..... |0..... |0..... |0005..... |0..... |0012..... |0..... |0020..... |0..... |
| | 48 | Residential mortgages-all other..... |XXX..... |0..... |0..... |0..... |0025..... |0..... |0058..... |0..... |0090..... |0..... |
| | 49 | Commercial mortgages-insured or guaranteed..... |XXX..... |0..... |0..... |0..... |0005..... |0..... |0012..... |0..... |0020..... |0..... |
| | 50 | Commercial mortgages-all other..... |XXX..... |0..... |0..... |0..... |0420..... |0..... |0760..... |0..... |01200..... |0..... |
| | | In Process of foreclosure Affiliated: | | | | | | | | | | |
| | 51 | Farm mortgages..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |01700..... |0..... |01700..... |0..... |
| | 52 | Residential mortgages-insured or guaranteed..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |0040..... |0..... |0040..... |0..... |
| | 53 | Residential mortgages-all other..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |0130..... |0..... |0130..... |0..... |
| | 54 | Commercial mortgages-insured or guaranteed..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |0040..... |0..... |0040..... |0..... |
| | 55 | Commercial mortgages-all other..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |01700..... |0..... |01700..... |0..... |
| | 56 | Total Affiliated (Sum of Lines 38 through 55)..... |0..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |
| | 57 | Unaffiliated - In Good Standing with Covenants..... |XXX..... |0..... |0..... |0..... |(c)..... |0..... |(c)..... |0..... |(c)..... |0..... |
| | 58 | Unaffiliated - In Good Standing Defeased with Government Securities..... |XXX..... |0..... |0..... |0..... |0010..... |0..... |0050..... |0..... |0065..... |0..... |
| | 59 | Unaffiliated - In Good Standing Primarily Senior..... |XXX..... |0..... |0..... |0..... |0035..... |0..... |0100..... |0..... |0130..... |0..... |
| | 60 | Unaffiliated - In Good Standing All Other..... |XXX..... |0..... |0..... |0..... |0060..... |0..... |0175..... |0..... |0225..... |0..... |
| | 61 | Unaffiliated - Overdue, Not in Process..... |XXX..... |0..... |0..... |0..... |0420..... |0..... |0760..... |0..... |01200..... |0..... |
| | 62 | Unaffiliated - In Process of Foreclosure..... |XXX..... |0..... |0..... |0..... |0000..... |0..... |01700..... |0..... |01700..... |0..... |
| | 63 | Total Unaffiliated (Sum of Lines 57 through 62)..... |0..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |
| | 64 | Total with Mortgage Loan Characteristics (Lines 56 + 63)..... |0..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |XXX..... |0..... |

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

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

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

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

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

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | Total | | Group Accident and Health | | Credit Accident and Health (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | |
|--|-------|-----------|---------------------------|-----------|---|----------|------------------------|----------|----------------------------|----------|---------|-------------|----------|-------------|----------|-------------|----------|
| | | | 3 | 4 | 5 | 6 | | | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
| | 1 | 2 | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount | % | Amount |
| PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS | | | | | | | | | | | | | | | | | |
| 1. Premiums written..... | | 5,833,564 |XXX.... | 5,130,133 |XXX.... | ..... | ....XXX.... | ..... | ....XXX.... | ..... | 703,431 |XXX.... | ..... | ....XXX.... | ..... | ....XXX.... | ..... |
| 2. Premiums earned..... | | 5,833,564 |XXX.... | 5,130,133 |XXX.... | ..... | ....XXX.... | ..... | ....XXX.... | ..... | 703,431 |XXX.... | ..... | ....XXX.... | ..... | ....XXX.... | ..... |
| 3. Incurred claims..... | | 4,662,666 |79.9 | 4,237,519 |82.6 |0 |0.0 |0 |0.0 |0 | 425,147 |60.4 |0 |0.0 |0 |0.0 |0 |
| 4. Cost containment expenses..... | | 17,270 |0.3 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 | 17,270 |2.5 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 5. Incurred claims and cost containment expenses (Lines 3 and 4)..... | | 4,679,936 |80.2 | 4,237,519 |82.6 |0 |0.0 |0 |0.0 |0 | 442,417 |62.9 |0 |0.0 |0 |0.0 |0 |
| 6. Increase in contract reserves..... | | 0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 7. Commissions (a)..... | | 339,483 |5.8 | 275,138 |5.4 |0.0 |0.0 |0.0 |0.0 |0.0 | 64,345 |9.1 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 8. Other general insurance expenses..... | | 1,202,818 |20.6 | 1,160,486 |22.6 |0.0 |0.0 |0.0 |0.0 |0.0 | 42,332 |6.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 9. Taxes, licenses and fees..... | | 248,461 |4.3 | 120,516 |2.3 |0.0 |0.0 |0.0 |0.0 |0.0 | 127,945 |18.2 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 10. Total other expenses incurred..... | | 1,790,762 |30.7 | 1,556,140 |30.3 |0 |0.0 |0 |0.0 |0 | 234,622 |33.4 |0 |0.0 |0 |0.0 |0 |
| 11. Aggregate write-ins for deductions..... | | 0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 12. Gain from underwriting before dividends or refunds..... | | (637,134) |(10.9) | (663,526) |(12.9) |0 |0.0 |0 |0.0 |0 | 26,392 |3.8 |0 |0.0 |0 |0.0 |0 |
| 13. Dividends or refunds..... | | 0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 14. Gain from underwriting after dividends or refunds..... | | (637,134) |(10.9) | (663,526) |(12.9) |0 |0.0 |0 |0.0 |0 | 26,392 |3.8 |0 |0.0 |0 |0.0 |0 |

37

DETAILS OF WRITE-INS

| | | | | | | | | | | | | | | | | | |
|---|---|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| 1101. | 0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 1102. | 0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 1103. | 0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |
| 1199. Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)..... | 0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0 |0.0 |0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |0.0 |

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

| | 1 Total | 2 Group Accident and Health | 3 Credit Accident and Health (Group and Individual) | 4 Collectively Renewable | Other Individual Contracts | | | | |
|--|------------|--------------------------------------|--|--------------------------------|----------------------------|------------------------------|---|-----------------------------|----------------|
| | | | | | 5 Non-Cancelable | 6 Guaranteed Renewable | 7 Non-Renewable for Stated Reasons Only | 8 Other Accident Only | 9 All Other |
| PART 2 - RESERVES AND LIABILITIES | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums..... | 0 | | | | | | | | |
| 2. Advance premiums..... | 302,170 | | 78,523 | | | | 223,647 | | |
| 3. Reserve for rate credits..... | 0 | | | | | | | | |
| 4. Total premium reserves, current year..... | 302,170 | | 78,523 | 0 | 0 | 0 | 223,647 | 0 | 0 |
| 5. Total premium reserves, prior year..... | 112,846 | | 80,779 | | | | 32,067 | | |
| 6. Increase in total premium reserves..... | 189,324 | | (2,256) | 0 | 0 | 0 | 191,580 | 0 | 0 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a)..... | 0 | | | | | | | | |
| 2. Reserve for future contingent benefits..... | 0 | | | | | | | | |
| 3. Total contract reserves, current year..... | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Total contract reserves, prior year..... | 0 | | | | | | | | |
| 5. Increase in contract reserves..... | 0 | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year..... | 1,067,000 | | 1,082,000 | 0 | 0 | 0 | (15,000) | 0 | 0 |
| 2. Total prior year..... | 827,000 | | 840,333 | | | | (13,333) | | |
| 3. Increase..... | 240,000 | | 241,667 | 0 | 0 | 0 | (1,667) | 0 | 0 |

3

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..... | 963,737 | | 952,140 | | | | 11,597 | | |
| 1.2 On claims incurred during current year..... | 3,458,929 | | 3,043,712 | | | | 415,217 | | |
| 2. Claim Reserves and Liabilities, December 31, Current Year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year..... | (71,061) | | | | | | (71,061) | | |
| 2.2 On claims incurred during current year..... | 1,138,061 | | 1,082,000 | | | | 56,061 | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1..... | 892,676 | | 952,140 | 0 | 0 | 0 | (59,464) | 0 | 0 |
| 3.2 Claim reserves and liabilities, December 31, prior year..... | 827,000 | | 840,333 | | | | (13,333) | | |
| 3.3 Line 3.1 minus Line 3.2..... | 65,676 | | 111,807 | 0 | 0 | 0 | (46,131) | 0 | 0 |

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..... | 2,406,101 | | 2,406,101 | | | | | | |
| 2. Premiums earned..... | 2,406,101 | | 2,406,101 | | | | | | |
| 3. Incurred claims..... | 2,401,571 | | 2,401,571 | | | | | | |
| 4. Commissions..... | 0 | | | | | | | | |

(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..... | 6,643,643 | | 420,594 | 7,064,237 |
| 2. Beginning claim reserves and liabilities..... | 9,593,333 | | (13,333) | 9,580,000 |
| 3. Ending claim reserves and liabilities..... | 10,422,000 | | (15,000) | 10,407,000 |
| 4. Claims paid..... | 5,814,976 | 0 | 422,261 | 6,237,237 |
| 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..... | 2,401,571 | | | 2,401,571 |
| 10. Beginning claim reserves and liabilities..... | 8,753,000 | | | 8,753,000 |
| 11. Ending claim reserves and liabilities..... | 9,340,000 | | | 9,340,000 |
| 12. Claims paid..... | 1,814,571 | 0 | 0 | 1,814,571 |
| D. Net: | | | | |
| 13. Incurred claims..... | 4,242,072 | 0 | 420,594 | 4,662,666 |
| 14. Beginning claim reserves and liabilities..... | 840,333 | 0 | (13,333) | 827,000 |
| 15. Ending claim reserves and liabilities..... | 1,082,000 | 0 | (15,000) | 1,067,000 |
| 16. Claims paid..... | 4,000,405 | 0 | 422,261 | 4,422,666 |
| E. Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. Incurred claims and cost containment expenses..... | 4,242,072 | | 437,864 | 4,679,936 |
| 18. Beginning reserves and liabilities..... | 841,309 | | 2,303 | 843,612 |
| 19. Ending reserves and liabilities..... | 1,082,000 | | (10,486) | 1,071,514 |
| 20. Paid claims and cost containment expenses..... | 4,001,381 | 0 | 450,653 | 4,452,034 |

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 | | | | | | |
| 97071..... | 13-3126819.... | 01/01/2011 | SCOR Global Life USA Reassurance Company..... | KS..... |690,614 |612,771 |
| 0899999. | Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates..... | | | |690,614 |612,771 |
| 1099999. | Total - Life and Annuity Non-Affiliates..... | | | |690,614 |612,771 |
| 1199999. | Total - Life and Annuity..... | | | |690,614 |612,771 |
| 2399999. | Total U.S..... | | | |690,614 |612,771 |
| 9999999. | Total..... | | | |690,614 |612,771 |

SCHEDULE S - PART 3 - SECTION 1

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

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

| 1 NAIC Company Code | 2 ID Number | 3 Effective Date | 4 Name of Company | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Ceded | 7 Type of Business Ceded | 8 Amount In Force at End of Year | Reserve Credit Taken | | 11 Premiums | Outstanding Surplus Relief | | 14 Modified Coinsurance Reserve | 15 Funds Withheld Under Coinsurance |
|------------------------------|-------------------|------------------------|----------------------|----------------------------------|--------------------------------------|-----------------------------------|---|----------------------|---------------------|----------------|----------------------------|---------------------|--|---|
| | | | | | | | | 9 Current Year | 10 Prior Year | | 12 Current Year | 13 Prior Year | | |

General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates

| | | | | | | | | | | | | | | |
|------------|--|------------|---|---------|------------|---------|-------------|--------------|--------------|----------------|--------|--------|--------|--------|
| 97071..... | 13-3126819.... | 01/01/2011 | SCOR Global Life USA Reassurance Company..... | KS..... | OTH/G..... | OL..... | 510,293,230 |162,000 |285,000 |866,689 | ..... | ..... | ..... | ..... |
| 97071..... | 13-3126819.... | 01/01/2014 | SCOR Global Life USA Reassurance Company..... | KS..... | ADB/G..... | OL..... | ..... | .....128,000 |108,000 |1,170,071 | ..... | ..... | ..... | ..... |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |
| 1199999. | Total - General Account - Authorized..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |
| 6999999. | Total U.S..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |
| 9999999. | Total..... | ..... | ..... | ..... | ..... | ..... | 510,293,230 |290,000 |393,000 |2,036,760 |0 |0 |0 |0 |

SCHEDULE S - PART 3 - SECTION 2

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

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

General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates

| | | | | | | | | | | | | | |
|------------|--|--------------|---|---------|------------|-----------|-----------|--------|-----------|--------|--------|--------|--------|
| 68381..... | 36-0883760.... | ..01/01/2008 | Reliance Standard Life Insurance Company..... | PA..... | OTH/G..... | LTDI..... | 2,406,101 | ..... | 9,340,000 | ..... | ..... | ..... | ..... |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |
| 1199999. | Total - General Account - Authorized..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |
| 6999999. | Total - U.S..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |
| 9999999. | Total..... | | | | | | 2,406,101 |0 | 9,340,000 |0 |0 |0 |0 |

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

| | 1 2015 | 2 2014 | 3 2013 | 4 2012 | 5 2011 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums and annuity considerations for life and accident and health contracts..... | 4,443 | 4,533 | 69,842 | 67,523 | 65,324 |
| 2. Commissions and reinsurance expense allowances..... | | | | | |
| 3. Contract claims..... | 3,840 | 3,214 | 81,112 | 74,176 | 65,571 |
| 4. Surrender benefits and withdrawals for life contracts..... | | | | | |
| 5. Dividends to policyholders..... | | | | | |
| 6. Reserve adjustments on reinsurance ceded..... | | | | | |
| 7. Increase in aggregate reserves for life and accident and health contracts..... | | | 578 | 1,878 | 1,617 |
| B. BALANCE SHEET ITEMS | | | | | |
| 8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected..... | 370 | 371 | | | |
| 9. Aggregate reserves for life and accident and health contracts..... | | | 6,789 | 6,211 | 4,333 |
| 10. Liability for deposit-type contracts..... | | | | | |
| 11. Contract claims unpaid..... | 613 | 449 | 6,234 | 10,283 | 7,368 |
| 12. Amounts recoverable on reinsurance..... | 691 | 75 | 5,352 | 7,432 | 5,519 |
| 13. Experience rating refunds due or unpaid..... | | | | | |
| 14. Policyholders' dividends (not included in Line 10)..... | | | | | |
| 15. Commissions and reinsurance expense allowances due..... | | | | | |
| 16. Unauthorized reinsurance offset..... | | | | | |
| 17. Offset for reinsurance with certified reinsurers..... | | | | | XXX..... |
| 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..... |

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)..... | 30,577,244 | | 30,577,244 |
| 2. Reinsurance (Line 16)..... | 690,614 | | 690,614 |
| 3. Premiums and considerations (Line 15)..... | 3,086,436 | 370,300 | 3,456,736 |
| 4. Net credit for ceded reinsurance..... | XXX | 9,744,471 | 9,744,471 |
| 5. All other admitted assets (balance)..... | 3,221,325 | | 3,221,325 |
| 6. Total assets excluding Separate Accounts (Line 26)..... | 37,575,619 | 10,114,771 | 47,690,390 |
| 7. Separate Account Assets (Line 27)..... | | | 0 |
| 8. Total assets (Line 28)..... | 37,575,619 | 10,114,771 | 47,690,390 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 9. Contract reserves (Lines 1 and 2)..... | 2,916,000 | 9,502,000 | 12,418,000 |
| 10. Liability for deposit-type contracts (Line 3)..... | | | 0 |
| 11. Claim reserves (Line 4)..... | 3,977,216 | 612,771 | 4,589,987 |
| 12. Policyholder dividends/reserves (Lines 5 through 7)..... | | | 0 |
| 13. Premium & annuity considerations received in advance (Line 8)..... | 578,862 | | 578,862 |
| 14. Other contract liabilities (Line 9)..... | 6,323,873 | | 6,323,873 |
| 15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)..... | | | 0 |
| 16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)..... | | | 0 |
| 17. Reinsurance with certified reinsurers (Line 24.02 inset amount)..... | | | 0 |
| 18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)..... | | | 0 |
| 19. All other liabilities (balance)..... | 2,171,697 | | 2,171,697 |
| 20. Total liabilities excluding Separate Accounts (Line 26)..... | 15,967,648 | 10,114,771 | 26,082,419 |
| 21. Separate Account liabilities (Line 27)..... | | | 0 |
| 22. Total liabilities (Line 28)..... | 15,967,648 | 10,114,771 | 26,082,419 |
| 23. Capital & surplus (Line 38)..... | 21,607,971 | XXX | 21,607,971 |
| 24. Total liabilities, capital & surplus (Line 39)..... | 37,575,619 | 10,114,771 | 47,690,390 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 25. Contract reserves..... | 9,502,000 | | |
| 26. Claim reserves..... | 612,771 | | |
| 27. Policyholder dividends/reserves..... | 0 | | |
| 28. Premium & annuity considerations received in advance..... | 0 | | |
| 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..... | 10,114,771 | | |
| 34. Premiums and considerations..... | 370,300 | | |
| 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..... | 370,300 | | |
| 41. Total net credit for ceded reinsurance..... | 9,744,471 | | |

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 | | | | | 0 |
| 2. Alaska..... | .AK | | | | | 0 |
| 3. Arizona..... | .AZ | | | | | 0 |
| 4. Arkansas..... | .AR | | | | | 0 |
| 5. California..... | .CA | | | | | 0 |
| 6. Colorado..... | .CO | | | | | 0 |
| 7. Connecticut..... | .CT | | | | | 0 |
| 8. Delaware..... | .DE | | | | | 0 |
| 9. District of Columbia..... | .DC | | | | | 0 |
| 10. Florida..... | .FL | | | | | 0 |
| 11. Georgia..... | .GA | 21,602 | | .814 | | 22,416 |
| 12. Hawaii..... | .HI | | | | | 0 |
| 13. Idaho..... | .ID | | | | | 0 |
| 14. Illinois..... | .IL | | | | | 0 |
| 15. Indiana..... | .IN | 46,385 | | .29,261 | | 75,646 |
| 16. Iowa..... | .IA | | | | | 0 |
| 17. Kansas..... | .KS | | | | | 0 |
| 18. Kentucky..... | .KY | | | | | 0 |
| 19. Louisiana..... | .LA | | | | | 0 |
| 20. Maine..... | .ME | | | | | 0 |
| 21. Maryland..... | .MD | | | | | 0 |
| 22. Massachusetts..... | .MA | | | | | 0 |
| 23. Michigan..... | .MI | 804,052 | | .8,967 | | 813,019 |
| 24. Minnesota..... | .MN | | | | | 0 |
| 25. Mississippi..... | .MS | | | | | 0 |
| 26. Missouri..... | .MO | | | | | 0 |
| 27. Montana..... | .MT | | | | | 0 |
| 28. Nebraska..... | .NE | | | | | 0 |
| 29. Nevada..... | .NV | | | | | 0 |
| 30. New Hampshire..... | .NH | | | | | 0 |
| 31. New Jersey..... | .NJ | | | | | 0 |
| 32. New Mexico..... | .NM | | | | | 0 |
| 33. New York..... | .NY | | | | | 0 |
| 34. North Carolina..... | .NC | | | | | 0 |
| 35. North Dakota..... | .ND | | | | | 0 |
| 36. Ohio..... | .OH | 23,861,142 | | .6,809,663 | | .30,670,805 |
| 37. Oklahoma..... | .OK | | | | | 0 |
| 38. Oregon..... | .OR | | | | | 0 |
| 39. Pennsylvania..... | .PA | 1,399 | | .1,046 | | .2,445 |
| 40. Rhode Island..... | .RI | | | | | 0 |
| 41. South Carolina..... | .SC | 441,985 | | .686,483 | | 1,128,468 |
| 42. South Dakota..... | .SD | | | | | 0 |
| 43. Tennessee..... | .TN | | | | | 0 |
| 44. Texas..... | .TX | | | | | 0 |
| 45. Utah..... | .UT | | | | | 0 |
| 46. Vermont..... | .VT | | | | | 0 |
| 47. Virginia..... | .VA | | | | | 0 |
| 48. Washington..... | .WA | | | | | 0 |
| 49. West Virginia..... | .WV | 3,409 | | | | .3,409 |
| 50. Wisconsin..... | .WI | | | | | 0 |
| 51. Wyoming..... | .WY | | | | | 0 |
| 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 | | | | | 0 |
| 58. Aggregate Other Alien..... | .OT | | | | | 0 |
| 59. Totals..... | | 25,179,974 | 0 | .7,536,234 | 0 | .32,716,208 |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 Name of Securities Exchange if Publicly Traded (U.S. or International) | 8 Names of Parent, Subsidiaries or Affiliates | 9 Domiciliary Location | 10 Relationship to Reporting Entity | 11 Directly Controlled by (Name of Entity/Person) | 12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13 If Control is Ownership Provide Percentage | 14 Ultimate Controlling Entity(ies)/Person(s) | 15 |
|----------------|-----------------------------|-------------------------|--------------|-----------------|-------|---|--|------------------------------|--|---|--|---|---|-------|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | | | | | | | | | * |
| Members | | | | | | | | | | | | | | |
| 0730..... | Medical Mutual of Ohio..... | 29076... | 34-0648820.. | ..... | ..... | ..... | Medical Mutual of Ohio..... | OH..... | UDP..... | Medical Mutual of Ohio..... | Ownership..... | ...100.000 | Medical Mutual of Ohio..... | ..... |
| 0730..... | Medical Mutual of Ohio..... | 95828... | 34-1442712.. | ..... | ..... | ..... | Medical Health Insuring Corporation of Ohio..... | OH..... | DS..... | Medical Mutual of Ohio..... | Ownership..... | ...100.000 | Medical Mutual of Ohio..... | ..... |
| 0730..... | Medical Mutual of Ohio..... | 62375... | 21-0706531.. | ..... | ..... | ..... | Consumers Life Insurance Company..... | OH..... | DS..... | Medical Mutual of Ohio..... | Ownership..... | ...100.000 | Medical Mutual of Ohio..... | ..... |
| ..... | Medical Mutual of Ohio..... | ..... | 34-1922587.. | ..... | ..... | ..... | Medical Mutual Services, LLC..... | OH..... | DS..... | Medical Mutual of Ohio..... | Ownership..... | ...100.000 | Medical Mutual of Ohio..... | ..... |
| ..... | Medical Mutual of Ohio..... | ..... | 26-1509189.. | ..... | ..... | ..... | Talus Brokerage Services, LLC..... | OH..... | DS..... | Medical Mutual of Ohio..... | Ownership..... | ...100.000 | Medical Mutual of Ohio..... | ..... |

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

| 1 NAIC Company Code | 2 ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | 6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred under Reinsurance Agreements | 10 * | 11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12 | 13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|--------------------------------|---------------------|---|-------------------------------|-------------------------------|--|--|--|--|---------|--|----|---|
| Affiliated Transactions | | | | | | | | | | | | |
| 29076..... | 34-0648820..... | Medical Mutual of Ohio..... | | | | | | 220,657,254 | | | | 220,657,254 |
| 95828..... | 34-1442712..... | Medical Health Insuring Corporation of Ohio..... | | | | | | (14,041,933) | | | | (14,041,933) |
| 62375..... | 21-0706531..... | Consumers Life Insurance Company..... | | | | | | (828,948) | | | | (828,948) |
| | 34-1913462..... | Medical Mutual Services, LLC..... | | | | | | (205,786,373) | | | | (205,786,373) |
| 9999999. | Control Totals..... | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

APRIL FILING

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?
7. Will the Adjustment Form (if required) be filed with state of domicile and the NAIC by April 1?
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

JUNE FILING

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

AUGUST FILING

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

| | |
|---|-----|
| The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions. | |
| MARCH FILING | |
| 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? | NO |
| 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | YES |
| 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1? | NO |
| 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15? | YES |
| APRIL FILING | |
| 41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? | YES |
| 43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 44. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? | NO |
| 46. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? | NO |
| 47. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | YES |
| 48. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | YES |
| 49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? | YES |
| 50. Will the Supplemental XXX/XXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| AUGUST FILING | |
| 51. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

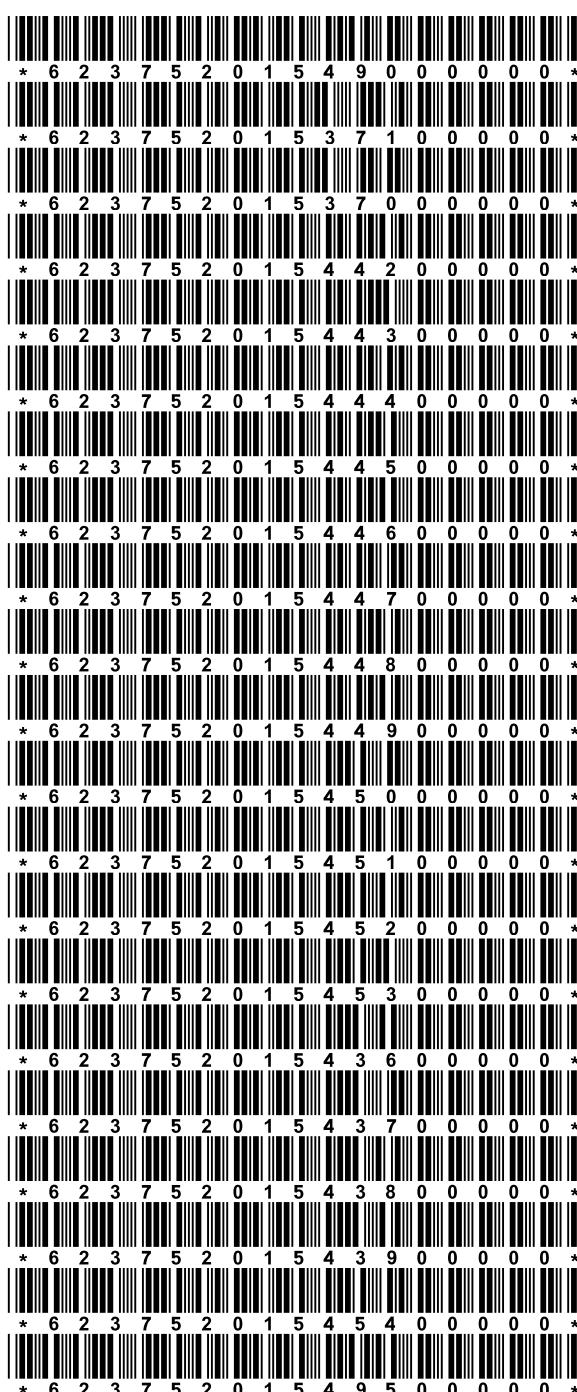
Consumers Life Insurance Company

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

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12. This line of business is not written by the company.
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33. This line of business is not written by the company.
34. This line of business is not written by the company.

BAR CODE:

Consumers Life Insurance Company
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

36. This line of business is not written by the company.



37. This line of business is not written by the company.



38. This line of business is not written by the company.



39. This line of business is not written by the company.

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Overflow Page
NONE

Overflow Page
NONE

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2015

(To Be Filed by March 1)

FOR THE STATE OF.....Ohio

NAIC Group Code.....730

Address (City, State and Zip Code).....Cleveland, OH 44115

Person Completing This Exhibit.....Charles Kuhn

NAIC Company Code.....62375

Title.....Director, Actuarial Services.....Telephone Number.....216-687-6528

| 1 Compliance with OBRA | 2 Policy Form Number | 3 Standardized Medicare Supplement Benefit Plan | 4 Medicare Select | 5 Plan Characteristics | 6 Date Approved | 7 Date Approval Withdrawn | 8 Date Last Amended | 9 Date Closed | 10 Policy Marketing Trade Name | Policies Issued Through 2012 | | | Policies Issued in 2013, 2014 & 2015 | | | | |
|------------------------------|-------------------------------|---|-------------------------|------------------------------|-----------------------|------------------------------------|------------------------------|---------------------|--------------------------------------|------------------------------|-----------------|--|--------------------------------------|--------------------------|-----------------|--|-------------------------------------|
| | | | | | | | | | | 11 Premiums Earned | Incurred Claims | | 14 Number of Covered Lives | 15 Premiums Earned | Incurred Claims | | 18 Number of Covered Lives |
| | | | | | | | | | | | 12 Amount | 13 Percent of Premiums Earned | | | 16 Amount | 17 Percent of Premiums Earned | |
| | | | | | | | | | | | | | | | | | |

Individual Policies

| | | | | | | | | | | | | | | | | |
|--------------|---|--------|---------|---------|------------|-------|-------|------------|--|--------------|--------------|-----------|----------|-------|--------|----------|
|Yes..... | STM-NG2006-A..... | A..... | NO..... | 34..... | 12/05/2005 | ..... | ..... | 12/31/2007 | Medicare Supplement Individual Policy - Plan A |3,973 |2,341 |58.9 |2 | ..... | ..... | .....0.0 |
|Yes..... | STM-NG2006-C..... | C..... | NO..... | 34..... | 12/05/2005 | ..... | ..... | 12/31/2007 | Medicare Supplement Individual Policy - Plan C |231,720 |160,628 |69.3 |83 | ..... | ..... | .....0.0 |
|Yes..... | STM-NG2006-F..... | F..... | NO..... | 34..... | 12/05/2005 | ..... | ..... | 12/31/2007 | Medicare Supplement Individual Policy - Plan F |467,738 |257,625 |55.1 |169 | ..... | ..... | .....0.0 |
| 0199999. | Total Policy Experience on Individual Policies. | | | | | | | | | | | | | | |0.0 |
| | | | | | | | | | | | | | | |0 | |

360.OH

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details.....
- 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.
 - Address..... 2060 East Ninth Street Cleveland Ohio 44115-1355
 - Contact person and phone number..... Nancy Ross-Bell 216-687-7299
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address..... 2060 East Ninth Street Cleveland Ohio 44115-1355
 - Contact person and phone number..... Nancy Ross-Bell 216-687-7299
- Explain any policies identified as policy type "O".

**SCHEDULE O SUPPLEMENT**

For the year ended December 31, 2015

NONE

Of The....Consumers Life Insurance Company

Address (City, State, Zip Code)....Cleveland, OH 44115-1355

NAIC Group Code....730

NAIC Company Code....62375

Employer's ID Number....21-0706531

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid Policyholders | | | | |
|---------------------------------------|--------------------------------|-----------|-----------|-----------|---------------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 (a) |
| 1. Prior..... | 64,974 | 64,974 | 64,974 | 64,974 | 64,974 |
| 2. 2011..... | 15,419 | 17,442 | 17,442 | 17,442 | 17,442 |
| 3. 2012..... | XXX..... | 17,361 | 20,358 | 20,358 | 20,358 |
| 4. 2013..... | XXX..... | XXX..... | 19,421 | 22,344 | 22,344 |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | 3,329 | 4,281 |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | 3,044 |

Section B - Other Accident and Health

| | | | | | |
|---------------|----------|----------|----------|----------|-------|
| 1. Prior..... | 5,303 | 5,303 | 5,303 | 5,303 | 5,303 |
| 2. 2011..... | 1,787 | 2,046 | 2,046 | 2,046 | 2,046 |
| 3. 2012..... | XXX..... | 1,327 | 1,466 | 1,466 | 1,466 |
| 4. 2013..... | XXX..... | XXX..... | 1,819 | 2,059 | 2,059 |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | 408 | 420 |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | 415 |

Section C - Credit Accident and Health

| | | | | | |
|---------------|----------|----------|----------|----------|-------|
| 1. Prior..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2011..... | ..... | ..... | ..... | ..... | ..... |
| 3. 2012..... | XXX..... | ..... | ..... | ..... | ..... |
| 4. 2013..... | XXX..... | XXX..... | ..... | ..... | ..... |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | ..... | ..... |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | ..... |

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

SCHEDULE O SUPPLEMENT**SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Net Amounts Paid for Cost Containment Expenses | | | | |
|---------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. Prior..... | 3,537 | 3,537 | 3,537 | 3,537 | 3,537 |
| 2. 2011..... | 3,253 | 3,610 | 3,610 | 3,610 | 3,610 |
| 3. 2012..... | XXX..... | 3,063 | 3,402 | 3,402 | 3,402 |
| 4. 2013..... | XXX..... | XXX..... | 2,194 | 2,386 | 2,386 |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | 218 | 219 |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | 3 |

Section B - Other Accident and Health

| | | | | | |
|---------------|----------|----------|----------|----------|------|
| 1. Prior..... | 485 | 485 | .485 | .485 | .485 |
| 2. 2011..... | 377 | 423 | .423 | .423 | .423 |
| 3. 2012..... | XXX..... | 234 | .250 | .250 | .250 |
| 4. 2013..... | XXX..... | XXX..... | .205 | .221 | .221 |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | 27 | .28 |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | .24 |

Section C - Credit Accident and Health

| | | | | | |
|---------------|----------|----------|----------|----------|--|
| 1. Prior..... | | | | | |
| 2. 2011..... | | | | | |
| 3. 2012..... | XXX..... | | | | |
| 4. 2013..... | XXX..... | XXX..... | | | |
| 5. 2014..... | XXX..... | XXX..... | XXX..... | | |
| 6. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | |

NONE

SCHEDULE O SUPPLEMENT**SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|---------------------------------------|--|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. 2011..... | 17,710 | 19,731 | 19,731 | XXX | XXX |
| 2. 2012..... | XXX | 20,297 | 23,265 | 23,265 | XXX |
| 3. 2013..... | XXX | XXX | 21,471 | 24,364 | 24,364 |
| 4. 2014..... | XXX | XXX | XXX | 4,199 | 5,151 |
| 5. 2015..... | XXX | XXX | XXX | XXX | 4,126 |

Section B - Other Accident and Health

| | | | | | |
|--------------|-------|-------|-------|-------|-------|
| 1. 2011..... | 1,966 | 2,224 | 2,224 | XXX | XXX |
| 2. 2012..... | XXX | 1,567 | 1,701 | 1,701 | XXX |
| 3. 2013..... | XXX | XXX | 2,044 | 2,233 | 2,233 |
| 4. 2014..... | XXX | XXX | XXX | 446 | 387 |
| 5. 2015..... | XXX | XXX | XXX | XXX | 471 |

Section C - Credit Accident and Health

| | | | | | |
|--------------|-----|-----|-----|-----|-----|
| 1. 2011..... | | | | XXX | XXX |
| 2. 2012..... | XXX | | | | XXX |
| 3. 2013..... | XXX | XXX | | | |
| 4. 2014..... | XXX | XXX | XXX | | |
| 5. 2015..... | XXX | XXX | XXX | XXX | |

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|------------------------------------|---|-----------|-----------|-----------|-----------|
| | 1 2011 | 2 2012 | 3 2013 | 4 2014 | 5 2015 |
| 1. 2011..... | 20,962 | 23,341 | 23,341 | 23,341 | 23,341 |
| 2. 2012..... | XXX..... | 23,360 | 26,667 | 26,667 | 26,667 |
| 3. 2013..... | XXX..... | XXX..... | 23,665 | 26,750 | 26,750 |
| 4. 2014..... | XXX..... | XXX..... | XXX..... | 4,417 | 5,370 |
| 5. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | 4,129 |

Section B - Other Accident and Health

| | | | | | |
|--------------|----------|----------|----------|----------|-------|
| 1. 2011..... | 2,344 | 2,647 | 2,647 | 2,647 | 2,647 |
| 2. 2012..... | XXX..... | 1,801 | 1,951 | 1,951 | 1,951 |
| 3. 2013..... | XXX..... | XXX..... | 2,249 | 2,454 | 2,454 |
| 4. 2014..... | XXX..... | XXX..... | XXX..... | 473 | 414 |
| 5. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | 496 |

Section C - Credit Accident and Health

| | | | | | |
|--------------|----------|----------|----------|----------|-------|
| 1. 2011..... | ..... | ..... | ..... | ..... | ..... |
| 2. 2012..... | XXX..... | ..... | ..... | ..... | ..... |
| 3. 2013..... | XXX..... | XXX..... | ..... | ..... | ..... |
| 4. 2014..... | XXX..... | XXX..... | XXX..... | ..... | ..... |
| 5. 2015..... | XXX..... | XXX..... | XXX..... | XXX..... | ..... |

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| Line of Business | 1 Methodology | 2 Amount |
|------------------------------------|------------------|-------------|
| 1. Industrial life..... | ..... | ..... |
| 2. Ordinary life..... | Other..... |13 |
| 3. Individual annuity..... | ..... | ..... |
| 4. Supplementary contracts..... | ..... | ..... |
| 5. Credit life..... | ..... | ..... |
| 6. Group life..... | Other..... |3,979 |
| 7. Group annuities..... | ..... | ..... |
| 8. Group accident and health..... | Other..... |1,082 |
| 9. Credit accident and health..... | ..... | ..... |
| 10. Other accident and health..... | Other..... |(15) |
| 11. Total..... | ..... | .....5,059 |

Sch. O - Pt. 1 - Sn. D
NONE

Sch. O - Pt. 1 - Sn. E
NONE

Sch. O - Pt. 1 - Sn. F
NONE

Sch. O - Pt. 1 - Sn. G
NONE

Sch. O - Pt. 2 - Sn. D
NONE

Sch. O - Pt. 2 - Sn. E
NONE

Sch. O - Pt. 2 - Sn. F
NONE

Sch. O - Pt. 2 - Sn. G
NONE

Sch. O - Pt. 3 - Sn. D
NONE

Sch. O - Pt. 3 - Sn. E
NONE

Sch. O - Pt. 3 - Sn. F
NONE

Sch. O - Pt. 3 - Sn. G
NONE

Sch. O - Pt. 4 - Sn. D
NONE

Sch. O - Pt. 4 - Sn. E
NONE

Sch. O - Pt. 4 - Sn. F
NONE

Sch. O - Pt. 4 - Sn. G
NONE

2015 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

| | | | |
|---|------|--|------|
| Analysis of Increase in Reserves During The Year | 7 | Schedule D – Part 2 – Section 1 | E11 |
| Analysis of Operations By Lines of Business | 6 | Schedule D – Part 2 – Section 2 | E12 |
| Asset Valuation Reserve Default Component | 30 | Schedule D – Part 3 | E13 |
| Asset Valuation Reserve Equity | 32 | Schedule D – Part 4 | E14 |
| Asset Valuation Reserve Replications (Synthetic) Assets | 35 | Schedule D – Part 5 | E15 |
| Asset Valuation Reserve | 29 | Schedule D – Part 6 – Section 1 | E16 |
| Assets | 2 | Schedule D – Part 6 – Section 2 | E16 |
| Cash Flow | 5 | Schedule D – Summary By Country | SI04 |
| Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts | 9 | Schedule D – Verification Between Years | SI03 |
| Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense | 10 | Schedule DA – Part 1 | E17 |
| Exhibit 2 – General Expenses | 11 | Schedule DA – Verification Between Years | SI10 |
| Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes) | 11 | Schedule DB – Part A – Section 1 | E18 |
| Exhibit 4 – Dividends or Refunds | 11 | Schedule DB – Part A – Section 2 | E19 |
| Exhibit 5 – Aggregate Reserve for Life Contracts | 12 | Schedule DB – Part A – Verification Between Years | SI11 |
| Exhibit 5 – Interrogatories | 13 | Schedule DB – Part B – Section 1 | E20 |
| Exhibit 5A – Changes in Bases of Valuation During The Year | 13 | Schedule DB – Part B – Section 2 | E21 |
| Exhibit 6 – Aggregate Reserves for Accident and Health Contracts | 14 | Schedule DB – Part B – Verification Between Years | SI11 |
| Exhibit 7 – Deposit-Type Contracts | 15 | Schedule DB – Part C – Section 1 | SI12 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1 | 16 | Schedule DB – Part C – Section 2 | SI13 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2 | 17 | Schedule DB – Part D – Section 1 | E22 |
| Exhibit of Capital Gains (Losses) | 8 | Schedule DB – Part D – Section 2 | E23 |
| Exhibit of Life Insurance | 25 | Schedule DB – Verification | SI14 |
| Exhibit of Net Investment Income | 8 | Schedule DL – Part 1 | E24 |
| Exhibit of Nonadmitted Assets | 18 | Schedule DL – Part 2 | E25 |
| Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values | 27 | Schedule E – Part 1 – Cash | E26 |
| Five-Year Historical Data | 22 | Schedule E – Part 2 – Cash Equivalents | E27 |
| Form for Calculating the Interest Maintenance Reserve (IMR) | 28 | Schedule E – Part 3 – Special Deposits | E28 |
| General Interrogatories | 20 | Schedule E – Verification Between Years | SI15 |
| Jurat Page | 1 | Schedule F | 36 |
| Liabilities, Surplus and Other Funds | 3 | Schedule H – Accident and Health Exhibit – Part 1 | 37 |
| Life Insurance (State Page) | 24 | Schedule H – Part 2, Part 3 and Part 4 | 38 |
| Notes To Financial Statements | 19 | Schedule H – Part 5 – Health Claims | 39 |
| Overflow Page For Write-ins | 55 | Schedule S – Part 1 – Section 1 | 40 |
| Schedule A – Part 1 | E01 | Schedule S – Part 1 – Section 2 | 41 |
| Schedule A – Part 2 | E02 | Schedule S – Part 2 | 42 |
| Schedule A – Part 3 | E03 | Schedule S – Part 3 – Section 1 | 43 |
| Schedule A – Verification Between Years | SI02 | Schedule S – Part 3 – Section 2 | 44 |
| Schedule B – Part 1 | E04 | Schedule S – Part 4 | 45 |
| Schedule B – Part 2 | E05 | Schedule S – Part 5 | 46 |
| Schedule B – Part 3 | E06 | Schedule S – Part 6 | 47 |
| Schedule B – Verification Between Years | SI02 | Schedule S – Part 7 | 48 |
| Schedule BA – Part 1 | E07 | Schedule T – Part 2 Interstate Compact | 50 |
| Schedule BA – Part 2 | E08 | Schedule T – Premiums and Annuity Considerations | 49 |
| Schedule BA – Part 3 | E09 | Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 51 |
| Schedule BA – Verification Between Years | SI03 | Schedule Y – Part 1A – Detail of Insurance Holding Company System | 52 |
| Schedule D – Part 1 | E10 | Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates | 53 |
| Schedule D – Part 1A – Section 1 | SI05 | Summary Investment Schedule | SI01 |
| Schedule D – Part 1A – Section 2 | SI08 | Summary of Operations | 4 |
| | | Supplemental Exhibits and Schedules Interrogatories | 54 |