



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

GREAT AMERICAN LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084
(Current Period) (Prior Period)

NAIC Company Code..... 63312

Employer's ID Number..... 13-1935920

Organized under the Laws of Ohio

State of Domicile or Port of Entry Ohio

Country of Domicile US

Incorporated/Organized..... December 29, 1961

Commenced Business..... August 13, 1963

Statutory Home Office

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

Main Administrative Office

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

513-357-3300
(Area Code) (Telephone Number)

Mail Address

Post Office Box 5420..... Cincinnati OH US 45202
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

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

513-357-3300
(Area Code) (Telephone Number)

Internet Web Site Address

www.gaig.com

Statutory Statement Contact

Brian Patrick Sponaugle
(Name)
bsponaugle@gaig.com
(E-Mail Address)

513-412-2931
(Area Code) (Telephone Number) (Extension)
513-412-1673
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Stephen Craig Lindner	President	2. Mark Francis Muething	Secretary
3. Christopher Patrick Miliano	Treasurer	4. Richard Lee Sutton	Appointed Actuary
OTHER			
John Paul Gruber	Senior Vice President	Michael Harrison Haney	Vice President
Adrienne Susan Kessling	Senior Vice President	Brian Patrick Sponaugle	Vice President

DIRECTORS OR TRUSTEES

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

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

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

(Signature)
Mark Francis Muething

1. (Printed Name)
Secretary

(Title)

(Signature)
Christopher Patrick Miliano

2. (Printed Name)
Treasurer

(Title)

(Signature)
John Paul Gruber

3. (Printed Name)
Senior Vice President

(Title)

Subscribed and sworn to before me

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

This _____ day of February 2016

b. If no 1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	81,208		(5,058)		76,150
2. Annuity considerations.....	355,898		600		356,498
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	437,106	0	(4,458)	0	432,648
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.....	2,000,000				2,000,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,323,445				1,323,445
12. Surrender values and withdrawals for life contracts.....	329,610		1,714		331,324
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,653,054	0	1,714	0	3,654,768

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	2,000,000							1	2,000,000
Settled during current year:										
18.1 By payment in full.....	1	2,000,000							1	2,000,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	2,000,000	0	0	0	0	0	0	1	2,000,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	2,000,000	0	0	0	0	0	0	1	2,000,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	47	13,875,562		(a).....	7	78,404			54	13,953,966
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	6	1,279,884				(7,899)			6	1,271,985
23. In force December 31 of current year.....	53	15,155,446	0	(a).....0	7	70,505	0	0	60	15,225,951

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	24,196				24,196
2. Annuity considerations.....	1,831,629				1,831,629
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,855,826	0	0	0	1,855,826
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.....	620,794				620,794
12. Surrender values and withdrawals for life contracts.....	1,047,776		42,669		1,090,446
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,668,570	0	42,669	0	1,711,240

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									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.....	45	9,396,759		(a).....	1				46	9,396,759
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(1,674,471)							(5)	(1,674,471)
23. In force December 31 of current year.....	40	7,722,288	0	(a).....	1	0	0	0	41	7,722,288

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		5,017			(2,488)
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	5,017	0	0	(2,488)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	5,017	0	0	(2,488)

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	411,781				411,781
2. Annuity considerations.....	93,196,064		8,546		93,204,610
3. Deposit-type contract funds.....	223,001	XXX		XXX	223,001
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	93,830,846	0	8,546	0	93,839,392
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.....	145,213				145,213
10. Matured endowments.....					0
11. Annuity benefits.....	8,576,929				8,576,929
12. Surrender values and withdrawals for life contracts.....	24,861,112		71,111		24,932,222
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.....	33,583,253	0	71,111	0	33,654,364

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	106,713							2	106,713
17. Incurred during current year.....	3	38,500							3	38,500
Settled during current year:										
18.1 By payment in full.....	5	145,213							5	145,213
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	145,213	0	0	0	0	0	0	5	145,213
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	145,213	0	0	0	0	0	0	5	145,213
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.....	546	130,596,139		(a).....		20,027			546	130,616,166
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(49)	(9,451,034)				201			(49)	(9,450,833)
23. In force December 31 of current year.....	498	121,170,105	0	(a).....0	0	20,228	0	0	498	121,190,333

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	117,407	116,874		81,594	80,464
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).....	117,407	116,874	0	81,594	80,464
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	117,407	116,874	0	81,594	80,464

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	291,315				291,315
2. Annuity considerations.....	25,943,955				25,943,955
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	26,235,270	0	0	0	26,235,270
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.....	1,350,000		127,170		1,477,170
10. Matured endowments.....					0
11. Annuity benefits.....	3,266,478				3,266,478
12. Surrender values and withdrawals for life contracts.....	5,459,622		2,205		5,461,827
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,076,100	0	129,375	0	10,205,476

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000			1	3,840			2	103,840
17. Incurred during current year.....	3	1,250,000			31	127,495			34	1,377,495
Settled during current year:										
18.1 By payment in full.....	4	1,350,000			31	127,170			35	1,477,170
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	1,350,000	0	0	31	127,170	0	0	35	1,477,170
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	1,350,000	0	0	31	127,170	0	0	35	1,477,170
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	4,165	0	0	1	4,165
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	407	80,663,098		(a).....		1,737,858			407	82,400,956
21. Issued during year.....	2	75,000							2	75,000
22. Other changes to in force (Net).....	(26)	(5,451,750)				(115,686)			(26)	(5,567,436)
23. In force December 31 of current year.....	383	75,286,348	0	(a).....0	0	1,622,172	0	0	383	76,908,520

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	4,574	4,568			(16)
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).....	4,574	4,568	0	0	(16)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,574	4,568	0	0	(16)

(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 ARIZONA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	884,151				884,151
2. Annuity considerations.....	39,285,582		107,473		39,393,055
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	40,169,734	0	107,473	0	40,277,207
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.....	1,801,558				1,801,558
10. Matured endowments.....					0
11. Annuity benefits.....	7,274,395		30,431		7,304,826
12. Surrender values and withdrawals for life contracts.....	17,976,433		1,091,501		19,067,934
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.....	27,052,385	0	1,121,932	0	28,174,317

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	640,000							1	640,000
17. Incurred during current year.....	17	1,161,558			1	2,421			18	1,163,979
Settled during current year:										
18.1 By payment in full.....	18	1,801,558							18	1,801,558
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	1,801,558	0	0	0	0	0	0	18	1,801,558
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	1,801,558	0	0	0	0	0	0	18	1,801,558
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	1	2,421	0	0	1	2,421
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,224	253,770,906		(a).....		26,619			1,224	253,797,525
21. Issued during year.....	1	100,000							1	100,000
22. Other changes to in force (Net).....	(122)	(20,237,842)				(3,131)			(122)	(20,240,973)
23. In force December 31 of current year.....	1,103	233,633,064	0	(a).....0	0	23,488	0	0	1,103	233,656,552

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,368	9,959		1,842	694
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	10,368	9,959	0	1,842	694
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,368	9,959	0	1,842	694

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,690,879				8,690,879
2. Annuity considerations.....	300,211,657		3,527,647		303,739,304
3. Deposit-type contract funds.....	87,451	XXX		XXX	87,451
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	308,989,987	0	3,527,647	0	312,517,635
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,489,428		543		10,489,971
10. Matured endowments.....					0
11. Annuity benefits.....	53,302,718		1,411,953		54,714,672
12. Surrender values and withdrawals for life contracts.....	101,878,691		18,753,822		120,632,513
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.....	165,670,836	0	20,166,318	0	185,837,155

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	24	1,806,048							24	1,806,048
17. Incurred during current year.....	99	12,136,659			3	5,646			102	12,142,305
Settled during current year:										
18.1 By payment in full.....	92	10,515,142			2	543			94	10,515,685
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	92	10,515,142	0	0	2	543	0	0	94	10,515,685
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	92	10,515,142	0	0	2	543	0	0	94	10,515,685
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	31	3,427,565	0	0	1	5,103	0	0	32	3,432,668
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11,547	2,644,737,701		(a).....		82,483			11,547	2,644,820,184
21. Issued during year.....	4	325,000							4	325,000
22. Other changes to in force (Net).....	(930)	(199,021,359)				1,850			(930)	(199,019,509)
23. In force December 31 of current year.....	10,621	2,446,041,342	0	(a).....0	0	84,333	0	0	10,621	2,446,125,675

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,045	14,735		12,075	(11,190)
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).....	16,045	14,735	0	12,075	(11,190)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,045	14,735	0	12,075	(11,190)

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



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,416				13,416
2. Annuity considerations.....	100,000				100,000
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	113,416	0	0	0	113,416
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.....	9,163				9,163
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.....	9,163	0	0	0	9,163

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	521,339				521,339
2. Annuity considerations.....	47,507,035		16,311		47,523,346
3. Deposit-type contract funds.....	113,671	XXX		XXX	113,671
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	48,142,046	0	16,311	0	48,158,357
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,006,064		26,283		1,032,347
10. Matured endowments.....					0
11. Annuity benefits.....	6,582,357				6,582,357
12. Surrender values and withdrawals for life contracts.....	7,746,524		173,979		7,920,503
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	15,334,945	0	200,262	0	15,535,207

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	300,588							3	300,588
17. Incurred during current year.....	8	706,064			8	26,283			16	732,347
Settled during current year:										
18.1 By payment in full.....	11	1,006,652			8	26,283			19	1,032,935
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	1,006,652	0	0	8	26,283	0	0	19	1,032,935
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	1,006,652	0	0	8	26,283	0	0	19	1,032,935
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.....	699	156,460,064	(a)			783,627			699	157,243,691
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(88)	(14,497,931)				(15,215)			(88)	(14,513,146)
23. In force December 31 of current year.....	611	141,962,133	0	(a)	0	768,412	0	0	611	142,730,545

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	130,298	135,133		126,750	149,613
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	130,298	135,133	0	126,750	149,613
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	130,298	135,133	0	126,750	149,613

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	661,217				661,217
2. Annuity considerations.....	85,372,660		131,375		85,504,035
3. Deposit-type contract funds.....	1,597,673	XXX		XXX	1,597,673
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	87,631,549	0	131,375	0	87,762,924
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.....	704,101		506,702		1,210,803
10. Matured endowments.....			6,799		6,799
11. Annuity benefits.....	13,156,921		12,903		13,169,824
12. Surrender values and withdrawals for life contracts.....	24,149,456		166,545		24,316,001
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.....	38,010,478	0	692,949	0	38,703,426

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	370,661			1	3,674			6	374,335
17. Incurred during current year.....	21	489,123			79	509,551			100	998,674
Settled during current year:										
18.1 By payment in full.....	20	704,377			80	513,225			100	1,217,602
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	704,377	0	0	80	513,225	0	0	100	1,217,602
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	20	704,377	0	0	80	513,225	0	0	100	1,217,602
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	155,407	0	0	0	0	0	0	6	155,407
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,230	183,112,922		(a).....	1	5,352,176			1,231	188,465,098
21. Issued during year.....	2	35,000							2	35,000
22. Other changes to in force (Net).....	(101)	(10,080,106)				(477,759)			(101)	(10,557,865)
23. In force December 31 of current year.....	1,131	173,067,816	0	(a).....0	1	4,874,417	0	0	1,132	177,942,233

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,112	8,228			(1,145)
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).....	8,112	8,228	0	0	(1,145)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,112	8,228	0	0	(1,145)

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	55,851				55,851
2. Annuity considerations.....	4,578,417		1,050		4,579,467
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	4,634,268	0	1,050	0	4,635,318
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.....	25,179				25,179
10. Matured endowments.....					0
11. Annuity benefits.....	199,068				199,068
12. Surrender values and withdrawals for life contracts.....	530,076		55,083		585,159
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.....	754,323	0	55,083	0	809,406

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	25,179							2	25,179
Settled during current year:										
18.1 By payment in full.....	2	25,179							2	25,179
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	25,179	0	0	0	0	0	0	2	25,179
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	25,179	0	0	0	0	0	0	2	25,179
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.....	98	13,674,932	(a)						98	13,674,932
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(1,413,935)							(6)	(1,413,935)
23. In force December 31 of current year.....	92	12,260,997	0	0	0	0	0	0	92	12,260,997

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	104,143				104,143
2. Annuity considerations.....	25,833,891				25,833,891
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,938,034	0	0	0	25,938,034
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.....	1,253,227		27,176		1,280,404
12. Surrender values and withdrawals for life contracts.....	2,305,015		18,418		2,323,433
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,558,242	0	45,594	0	3,603,836

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									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.....	137	37,212,118		(a).....					137	37,212,118
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(5,998,187)							(11)	(5,998,187)
23. In force December 31 of current year.....	126	31,213,931	0	(a).....0	0	0	0	0	126	31,213,931

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,456,497				3,456,497
2. Annuity considerations.....	351,565,570		1,469,284		353,034,855
3. Deposit-type contract funds.....	48,920	XXX		XXX	48,920
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	355,070,987	0	1,469,284	0	356,540,272
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.....	5,284,894		26,552		5,311,446
10. Matured endowments.....					0
11. Annuity benefits.....	44,031,820		208,640		44,240,461
12. Surrender values and withdrawals for life contracts.....	109,017,215		4,407,333		113,424,547
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.....	158,333,929	0	4,642,524	0	162,976,454

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	238,791							6	238,791
17. Incurred during current year.....	62	5,817,934			4	25,964			66	5,843,898
Settled during current year:										
18.1 By payment in full.....	52	5,279,894			4	25,964			56	5,305,858
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	52	5,279,894	0	0	4	25,964	0	0	56	5,305,858
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	52	5,279,894	0	0	4	25,964	0	0	56	5,305,858
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	16	776,831	0	0	0	0	0	0	16	776,831
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,576	941,687,866		(a).....	1	267,313			4,577	941,955,179
21. Issued during year.....	3	85,000							3	85,000
22. Other changes to in force (Net).....	(306)	(40,169,195)				(19,886)			(306)	(40,189,081)
23. In force December 31 of current year.....	4,273	901,603,671	0	(a).....0	1	247,427	0	0	4,274	901,851,098

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		20			(47)
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).....	475,152	486,260		346,181	129,082
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).....	475,152	486,260	0	346,181	129,082
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	475,152	486,281	0	346,181	129,034

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,628,116				1,628,116
2. Annuity considerations.....	75,548,118		14,716		75,562,834
3. Deposit-type contract funds.....	69,798	XXX		XXX	69,798
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	77,246,033	0	14,716	0	77,260,749
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.....	1,272,440		10,063		1,282,503
10. Matured endowments.....					0
11. Annuity benefits.....	10,899,699		36,061		10,935,760
12. Surrender values and withdrawals for life contracts.....	19,337,898		230,319		19,568,217
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.....	31,510,037	0	276,444	0	31,786,481

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	794,000							5	794,000
17. Incurred during current year.....	9	589,440			3	10,063			12	599,503
Settled during current year:										
18.1 By payment in full.....	12	1,272,440			3	10,063			15	1,282,503
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	1,272,440	0	0	3	10,063	0	0	15	1,282,503
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	1,272,440	0	0	3	10,063	0	0	15	1,282,503
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	111,000	0	0	0	0	0	0	2	111,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,163	423,264,251	(a)			156,397			2,163	423,420,648
21. Issued during year.....	3	55,000							3	55,000
22. Other changes to in force (Net).....	(187)	(42,121,304)				(8,018)			(187)	(42,129,322)
23. In force December 31 of current year.....	1,979	381,197,947	0	(a)	0	148,379	0	0	1,979	381,346,326

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	136,953	136,752		27,950	28,307
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).....	136,953	136,752	0	27,950	28,307
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	136,953	136,752	0	27,950	28,307

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



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,595,054		(5,058)		43,589,996
2. Annuity considerations.....	3,893,340,841		14,855,434		3,908,196,275
3. Deposit-type contract funds.....	12,461,000	XXX		XXX	12,461,000
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,949,396,895	0	14,850,376	0	3,964,247,271
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.....	54,076,479		1,809,701		55,886,180
10. Matured endowments.....	42,931		13,334		56,265
11. Annuity benefits.....	549,163,396		5,014,877		554,178,274
12. Surrender values and withdrawals for life contracts.....	1,071,937,674		59,269,656		1,131,207,329
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,675,220,479	0	66,107,568	0	1,741,328,048

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	116	7,312,171			8	27,996			124	7,340,167
17. Incurred during current year.....	1,052	55,695,318			336	1,836,849			1,388	57,532,167
Settled during current year:										
18.1 By payment in full.....	1,013	54,129,331			331	1,813,114			1,344	55,942,445
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1,013	54,129,331	0	0	331	1,813,114	0	0	1,344	55,942,445
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	37,500							1	37,500
18.6 Total settlements.....	1,014	54,166,831	0	0	331	1,813,114	0	0	1,345	55,979,945
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	154	8,840,658	0	0	13	51,731	0	0	167	8,892,389
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	65,633	12,515,396,755		(a).....	14	22,353,020			65,647	12,537,749,775
21. Issued during year.....	52	1,767,150							52	1,767,150
22. Other changes to in force (Net).....	(5,279)	(895,945,214)				(1,580,907)			(5,279)	(897,526,121)
23. In force December 31 of current year.....	60,406	11,621,218,691	0	(a).....0	14	20,772,113	0	0	60,420	11,641,990,804

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	74,489	73,587			(2,560)
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).....	8,336,094	8,430,937		5,095,876	5,345,740
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).....	8,336,094	8,430,937	0	5,095,876	5,345,740
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,410,583	8,504,524	0	5,095,876	5,343,179

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



DIRECT BUSINESS IN GUAM DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	148,847				148,847
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	148,847	0	0	0	148,847
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.....	16,791				16,791
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.....	16,791	0	0	0	16,791

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
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).....	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	188	34,059,968	(a).....						188	34,059,968
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(1,208,944)							(11)	(1,208,944)
23. In force December 31 of current year.....	177	32,851,024	0	0	0	0	0	0	177	32,851,024

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	357,602				357,602
2. Annuity considerations.....	16,077,088		96,587		16,173,675
3. Deposit-type contract funds.....	32,185	XXX		XXX	32,185
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,466,875	0	96,587	0	16,563,462
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	129,690				129,690
10. Matured endowments.....					0
11. Annuity benefits.....	3,420,424		437,611		3,858,035
12. Surrender values and withdrawals for life contracts.....	3,523,276		2,051,736		5,575,012
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.....	7,073,390	0	2,489,347	0	9,562,737

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	129,690							2	129,690
Settled during current year:										
18.1 By payment in full.....	2	129,690							2	129,690
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	129,690	0	0	0	0	0	0	2	129,690
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	129,690	0	0	0	0	0	0	2	129,690
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.....	468	71,117,495		(a).....					468	71,117,495
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(4,306,257)							(23)	(4,306,257)
23. In force December 31 of current year.....	445	66,811,238	0	(a).....0	0	0	0	0	445	66,811,238

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		21			(167)
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	21	0	0	(167)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	21	0	0	(167)

(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 IOWA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	235,886				235,886
2. Annuity considerations.....	41,175,144		800		41,175,944
3. Deposit-type contract funds.....	14,676	XXX		XXX	14,676
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,425,706	0	800	0	41,426,506
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.....	221,000				221,000
10. Matured endowments.....					0
11. Annuity benefits.....	5,555,969		47,375		5,603,345
12. Surrender values and withdrawals for life contracts.....	8,559,523		171,898		8,731,421
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.....	14,336,492	0	219,273	0	14,555,766

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,729							1	10,729
17. Incurred during current year.....	5	221,000							5	221,000
Settled during current year:										
18.1 By payment in full.....	5	221,000							5	221,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	221,000	0	0	0	0	0	0	5	221,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	221,000	0	0	0	0	0	0	5	221,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,729	0	0	0	0	0	0	1	10,729
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	330	46,216,455	(a)			1,856			330	46,218,311
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(21)	(2,931,937)				19			(21)	(2,931,918)
23. In force December 31 of current year.....	309	43,284,518	0	(a)	0	1,875	0	0	309	43,286,393

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	275,055	275,871		195,599	194,575
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).....	275,055	275,871	0	195,599	194,575
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	275,055	275,871	0	195,599	194,575

(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 IDAHO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	171,853				171,853
2. Annuity considerations.....	21,150,868		29,345		21,180,213
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,322,721	0	29,345	0	21,352,066
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....	3,810,803		16,073		3,826,876
12. Surrender values and withdrawals for life contracts.....	5,187,582		265,762		5,453,344
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.....	9,008,384	0	281,835	0	9,290,220

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	235,000							4	235,000
Settled during current year:										
18.1 By payment in full.....	2	10,000							2	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	10,000	0	0	0	0	0	0	2	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	10,000	0	0	0	0	0	0	2	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	225,000	0	0	0	0	0	0	2	225,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	249	56,505,274	(a)						249	56,505,274
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(2,421,995)							(18)	(2,421,995)
23. In force December 31 of current year.....	231	54,083,279	0	0	0	0	0	0	231	54,083,279

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,683	2,682		300	333
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,683	2,682	0	300	333
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,683	2,682	0	300	333

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,531,592				1,531,592
2. Annuity considerations.....	104,907,218		163,660		105,070,879
3. Deposit-type contract funds.....	366,328	XXX		XXX	366,328
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	106,805,138	0	163,660	0	106,968,799
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.....	1,133,796		3,454		1,137,250
10. Matured endowments.....					0
11. Annuity benefits.....	20,340,111		134,435		20,474,545
12. Surrender values and withdrawals for life contracts.....	35,432,156		381,402		35,813,558
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.....	56,906,062	0	519,291	0	57,425,353

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	11	1,234,211			1	3,039			12	1,237,250
Settled during current year:										
18.1 By payment in full.....	10	1,134,211			1	3,039			11	1,137,250
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	1,134,211	0	0	1	3,039	0	0	11	1,137,250
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	1,134,211	0	0	1	3,039	0	0	11	1,137,250
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,684	501,866,903		(a).....	1	7,306			1,685	501,874,209
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(128)	(33,022,856)				(3,007)			(128)	(33,025,863)
23. In force December 31 of current year.....	1,556	468,844,047	0	(a).....0	1	4,299	0	0	1,557	468,848,346

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,404	1,404			(43)
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).....	168,603	170,831		65,381	136,593
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).....	168,603	170,831	0	65,381	136,593
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	170,006	172,235	0	65,381	136,550

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



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	423,493				423,493
2. Annuity considerations.....	93,328,656		53,799		93,382,455
3. Deposit-type contract funds.....	120,881	XXX		XXX	120,881
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	93,873,031	0	53,799	0	93,926,830
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.....	1,069,500		2,818		1,072,318
10. Matured endowments.....					0
11. Annuity benefits.....	12,321,809		172,076		12,493,885
12. Surrender values and withdrawals for life contracts.....	22,868,466		637,296		23,505,762
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.....	36,259,775	0	812,190	0	37,071,965

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	7	1,019,500			1	2,818			8	1,022,318
Settled during current year:										
18.1 By payment in full.....	8	1,069,500			1	2,818			9	1,072,318
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	1,069,500	0	0	1	2,818	0	0	9	1,072,318
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	1,069,500	0	0	1	2,818	0	0	9	1,072,318
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.....	678	135,813,345		(a).....	1	9,270			679	135,822,615
21. Issued during year.....	1	12,150							1	12,150
22. Other changes to in force (Net).....	(64)	(9,268,878)				(6,298)			(64)	(9,275,176)
23. In force December 31 of current year.....	615	126,556,617	0	(a).....0	1	2,972	0	0	616	126,559,589

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	272,321	274,992		242,543	239,848
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).....	272,321	274,992	0	242,543	239,848
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	272,321	274,992	0	242,543	239,848

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



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	326,928				326,928
2. Annuity considerations.....	24,830,437				24,830,437
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,157,366	0	0	0	25,157,366
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.....	176,976				176,976
10. Matured endowments.....					0
11. Annuity benefits.....	4,153,706		20,656		4,174,362
12. Surrender values and withdrawals for life contracts.....	7,277,007		8,948		7,285,955
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	11,607,689	0	29,604	0	11,637,293

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	6,892							1	6,892
17. Incurred during current year.....	6	670,084							6	670,084
Settled during current year:										
18.1 By payment in full.....	6	176,976							6	176,976
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	176,976	0	0	0	0	0	0	6	176,976
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	176,976	0	0	0	0	0	0	6	176,976
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	500,000	0	0	0	0	0	0	1	500,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	398	92,028,536	(a)						398	92,028,536
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(41)	(8,427,642)							(41)	(8,427,642)
23. In force December 31 of current year.....	357	83,600,894	0	0	0	0	0	0	357	83,600,894

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	346,934	343,804		306,871	263,654
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).....	346,934	343,804	0	306,871	263,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	346,934	343,804	0	306,871	263,654

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	370,266				370,266
2. Annuity considerations.....	46,776,217		183,393		46,959,611
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	47,146,483	0	183,393	0	47,329,876
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	300,000		440		300,440
10. Matured endowments.....					0
11. Annuity benefits.....	10,090,891		97,753		10,188,644
12. Surrender values and withdrawals for life contracts.....	19,812,253		487,113		20,299,366
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.....	30,203,145	0	585,306	0	30,788,450

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	307,996							4	307,996
Settled during current year:										
18.1 By payment in full.....	3	300,440							3	300,440
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	300,440	0	0	0	0	0	0	3	300,440
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	300,440	0	0	0	0	0	0	3	300,440
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,556	0	0	0	0	0	0	1	7,556
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	572	114,069,881		(a).....		14,767			572	114,084,648
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(46)	(6,231,215)				5,742			(46)	(6,225,473)
23. In force December 31 of current year.....	527	107,888,666	0	(a).....0	0	20,509	0	0	527	107,909,175

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	762,387	764,638		558,646	557,717
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).....	762,387	764,638	0	558,646	557,717
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	762,387	764,638	0	558,646	557,717

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	459,704				459,704
2. Annuity considerations.....	126,636,454		3,000		126,639,454
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,096,157	0	3,000	0	127,099,157
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.....	251,000		265,303		516,303
10. Matured endowments.....					0
11. Annuity benefits.....	7,321,758		40,466		7,362,224
12. Surrender values and withdrawals for life contracts.....	16,472,388		22,362		16,494,750
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.....	24,045,146	0	328,131	0	24,373,277

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....					1	2,238			1	2,238
17. Incurred during current year.....	4	301,000			51	271,142			55	572,142
Settled during current year:										
18.1 By payment in full.....	3	251,000			50	265,303			53	516,303
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	251,000	0	0	50	265,303	0	0	53	516,303
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	251,000	0	0	50	265,303	0	0	53	516,303
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	2	8,077	0	0	3	58,077
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	712	125,630,840		(a).....		3,351,748			712	128,982,588
21. Issued during year.....	1	15,000							1	15,000
22. Other changes to in force (Net).....	(61)	(11,261,614)				(234,876)			(61)	(11,496,490)
23. In force December 31 of current year.....	652	114,384,226	0	(a).....0	0	3,116,872	0	0	652	117,501,098

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,349	2,348		1,144	1,151
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,349	2,348	0	1,144	1,151
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,349	2,348	0	1,144	1,151

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	836,004				836,004
2. Annuity considerations.....	57,325,962		3,401,141		60,727,103
3. Deposit-type contract funds.....	3,295,289	XXX		XXX	3,295,289
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	61,457,256	0	3,401,141	0	64,858,397
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.....	806,000		62,704		868,704
10. Matured endowments.....					0
11. Annuity benefits.....	17,203,269		180,662		17,383,931
12. Surrender values and withdrawals for life contracts.....	23,024,150		4,696,827		27,720,977
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.....	41,033,419	0	4,940,193	0	45,973,612

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	250,000							1	250,000
17. Incurred during current year.....	7	563,280			8	62,704			15	625,984
Settled during current year:										
18.1 By payment in full.....	7	806,000			8	62,704			15	868,704
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	806,000	0	0	8	62,704	0	0	15	868,704
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	806,000	0	0	8	62,704	0	0	15	868,704
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,280	0	0	0	0	0	0	1	7,280
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,114	233,082,220		(a).....		943,465			1,114	234,025,685
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(71)	(13,317,548)				(54,099)			(71)	(13,371,647)
23. In force December 31 of current year.....	1,044	219,814,672	0	(a).....0	0	889,366	0	0	1,044	220,704,038

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	5,301	5,451		166	159
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).....	5,301	5,451	0	166	159
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,301	5,451	0	166	159

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,135,049				1,135,049
2. Annuity considerations.....	57,295,947				57,295,947
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	58,430,996	0	0	0	58,430,996
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.....	612,595				612,595
10. Matured endowments.....					0
11. Annuity benefits.....	7,212,457		11,003		7,223,460
12. Surrender values and withdrawals for life contracts.....	19,538,653		60,176		19,598,829
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.....	27,363,705	0	71,179	0	27,434,884

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	16	815,047							16	815,047
Settled during current year:										
18.1 By payment in full.....	10	612,595							10	612,595
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	612,595	0	0	0	0	0	0	10	612,595
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	612,595	0	0	0	0	0	0	10	612,595
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	252,452	0	0	0	0	0	0	7	252,452
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,450	334,808,537		(a).....		2,285			1,450	334,810,822
21. Issued during year.....	1	30,000							1	30,000
22. Other changes to in force (Net).....	(83)	(14,816,439)							(83)	(14,816,439)
23. In force December 31 of current year.....	1,368	320,022,098	0	(a).....0	0	2,285	0	0	1,368	320,024,383

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....		598		644	449
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	598	0	644	449
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	598	0	644	449

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



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	173,411				173,411
2. Annuity considerations.....	16,646,681		501,555		17,148,236
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,820,092	0	501,555	0	17,321,647
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.....	75,464				75,464
10. Matured endowments.....					0
11. Annuity benefits.....	1,534,760				1,534,760
12. Surrender values and withdrawals for life contracts.....	3,190,085		1,082,782		4,272,868
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.....	4,800,309	0	1,082,782	0	5,883,092

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	10,864							3	10,864
17. Incurred during current year.....	4	64,693							4	64,693
Settled during current year:										
18.1 By payment in full.....	6	75,464							6	75,464
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	75,464	0	0	0	0	0	0	6	75,464
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	75,464	0	0	0	0	0	0	6	75,464
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	93	0	0	0	0	0	0	1	93
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	368	59,166,235	(a).....			38,896			368	59,205,131
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(2,416,141)				342			(26)	(2,415,799)
23. In force December 31 of current year.....	342	56,750,094	0	(a).....0	0	39,238	0	0	342	56,789,332

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,165	7,396		245	331
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).....	8,165	7,396	0	245	331
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,165	7,396	0	245	331

(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 MICHIGAN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	520,449				520,449
2. Annuity considerations.....	146,520,626		99,289		146,619,915
3. Deposit-type contract funds.....	1,714,880	XXX		XXX	1,714,880
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	148,755,955	0	99,289	0	148,855,244
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.....	364,151				364,151
10. Matured endowments.....					0
11. Annuity benefits.....	36,548,621		36,776		36,585,396
12. Surrender values and withdrawals for life contracts.....	65,757,702		4,181,337		69,939,039
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.....	102,670,473	0	4,218,113	0	106,888,586

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	10	381,234							10	381,234
Settled during current year:										
18.1 By payment in full.....	9	364,151							9	364,151
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	364,151	0	0	0	0	0	0	9	364,151
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	364,151	0	0	0	0	0	0	9	364,151
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	17,083	0	0	0	0	0	0	1	17,083
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	682	143,843,300		(a).....	1	3,303			683	143,846,603
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(75)	(13,395,666)				33			(75)	(13,395,633)
23. In force December 31 of current year.....	608	130,472,634	0	(a).....0	1	3,336	0	0	609	130,475,970

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	15,807	15,814		1,976	(184)
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).....	15,807	15,814	0	1,976	(184)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	15,807	15,814	0	1,976	(184)

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	608,617				608,617
2. Annuity considerations.....	69,857,320		32,001		69,889,321
3. Deposit-type contract funds.....	378,238	XXX		XXX	378,238
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	70,844,175	0	32,001	0	70,876,176
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.....	1,072,828		1,945		1,074,773
10. Matured endowments.....					0
11. Annuity benefits.....	14,086,387				14,086,387
12. Surrender values and withdrawals for life contracts.....	23,942,017		278,935		24,220,952
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	39,101,232	0	280,880	0	39,382,112

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,847							1	5,847
17. Incurred during current year.....	24	1,080,360							24	1,080,360
Settled during current year:										
18.1 By payment in full.....	24	1,074,773							24	1,074,773
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	24	1,074,773	0	0	0	0	0	0	24	1,074,773
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	24	1,074,773	0	0	0	0	0	0	24	1,074,773
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	11,434	0	0	0	0	0	0	1	11,434
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	902	160,115,835	(a)						902	160,115,835
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(67)	(12,694,639)							(67)	(12,694,639)
23. In force December 31 of current year.....	835	147,421,196	0	0	0	0	0	0	835	147,421,196

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	239	239			(2)
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	2,621	2,620		652	132
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,621	2,620	0	652	132
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,860	2,859	0	652	130

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	580,868				580,868
2. Annuity considerations.....	253,462,583		14,514		253,477,097
3. Deposit-type contract funds.....	111,712	XXX		XXX	111,712
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	254,155,164	0	14,514	0	254,169,678
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.....	622,310		47,099		669,409
10. Matured endowments.....					0
11. Annuity benefits.....	11,791,130				11,791,130
12. Surrender values and withdrawals for life contracts.....	22,925,423		238,081		23,163,504
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.....	35,338,862	0	285,180	0	35,624,042

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	151,000							2	151,000
17. Incurred during current year.....	7	587,310			6	47,099			13	634,409
Settled during current year:										
18.1 By payment in full.....	8	622,310			6	47,099			14	669,409
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	622,310	0	0	6	47,099	0	0	14	669,409
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	622,310	0	0	6	47,099	0	0	14	669,409
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	116,000	0	0	0	0	0	0	1	116,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	856	169,903,121		(a).....		239,714			856	170,142,835
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(75)	(11,490,704)				(44,342)			(75)	(11,535,046)
23. In force December 31 of current year.....	782	158,422,417	0	(a).....0	0	195,372	0	0	782	158,617,789

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,320	1,320			(41)
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).....	312,788	313,492		156,343	154,741
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).....	312,788	313,492	0	156,343	154,741
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	314,108	314,812	0	156,343	154,701

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	266,752				266,752
2. Annuity considerations.....	25,186,029		10,913		25,196,941
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	25,452,781	0	10,913	0	25,463,694
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.....	473,098		485		473,583
10. Matured endowments.....					0
11. Annuity benefits.....	3,846,344				3,846,344
12. Surrender values and withdrawals for life contracts.....	8,179,352		38,369		8,217,722
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.....	12,498,795	0	38,854	0	12,537,649

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	51,050							2	51,050
17. Incurred during current year.....	9	422,533							9	422,533
Settled during current year:										
18.1 By payment in full.....	11	473,583							11	473,583
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	473,583	0	0	0	0	0	0	11	473,583
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	473,583	0	0	0	0	0	0	11	473,583
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.....	407	80,797,622	(a).....			42,036			407	80,839,658
21. Issued during year.....		15,000							0	15,000
22. Other changes to in force (Net).....	(30)	(3,535,149)				10,501			(30)	(3,524,648)
23. In force December 31 of current year.....	377	77,277,473	0	(a).....0	0	52,537	0	0	377	77,330,010

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	13,316	13,314		25,307	25,300
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).....	13,316	13,314	0	25,307	25,300
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,316	13,314	0	25,307	25,300

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



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	24,046				24,046
2. Annuity considerations.....	3,467,752		6,988		3,474,740
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,491,799	0	6,988	0	3,498,786
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.....	1,370,994		52,438		1,423,432
12. Surrender values and withdrawals for life contracts.....	1,671,797		51,792		1,723,590
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,042,791	0	104,231	0	3,147,021

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	47	7,581,310		(a).....		9,076			47	7,590,386
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	567,806				90			(1)	567,896
23. In force December 31 of current year.....	46	8,149,116	0	(a).....0	0	9,166	0	0	46	8,158,282

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	9,310	9,303		2,495	2,505
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	9,310	9,303	0	2,495	2,505
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	9,310	9,303	0	2,495	2,505

(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 CAROLINA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,709,059				1,709,059
2. Annuity considerations.....	202,899,279		226,802		203,126,081
3. Deposit-type contract funds.....	476,134	XXX		XXX	476,134
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	205,084,472	0	226,802	0	205,311,274
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.....	2,932,126		5,590		2,937,716
10. Matured endowments.....	16,380				16,380
11. Annuity benefits.....	19,327,287		8,600		19,335,887
12. Surrender values and withdrawals for life contracts.....	36,340,972		1,319,829		37,660,801
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.....	58,616,765	0	1,334,019	0	59,950,784

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	228,918							9	228,918
17. Incurred during current year.....	149	2,973,821			2	5,590			151	2,979,411
Settled during current year:										
18.1 By payment in full.....	146	2,948,506			2	5,590			148	2,954,096
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	146	2,948,506	0	0	2	5,590	0	0	148	2,954,096
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	146	2,948,506	0	0	2	5,590	0	0	148	2,954,096
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	12	254,233	0	0	0	0	0	0	12	254,233
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	4,111	455,087,676		(a).....		37,287			4,111	455,124,963
21. Issued during year.....	4	170,000							4	170,000
22. Other changes to in force (Net).....	(340)	(33,328,343)				2,160			(340)	(33,326,183)
23. In force December 31 of current year.....	3,775	421,929,333	0	(a).....0	0	39,447	0	0	3,775	421,968,780

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,267	1,267			(39)
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).....	1,750,256	1,734,122		723,701	1,176,813
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).....	1,750,256	1,734,122	0	723,701	1,176,813
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,751,523	1,735,389	0	723,701	1,176,774

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	68,906				68,906
2. Annuity considerations.....	13,020,364				13,020,364
3. Deposit-type contract funds.....	96,591	XXX		XXX	96,591
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,185,861	0	0	0	13,185,861
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.....	1,090,255				1,090,255
12. Surrender values and withdrawals for life contracts.....	911,247		8,730		919,978
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,001,502	0	8,730	0	2,010,232

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	76	21,097,147		(a).....					76	21,097,147
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(9)	(2,731,605)							(9)	(2,731,605)
23. In force December 31 of current year.....	68	18,390,542	0	(a).....0	0	0	0	0	68	18,390,542

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	239,733				239,733
2. Annuity considerations.....	9,596,974		8,493		9,605,467
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,836,707	0	8,493	0	9,845,199
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.....	65,000				65,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,231,335				2,231,335
12. Surrender values and withdrawals for life contracts.....	3,279,345		112,137		3,391,481
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.....	5,575,680	0	112,137	0	5,687,816

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	65,000							2	65,000
Settled during current year:										
18.1 By payment in full.....	2	65,000							2	65,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	65,000	0	0	0	0	0	0	2	65,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	65,000	0	0	0	0	0	0	2	65,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	228	59,138,002	(a)						228	59,138,002
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(2,782,165)							(18)	(2,782,165)
23. In force December 31 of current year.....	210	56,355,837	0	0	0	0	0	0	210	56,355,837

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	135,944	136,239		43,541	42,647
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).....	135,944	136,239	0	43,541	42,647
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	135,944	136,239	0	43,541	42,647

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	131,632				131,632
2. Annuity considerations.....	41,642,668		90,365		41,733,032
3. Deposit-type contract funds.....	429,171	XXX		XXX	429,171
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	42,203,471	0	90,365	0	42,293,836
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.....	44,110				44,110
10. Matured endowments.....					0
11. Annuity benefits.....	4,384,428				4,384,428
12. Surrender values and withdrawals for life contracts.....	8,842,221		240,139		9,082,360
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.....	13,270,759	0	240,139	0	13,510,897

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	3	31,610							3	31,610
Settled during current year:										
18.1 By payment in full.....	3	44,110							3	44,110
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	44,110	0	0	0	0	0	0	3	44,110
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	44,110	0	0	0	0	0	0	3	44,110
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	0	0	0	0	1	2,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	222	40,837,775		(a).....		23,542			222	40,861,317
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(24)	(4,082,291)				235			(24)	(4,082,056)
23. In force December 31 of current year.....	198	36,755,484	0	(a).....0	0	23,777	0	0	198	36,779,261

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	94,964	98,941		45,313	255,487
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).....	94,964	98,941	0	45,313	255,487
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	94,964	98,941	0	45,313	255,487

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,332,933				1,332,933
2. Annuity considerations.....	131,749,120		744,431		132,493,551
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	133,082,053	0	744,431	0	133,826,485
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.....	550,824				550,824
10. Matured endowments.....					0
11. Annuity benefits.....	13,979,451		142,922		14,122,373
12. Surrender values and withdrawals for life contracts.....	28,335,963		2,263,828		30,599,792
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.....	42,866,238	0	2,406,750	0	45,272,988

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	57,000							3	57,000
17. Incurred during current year.....	11	1,030,299							11	1,030,299
Settled during current year:										
18.1 By payment in full.....	8	550,824							8	550,824
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	550,824	0	0	0	0	0	0	8	550,824
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....	1	37,500							1	37,500
18.6 Total settlements.....	9	588,324	0	0	0	0	0	0	9	588,324
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	498,975	0	0	0	0	0	0	5	498,975
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,906	357,794,566		(a).....	1	146,487			1,907	357,941,052
21. Issued during year.....	3	105,000							3	105,000
22. Other changes to in force (Net).....	(194)	(49,323,842)							(194)	(49,323,842)
23. In force December 31 of current year.....	1,715	308,575,724	0	(a).....0	1	146,487	0	0	1,716	308,722,210

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	16,827	16,956		890	(5,966)
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).....	16,827	16,956	0	890	(5,966)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	16,827	16,956	0	890	(5,966)

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	330,692				330,692
2. Annuity considerations.....	12,693,843		20,658		12,714,501
3. Deposit-type contract funds.....	298,737	XXX		XXX	298,737
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,323,272	0	20,658	0	13,343,930
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.....	300,000				300,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,366,046		987		1,367,033
12. Surrender values and withdrawals for life contracts.....	2,708,979		122,872		2,831,851
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.....	4,375,025	0	123,859	0	4,498,884

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	300,000							2	300,000
Settled during current year:										
18.1 By payment in full.....	2	300,000							2	300,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	300,000	0	0	0	0	0	0	2	300,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	300,000	0	0	0	0	0	0	2	300,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	411	99,966,679	(a).....						411	99,966,679
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(44)	(6,343,161)				3,493			(44)	(6,339,668)
23. In force December 31 of current year.....	368	93,633,518	0	0	0	3,493	0	0	368	93,637,011

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	544,914				544,914
2. Annuity considerations.....	20,555,789		27,875		20,583,664
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,100,703	0	27,875	0	21,128,578
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.....	689,842				689,842
10. Matured endowments.....					0
11. Annuity benefits.....	4,174,219		36,795		4,211,013
12. Surrender values and withdrawals for life contracts.....	4,970,725		704,025		5,674,750
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.....	9,834,785	0	740,820	0	10,575,605

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	238,868							2	238,868
17. Incurred during current year.....	4	450,974							4	450,974
Settled during current year:										
18.1 By payment in full.....	6	689,842							6	689,842
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	689,842	0	0	0	0	0	0	6	689,842
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	689,842	0	0	0	0	0	0	6	689,842
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.....	745	159,100,374		(a).....		234			745	159,100,608
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(72)	(14,406,919)							(72)	(14,406,919)
23. In force December 31 of current year.....	673	144,693,455	0	(a).....0	0	234	0	0	673	144,693,689

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	10,085	9,965		676	(22,863)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	10,085	9,965	0	676	(22,863)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	10,085	9,965	0	676	(22,863)

(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 YORK DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	339,391				339,391
2. Annuity considerations.....	26,054,874		19,426		26,074,300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	26,394,265	0	19,426	0	26,413,691
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.....	44,000				44,000
10. Matured endowments.....					0
11. Annuity benefits.....	7,748,613		75,799		7,824,412
12. Surrender values and withdrawals for life contracts.....	7,114,404		105,804		7,220,208
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.....	14,907,017	0	181,603	0	15,088,620

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	17,043							2	17,043
17. Incurred during current year.....	1	26,957							1	26,957
Settled during current year:										
18.1 By payment in full.....	3	44,000							3	44,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	44,000	0	0	0	0	0	0	3	44,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	44,000	0	0	0	0	0	0	3	44,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	270	66,777,732	(a).....			88,962			270	66,866,694
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(3,794,377)				889			(11)	(3,793,488)
23. In force December 31 of current year.....	259	62,983,355	0	(a).....0	0	89,851	0	0	259	63,073,206

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,489	11,622		61,540	59,136
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).....	8,489	11,622	0	61,540	59,136
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,489	11,622	0	61,540	59,136

(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 OHIO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,019,973				1,019,973
2. Annuity considerations.....	206,129,788		1,173,724		207,303,512
3. Deposit-type contract funds.....	558,564	XXX		XXX	558,564
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	207,708,324	0	1,173,724	0	208,882,048
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.....	1,222,110		4,725		1,226,835
10. Matured endowments.....					0
11. Annuity benefits.....	34,935,487		721,633		35,657,120
12. Surrender values and withdrawals for life contracts.....	65,292,036		2,829,017		68,121,053
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	101,449,633	0	3,555,375	0	105,005,007

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	151,110							3	151,110
17. Incurred during current year.....	16	1,084,165							16	1,084,165
Settled during current year:										
18.1 By payment in full.....	17	1,231,835							17	1,231,835
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	1,231,835	0	0	0	0	0	0	17	1,231,835
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	1,231,835	0	0	0	0	0	0	17	1,231,835
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	3,440	0	0	0	0	0	0	2	3,440
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,440	297,238,629		(a).....		4,737			1,440	297,243,366
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(138)	(28,497,362)				45			(138)	(28,497,317)
23. In force December 31 of current year.....	1,302	268,741,267	0	(a).....0	0	4,782	0	0	1,302	268,746,049

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	317	316			(10)
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).....	86,546	85,734		54,251	52,965
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).....	86,546	85,734	0	54,251	52,965
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	86,863	86,050	0	54,251	52,955

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	945,706				945,706
2. Annuity considerations.....	16,702,911		100,003		16,802,913
3. Deposit-type contract funds.....	1,029,512	XXX		XXX	1,029,512
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	18,678,129	0	100,003	0	18,778,131
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.....	1,168,853		18,322		1,187,175
10. Matured endowments.....					0
11. Annuity benefits.....	4,768,224		20,332		4,788,556
12. Surrender values and withdrawals for life contracts.....	6,486,129		372,063		6,858,192
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.....	12,423,206	0	410,717	0	12,833,922

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pol. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	30,900							4	30,900
17. Incurred during current year.....	16	1,603,679			4	18,322			20	1,622,001
Settled during current year:										
18.1 By payment in full.....	16	1,168,853			4	18,322			20	1,187,175
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	1,168,853	0	0	4	18,322	0	0	20	1,187,175
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	1,168,853	0	0	4	18,322	0	0	20	1,187,175
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	465,726	0	0	0	0	0	0	4	465,726
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,272	227,072,161		(a).....		174,294			1,272	227,246,455
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(105)	(17,378,749)				(13,227)			(105)	(17,391,976)
23. In force December 31 of current year.....	1,167	209,693,412	0	(a).....0	0	161,067	0	0	1,167	209,854,479

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	251,032	250,427		214,904	214,142
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).....	251,032	250,427	0	214,904	214,142
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	251,032	250,427	0	214,904	214,142

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	221,253				221,253
2. Annuity considerations.....	42,950,965		4,700		42,955,665
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,172,218	0	4,700	0	43,176,918
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.....	1,016,145		3,622		1,019,767
10. Matured endowments.....	27,942				27,942
11. Annuity benefits.....	7,394,830		42,733		7,437,563
12. Surrender values and withdrawals for life contracts.....	25,560,578		430,231		25,990,810
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.....	33,999,496	0	476,586	0	34,476,082

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	13,438							6	13,438
17. Incurred during current year.....	351	1,138,562			1	3,622			352	1,142,184
Settled during current year:										
18.1 By payment in full.....	336	1,044,087			1	3,622			337	1,047,709
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	336	1,044,087	0	0	1	3,622	0	0	337	1,047,709
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	336	1,044,087	0	0	1	3,622	0	0	337	1,047,709
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	21	107,913	0	0	0	0	0	0	21	107,913
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5,323	70,775,487		(a).....		17,294			5,323	70,792,781
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(387)	(2,398,447)				(3,452)			(387)	(2,401,899)
23. In force December 31 of current year.....	4,936	68,377,040	0	(a).....0	0	13,842	0	0	4,936	68,390,882

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,900	4,900			(111)
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).....	83,536	91,021		83,392	313,100
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).....	83,536	91,021	0	83,392	313,100
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	88,436	95,921	0	83,392	312,989

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	81,208		(5,058)		76,150
2. Annuity considerations.....	355,898		600		356,498
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	437,106	0	(4,458)	0	432,648
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.....	2,000,000				2,000,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,323,445				1,323,445
12. Surrender values and withdrawals for life contracts.....	329,610		1,714		331,324
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	3,653,054	0	1,714	0	3,654,768

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....						1,000			0	1,000
17. Incurred during current year.....	1	2,000,000				(1,000)			1	1,999,000
Settled during current year:										
18.1 By payment in full.....	1	2,000,000							1	2,000,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	2,000,000	0	0	0	0	0	0	1	2,000,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	2,000,000	0	0	0	0	0	0	1	2,000,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	47	13,875,562		(a).....	7	78,404			54	13,953,966
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	6	1,279,884				(7,899)			6	1,271,985
23. In force December 31 of current year.....	53	15,155,446	0	(a).....0	7	70,505	0	0	60	15,225,951

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,942,259				1,942,259
2. Annuity considerations.....	268,837,847		46,013		268,883,860
3. Deposit-type contract funds.....	423,033	XXX		XXX	423,033
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	271,203,140	0	46,013	0	271,249,153
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.....	3,720,087				3,720,087
10. Matured endowments.....					0
11. Annuity benefits.....	23,314,538		42,119		23,356,657
12. Surrender values and withdrawals for life contracts.....	44,461,778		353,420		44,815,198
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.....	71,496,403	0	395,539	0	71,891,942

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	250,000							1	250,000
17. Incurred during current year.....	23	3,870,087							23	3,870,087
Settled during current year:										
18.1 By payment in full.....	21	3,720,087							21	3,720,087
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	21	3,720,087	0	0	0	0	0	0	21	3,720,087
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	21	3,720,087	0	0	0	0	0	0	21	3,720,087
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	400,000	0	0	0	0	0	0	3	400,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,829	606,354,056	(a)			26,226			2,829	606,380,282
21. Issued during year.....	9	235,000							9	235,000
22. Other changes to in force (Net).....	(233)	(37,100,606)				232			(233)	(37,100,374)
23. In force December 31 of current year.....	2,605	569,488,450	0	(a)	0	26,458	0	0	2,605	569,514,908

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	57,328	56,760		22,091	22,670
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).....	57,328	56,760	0	22,091	22,670
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	57,328	56,760	0	22,091	22,670

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



DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,432				2,432
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,432	0	0	0	2,432
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.....	45,124				45,124
12. Surrender values and withdrawals for life contracts.....	120,622				120,622
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.....	165,746	0	0	0	165,746

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	10	244,000	(a).....						10	244,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	50,000							1	50,000
23. In force December 31 of current year.....	11	294,000	(a).....	0	0	0	0	0	11	294,000

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	112,611				112,611
2. Annuity considerations.....	38,941,094		1,048,588		39,989,683
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	39,053,706	0	1,048,588	0	40,102,294
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.....	50,000				50,000
10. Matured endowments.....					0
11. Annuity benefits.....	3,371,163		21,427		3,392,590
12. Surrender values and withdrawals for life contracts.....	5,983,738		1,164,481		7,148,220
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.....	9,404,901	0	1,185,908	0	10,590,810

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	174	30,245,958	(a).....			40,251			174	30,286,209
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(16)	(2,737,243)				401			(16)	(2,736,842)
23. In force December 31 of current year.....	159	27,558,715	0	(a).....0	0	40,652	0	0	159	27,599,367

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	13,433	13,431		792	799
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).....	13,433	13,431	0	792	799
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,433	13,431	0	792	799

(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 CAROLINA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	765,521				765,521
2. Annuity considerations.....	131,738,157		48,043		131,786,200
3. Deposit-type contract funds.....	276,901	XXX		XXX	276,901
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	132,780,579	0	48,043	0	132,828,622
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.....	1,551,816				1,551,816
10. Matured endowments.....					0
11. Annuity benefits.....	9,356,025				9,356,025
12. Surrender values and withdrawals for life contracts.....	29,887,829		229,414		30,117,243
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	40,795,670	0	229,414	0	41,025,084

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	569,975							5	569,975
17. Incurred during current year.....	16	1,086,841							16	1,086,841
Settled during current year:										
18.1 By payment in full.....	19	1,551,816							19	1,551,816
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	1,551,816	0	0	0	0	0	0	19	1,551,816
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	1,551,816	0	0	0	0	0	0	19	1,551,816
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	105,000	0	0	0	0	0	0	2	105,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,013	176,058,563		(a).....		30,231			1,013	176,088,794
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(100)	(19,438,178)				462			(100)	(19,437,716)
23. In force December 31 of current year.....	914	156,630,385	0	(a).....0	0	30,693	0	0	914	156,661,078

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	739,219	745,867		540,599	537,700
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).....	739,219	745,867	0	540,599	537,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	739,219	745,867	0	540,599	537,700

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	78,661				78,661
2. Annuity considerations.....	5,703,383		29,787		5,733,170
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,782,044	0	29,787	0	5,811,831
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.....	650,747		1,529		652,276
12. Surrender values and withdrawals for life contracts.....	875,312		508,191		1,383,503
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,526,059	0	509,720	0	2,035,779

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									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.....	102	24,938,854		(a).....					102	24,938,854
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	1	(125,000)							1	(125,000)
23. In force December 31 of current year.....	104	24,823,854	0	(a).....0	0	0	0	0	104	24,823,854

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	8,104	8,104			20
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).....	8,104	8,104	0	0	20
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,104	8,104	0	0	20

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



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	800,651				800,651
2. Annuity considerations.....	93,952,743		66,304		94,019,046
3. Deposit-type contract funds.....	128,659	XXX		XXX	128,659
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	94,882,053	0	66,304	0	94,948,356
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.....	671,000		654,459		1,325,459
10. Matured endowments.....			6,535		6,535
11. Annuity benefits.....	15,622,630		253,130		15,875,760
12. Surrender values and withdrawals for life contracts.....	33,753,272		395,529		34,148,802
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.....	50,046,902	0	1,309,653	0	51,356,556

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0			5	17,244			5	17,244
17. Incurred during current year.....	8	676,000			127	675,715			135	1,351,715
Settled during current year:										
18.1 By payment in full.....	7	671,000			124	660,994			131	1,331,994
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	671,000	0	0	124	660,994	0	0	131	1,331,994
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	671,000	0	0	124	660,994	0	0	131	1,331,994
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	8	31,965	0	0	9	36,965
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,112	293,740,594		(a).....		8,350,580			1,112	302,091,174
21. Issued during year.....	1	50,000							1	50,000
22. Other changes to in force (Net).....	(57)	(9,112,699)				(573,243)			(57)	(9,685,942)
23. In force December 31 of current year.....	1,056	284,677,895	0	(a).....0	0	7,777,337	0	0	1,056	292,455,232

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	705,695	709,930		475,589	627,981
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).....	705,695	709,930	0	475,589	627,981
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	705,695	709,930	0	475,589	627,981

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,636,493				4,636,493
2. Annuity considerations.....	141,863,190		915,996		142,779,185
3. Deposit-type contract funds.....	200,675	XXX		XXX	200,675
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	146,700,357	0	915,996	0	147,616,353
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.....	5,248,903		27,314		5,276,216
10. Matured endowments.....	(2,000)				(2,000)
11. Annuity benefits.....	26,179,182		375,418		26,554,601
12. Surrender values and withdrawals for life contracts.....	45,813,539		5,385,757		51,199,297
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.....	77,239,624	0	5,788,489	0	83,028,114

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	12	557,741							12	557,741
17. Incurred during current year.....	50	5,345,245			3	26,266			53	5,371,511
Settled during current year:										
18.1 By payment in full.....	51	5,247,950			3	26,266			54	5,274,216
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	51	5,247,950	0	0	3	26,266	0	0	54	5,274,216
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	51	5,247,950	0	0	3	26,266	0	0	54	5,274,216
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	655,036	0	0	0	0	0	0	11	655,036
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5,828	1,292,110,918		(a).....		139,041			5,828	1,292,249,959
21. Issued during year.....	4	85,000							4	85,000
22. Other changes to in force (Net).....	(489)	(97,252,125)				(14,760)			(489)	(97,266,885)
23. In force December 31 of current year.....	5,343	1,194,943,793	0	(a).....0	0	124,281	0	0	5,343	1,195,068,074

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	313,913	312,882		228,361	225,797
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).....	313,913	312,882	0	228,361	225,797
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	313,913	312,882	0	228,361	225,797

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	221,122				221,122
2. Annuity considerations.....	39,920,592		1,736		39,922,328
3. Deposit-type contract funds.....	96,518	XXX		XXX	96,518
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	40,238,232	0	1,736	0	40,239,968
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.....	513,497				513,497
10. Matured endowments.....					0
11. Annuity benefits.....	6,108,699		10,687		6,119,386
12. Surrender values and withdrawals for life contracts.....	17,286,256		18,793		17,305,049
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	23,908,452	0	29,480	0	23,937,932

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	200,000							1	200,000
17. Incurred during current year.....	3	313,497							3	313,497
Settled during current year:										
18.1 By payment in full.....	4	513,497							4	513,497
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	513,497	0	0	0	0	0	0	4	513,497
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	513,497	0	0	0	0	0	0	4	513,497
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.....	275	74,235,647		(a).....					275	74,235,647
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(4,781,948)							(18)	(4,781,948)
23. In force December 31 of current year.....	257	69,453,699	0	(a).....0	0	0	0	0	257	69,453,699

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		31			(75)
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).....	84,193	83,710		50,148	50,095
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).....	84,193	83,710	0	50,148	50,095
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	84,193	83,741	0	50,148	50,020

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,712,388				1,712,388
2. Annuity considerations.....	102,291,508		52,522		102,344,030
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	104,003,896	0	52,522	0	104,056,418
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.....	2,521,340		14,109		2,535,449
10. Matured endowments.....					0
11. Annuity benefits.....	12,299,966		1,929		12,301,895
12. Surrender values and withdrawals for life contracts.....	16,649,674		693,374		17,343,048
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.....	31,470,980	0	709,412	0	32,180,392

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	1,048							1	1,048
17. Incurred during current year.....	25	2,963,142			3	14,109			28	2,977,251
Settled during current year:										
18.1 By payment in full.....	19	2,495,626			3	14,109			22	2,509,735
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	2,495,626	0	0	3	14,109	0	0	22	2,509,735
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	2,495,626	0	0	3	14,109	0	0	22	2,509,735
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	468,563	0	0	0	0	0	0	7	468,563
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,268	504,552,443		(a).....		68,324			2,268	504,620,767
21. Issued during year.....	1	75,000							1	75,000
22. Other changes to in force (Net).....	(133)	(25,741,315)				(13,072)			(133)	(25,754,387)
23. In force December 31 of current year.....	2,136	478,886,128	0	(a).....0	0	55,252	0	0	2,136	478,941,380

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	5,257	5,253			(20)
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).....	282,083	285,062		91,351	(16,180)
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).....	282,083	285,062	0	91,351	(16,180)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	287,340	290,315	0	91,351	(16,200)

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



DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,687				4,687
2. Annuity considerations.....	179,164				179,164
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	183,851	0	0	0	183,851
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.....	968				968
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.....	968	0	0	0	968

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	6	1,925,000	(a)						6	1,925,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(200,000)							(1)	(200,000)
23. In force December 31 of current year.....	5	1,725,000	0	(a)	0	0	0	0	5	1,725,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
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 VERMONT DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	67,571				67,571
2. Annuity considerations.....	6,000,654		37,436		6,038,090
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,068,225	0	37,436	0	6,105,661
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.....	5,190				5,190
10. Matured endowments.....					0
11. Annuity benefits.....	1,015,387				1,015,387
12. Surrender values and withdrawals for life contracts.....	1,496,580		123,974		1,620,553
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,517,157	0	123,974	0	2,641,130

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,000							1	2,000
17. Incurred during current year.....	2	5,190							2	5,190
Settled during current year:										
18.1 By payment in full.....	2	5,190							2	5,190
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	5,190	0	0	0	0	0	0	2	5,190
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,190	0	0	0	0	0	0	2	5,190
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	99	19,321,853	(a)			14,342			99	19,336,195
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(1,098,270)				144			(11)	(1,098,126)
23. In force December 31 of current year.....	88	18,223,583	0	0	0	14,486	0	0	88	18,238,069

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	20,390	20,382			(70)
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).....	20,390	20,382	0	0	(70)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	20,390	20,382	0	0	(70)

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	723,833				723,833
2. Annuity considerations.....	94,370,099		310,974		94,681,073
3. Deposit-type contract funds.....	159,500	XXX		XXX	159,500
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	95,253,432	0	310,974	0	95,564,406
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.....	276,094				276,094
10. Matured endowments.....	609				609
11. Annuity benefits.....	29,448,943		284,347		29,733,291
12. Surrender values and withdrawals for life contracts.....	61,264,876		1,985,471		63,250,347
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.....	90,990,522	0	2,269,818	0	93,260,340

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	35,191							3	35,191
17. Incurred during current year.....	18	283,354							18	283,354
Settled during current year:										
18.1 By payment in full.....	14	276,703							14	276,703
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	276,703	0	0	0	0	0	0	14	276,703
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	276,703	0	0	0	0	0	0	14	276,703
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	41,842	0	0	0	0	0	0	7	41,842
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,209	214,688,692		(a).....		15,794			1,209	214,704,486
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(148)	(26,173,971)				158			(148)	(26,173,813)
23. In force December 31 of current year.....	1,062	188,524,721	0	(a).....0	0	15,952	0	0	1,062	188,540,673

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	200,731	235,974		110,838	(447,328)
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).....	200,731	235,974	0	110,838	(447,328)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	200,731	235,974	0	110,838	(447,328)

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



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	450,539				450,539
2. Annuity considerations.....	55,677,493		7,273		55,684,766
3. Deposit-type contract funds.....	102,517	XXX		XXX	102,517
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	56,230,549	0	7,273	0	56,237,822
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	58,258				58,258
10. Matured endowments.....					0
11. Annuity benefits.....	7,834,667				7,834,667
12. Surrender values and withdrawals for life contracts.....	17,941,462		65,251		18,006,713
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.....	25,834,387	0	65,251	0	25,899,638

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	758							2	758
17. Incurred during current year.....	4	69,500							4	69,500
Settled during current year:										
18.1 By payment in full.....	4	58,258							4	58,258
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	58,258	0	0	0	0	0	0	4	58,258
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	58,258	0	0	0	0	0	0	4	58,258
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	12,000	0	0	0	0	0	0	2	12,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	670	130,239,054	(a)						670	130,239,054
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(49)	(5,882,391)							(49)	(5,882,391)
23. In force December 31 of current year.....	621	124,356,663	0	0	0	0	0	0	621	124,356,663

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	59,784	58,837			(2,172)
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).....	366,062	392,425		184,941	300,663
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).....	366,062	392,425	0	184,941	300,663
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	425,846	451,262	0	184,941	298,490

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



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	149,361				149,361
2. Annuity considerations.....	28,503,397				28,503,397
3. Deposit-type contract funds.....	9,784	XXX		XXX	9,784
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	28,662,542	0	0	0	28,662,542
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.....	30,000				30,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,141,437				1,141,437
12. Surrender values and withdrawals for life contracts.....	3,379,576		10,505		3,390,081
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.....	4,551,013	0	10,505	0	4,561,518

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	30,000							1	30,000
Settled during current year:										
18.1 By payment in full.....	1	30,000							1	30,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	30,000	0	0	0	0	0	0	1	30,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	30,000	0	0	0	0	0	0	1	30,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	146	23,973,631	(a)						146	23,973,631
21. Issued during year.....	1	25,000							1	25,000
22. Other changes to in force (Net).....	(16)	(2,015,210)							(16)	(2,015,210)
23. In force December 31 of current year.....	131	21,983,421	0	0	0	0	0	0	131	21,983,421

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	7,258	7,228		4,235	3,612
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	7,258	7,228	0	4,235	3,612
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	7,258	7,228	0	4,235	3,612

(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.....0084 NAIC Company Code.....63312

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	47,255				47,255
2. Annuity considerations.....	5,389,486		300		5,389,786
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,436,741	0	300	0	5,437,041
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.....	268,267				268,267
12. Surrender values and withdrawals for life contracts.....	1,161,546		157,303		1,318,849
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,429,813	0	157,303	0	1,587,116

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	64	12,822,069		(a).....		6,768			64	12,828,837
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(251,949)				66			(2)	(251,883)
23. In force December 31 of current year.....	62	12,570,120	0	(a).....0	0	6,834	0	0	62	12,576,954

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	3,457	3,456		4,018	4,060
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).....	3,457	3,456	0	4,018	4,060
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,457	3,456	0	4,018	4,060

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

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	75,131,965
2. Current year's realized pre-tax capital gains/(losses) of \$.....21,674,277 transferred into the reserve net of taxes of \$.....7,585,997.....	14,088,278
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	129,620
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	89,349,863
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	19,909,059
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	69,440,804

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.....	17,494,366	2,285,073	129,620	19,909,059
2. 2016.....	13,668,533	3,334,053		17,002,586
3. 2017.....	10,202,500	2,795,697		12,998,197
4. 2018.....	7,060,458	2,123,905		9,184,363
5. 2019.....	4,873,421	1,434,815		6,308,236
6. 2020.....	3,585,363	718,140		4,303,503
7. 2021.....	2,782,344	317,192		3,099,536
8. 2022.....	2,124,715	262,666		2,387,381
9. 2023.....	1,592,102	202,307		1,794,409
10. 2024.....	1,286,542	140,713		1,427,255
11. 2025.....	1,130,582	73,287		1,203,869
12. 2026.....	1,000,199	42,944		1,043,143
13. 2027.....	911,422	43,832		955,254
14. 2028.....	854,513	45,973		900,486
15. 2029.....	806,685	47,356		854,041
16. 2030.....	762,948	50,254		813,202
17. 2031.....	722,803	46,628		769,431
18. 2032.....	677,441	38,751		716,192
19. 2033.....	643,602	30,378		673,980
20. 2034.....	582,523	21,248		603,771
21. 2035.....	511,633	12,744		524,377
22. 2036.....	449,085	7,080		456,165
23. 2037.....	387,873	5,769		393,642
24. 2038.....	317,032	4,064		321,096
25. 2039.....	247,208	2,491		249,699
26. 2040.....	186,436	918		187,354
27. 2041.....	137,405			137,405
28. 2042.....	112,074			112,074
29. 2043.....	15,506			15,506
30. 2044.....	4,652			4,652
31. 2045 and Later.....				0
32. Total (Lines 1 to 31).....	75,131,965	14,088,278	129,620	89,349,863

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	79,185,297	7,471,892	86,657,189	65,839,394	23,765,821	89,605,215	176,262,403
2. Realized capital gains/(losses) net of taxes - General Account.....	(16,142,089)	(9,706)	(16,151,795)	(11,037,488)	(1,969,513)	(13,007,001)	(29,158,796)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(1,986,886)		(1,986,886)	(12,499,182)	12,296,892	(202,290)	(2,189,176)
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.....	27,234,393	2,046,556	29,280,949		124,255	124,255	29,405,204
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	88,290,715	9,508,742	97,799,457	42,302,724	34,217,455	76,520,179	174,319,635
9. Maximum reserve.....	141,894,323	8,631,927	150,526,250	84,558,073	39,262,445	123,820,518	274,346,768
10. Reserve objective.....	100,549,364	6,647,814	107,197,178	84,435,973	39,528,840	123,964,813	231,161,991
11. 20% of (Line 10 minus Line 8).....	2,451,730	(572,186)	1,879,544	8,426,650	1,062,277	9,488,927	11,368,471
12. Balance before transfers (Lines 8 + 11).....	90,742,445	8,936,556	99,679,001	50,729,374	35,279,732	86,009,106	185,688,107
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....	304,628	(304,628)	0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	91,047,073	8,631,928	99,679,001	50,729,374	35,279,732	86,009,106	185,688,107

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations	28,596,668	XXX.....	XXX.....	28,596,668	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	16,021,452,025	XXX.....	XXX.....	16,021,452,025	0.0004	6,408,581	0.0023	36,849,340	0.0030	48,064,356
3	2	High quality.....	5,897,949,860	XXX.....	XXX.....	5,897,949,860	0.0019	11,206,105	0.0058	34,208,109	0.0090	53,081,549
4	3	Medium quality.....	504,551,014	XXX.....	XXX.....	504,551,014	0.0093	4,692,324	0.0230	11,604,673	0.0340	17,154,734
5	4	Low quality.....	143,340,381	XXX.....	XXX.....	143,340,381	0.0213	3,053,150	0.0530	7,597,040	0.0750	10,750,529
6	5	Lower quality.....	32,304,964	XXX.....	XXX.....	32,304,964	0.0432	1,395,574	0.1100	3,553,546	0.1700	5,491,844
7	6	In or near default.....	25,953,083	XXX.....	XXX.....	25,953,083	0.0000	0	0.2000	5,190,617	0.2000	5,190,617
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).....	22,654,147,995	XXX.....	XXX.....	22,654,147,995	XXX.....	26,755,735	XXX.....	99,003,325	XXX.....	139,733,628
PREFERRED STOCKS												
10	1	Highest quality		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....	40,714,367	XXX.....	XXX.....	40,714,367	0.0019	77,357	0.0058	236,143	0.0090	366,429
12	3	Medium quality.....	1,000,000	XXX.....	XXX.....	1,000,000	0.0093	9,300	0.0230	23,000	0.0340	34,000
13	4	Low quality.....	13,920,257	XXX.....	XXX.....	13,920,257	0.0213	296,501	0.0530	737,774	0.0750	1,044,019
14	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	55,634,624	XXX.....	XXX.....	55,634,624	XXX.....	383,159	XXX.....	996,917	XXX.....	1,444,449
SHORT-TERM BONDS												
18		Exempt obligations	203,304,489	XXX.....	XXX.....	203,304,489	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality	2,166,700	XXX.....	XXX.....	2,166,700	0.0004	867	0.0023	4,983	0.0030	6,500
20	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 thru 24).....	205,471,189	XXX.....	XXX.....	205,471,189	XXX.....	867	XXX.....	4,983	XXX.....	6,500
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX.....	XXX.....	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality	236,582,174	XXX.....	XXX.....	236,582,174	0.0004	94,633	0.0023	544,139	0.0030	709,747
28	2	High quality.....		XXX.....	XXX.....	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX.....	XXX.....	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX.....	XXX.....	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX.....	XXX.....	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	236,582,174	XXX.....	XXX.....	236,582,174	XXX.....	94,633	XXX.....	544,139	XXX.....	709,747
34		Total (Lines 9 + 17 + 25 + 33).....	23,151,835,982	XXX.....	XXX.....	23,151,835,982	XXX.....	27,234,393	XXX.....	100,549,364	XXX.....	141,894,324

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
31		MORTGAGE LOANS										
		In good standing:										
	35	Farm mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
	36	Farm mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
	37	Farm mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
	38	Farm mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
	39	Farm mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
	40	Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
	41	Residential mortgages-all other.....	122,275,453		XXX	122,275,453	0.0013	158,958	0.0030	366,826	0.0040	489,102
	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.....	399,105,946		XXX	399,105,946	0.0010	399,106	0.0050	1,995,530	0.0065	2,594,189
	44	Commercial mortgages-all other - CM2 - high quality.....	263,475,264		XXX	263,475,264	0.0035	922,163	0.0100	2,634,753	0.0130	3,425,178
	45	Commercial mortgages-all other - CM3 - medium quality.....	94,084,737		XXX	94,084,737	0.0060	564,508	0.0175	1,646,483	0.0225	2,116,907
	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.....	727,974		XXX	727,974	0.0025	1,820	0.0058	4,222	0.0090	6,552
	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).....	879,669,374	0	XXX	879,669,374	XXX	2,046,556	XXX	6,647,814	XXX	8,631,927
	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).....	879,669,374	0	XXX	879,669,374	XXX	2,046,556	XXX	6,647,814	XXX	8,631,927

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Design- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....	378,026,080	XXX	XXX	378,026,080	0.0000	0	(a).....0.1726	65,247,301	(a).....0.1726	65,247,301
2		Unaffiliated private.....	118,657,325	XXX	XXX	118,657,325	0.0000	0	0.1600	18,985,172	0.1600	18,985,172
3		Federal Home Loan Bank.....	40,700,000	XXX	XXX	40,700,000	0.0000	0	0.0050	203,500	0.0080	325,600
4		Affiliated life with AVR.....	257,541,567	XXX	XXX	257,541,567	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....	0			0	XXX		XXX		XXX	
6		Fixed income highest quality.....	0			0	XXX		XXX		XXX	
7		Fixed income high quality.....	0			0	XXX		XXX		XXX	
8		Fixed income medium quality.....	0			0	XXX		XXX		XXX	
9		Fixed income low quality.....	0			0	XXX		XXX		XXX	
10		Fixed income lower quality.....	0			0	XXX		XXX		XXX	
11		Fixed income in or near default.....	0			0	XXX		XXX		XXX	
12		Unaffiliated common stock public.....	0			0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....	0			0	0.0000	0	0.1600	0	0.1600	0
14		Real estate.....	0			0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures manual).....	0	XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other.....	0	XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16).....	794,924,972	0	0	794,924,972	XXX	0	XXX	84,435,973	XXX	84,558,073
		REAL ESTATE										
18		Home office property (General Account only).....	0			0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties.....	85,183,351			85,183,351	0.0000	0	0.0750	6,388,751	0.0750	6,388,751
20		Properties acquired in satisfaction of debt.....	0			0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20).....	85,183,351	0	0	85,183,351	XXX	0	XXX	6,388,751	XXX	6,388,751
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....	0	XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality.....	0	XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality.....	8,125,926	XXX	XXX	8,125,926	0.0093	75,571	0.0230	186,896	0.0340	276,281
26	4	Low quality.....	858,692	XXX	XXX	858,692	0.0213	18,290	0.0530	45,511	0.0750	64,402
27	5	Lower quality.....	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	8,984,618	XXX	XXX	8,984,618	XXX	93,861	XXX	232,407	XXX	340,683

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Design- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - high quality.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - medium quality.....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - low medium quality.....			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - low quality.....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential mortgages-all other.....		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential mortgages-all other.....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial mortgages-all other.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of foreclosure Affiliated:										
51		Farm mortgages.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential mortgages-all other.....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial mortgages-insured or guaranteed.....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial mortgages-all other.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55).....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing with Covenants.....			XXX	0	(c).....	0	(c).....	0	(c).....	0
58		Unaffiliated - In Good Standing Defeased with Government Securities.....			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing Primarily Senior.....			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other.....	5,065,661		XXX	5,065,661	0.0060	30,394	0.0175	88,649	0.0225	113,977
61		Unaffiliated - Overdue, Not in Process.....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure.....			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62).....	5,065,661	0	XXX	5,065,661	XXX	30,394	XXX	88,649	XXX	113,977
64		Total with Mortgage Loan Characteristics (Lines 56 + 63).....	5,065,661	0	XXX	5,065,661	XXX	30,394	XXX	88,649	XXX	113,977

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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	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public.....		XXX	XXX	0	0.0000	0	(a).....	0	(a).....	0
66		Unaffiliated private.....	178,469,851	XXX	XXX	178,469,851	0.0000	0	0.1600	28,555,176	0.1600	28,555,176
67		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures manual).....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated other - all other.....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69).....	178,469,851	XXX	XXX	178,469,851	XXX.....	0	XXX.....	28,555,176	XXX.....	28,555,176
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only).....				0	0.0000	0	0.0750	0	0.0750	0
72		Investment properties.....	56,851,425			56,851,425	0.0000	0	0.0750	4,263,857	0.0750	4,263,857
73		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73).....	56,851,425	0	0	56,851,425	XXX.....	0	XXX.....	4,263,857	XXX.....	4,263,857
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed state low income housing tax credit.....				0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit.....				0	0.0063	0	0.0120	0	0.0190	0
79		All other low income housing tax credit.....				0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments.....		XXX		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 working capital finance investments.....		XXX		0	0.0000	0	0.0120	0	0.0120	0
83		Other invested assets - Schedule BA.....		XXX		0	0.0000	0	0.1300	0	0.1300	0
84		Other short-term invested assets - Schedule DA.....		XXX		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (sum of Lines 81, 82, 83 and 84).....	0	XXX	0	0	XXX.....	0	XXX.....	0	XXX.....	0
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85).....	249,371,555	0	0	249,371,555	XXX.....	124,255	XXX.....	33,140,089	XXX.....	33,273,694

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

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

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

ASSET VALUATION RESERVE (continued)

Basic Contributions, Reserve Objective and Maximum Reserve Calculations

Replications (Synthetic) Assets

1	2	3	4	5	6	7	8	9
RSAT Number	Type	CUSIP	Description of Asset(s)	NAIC Designation or Other Description of Asset	Value of Asset	AVR Basic Contribution	AVR Reserve Objective	AVR Maximum Reserve

NONE

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE F

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

1	2	3	4	5	6	7	8
Contract Numbers	Claim Numbers	State of Residence of Claimant	Year of Claim for Death or Disability	Amount Claimed	Amount Paid During the Year	Amount Resisted Dec. 31 of Current Year	Why Compromised or Resisted
CLAIMS RESISTED DURING CURRENT YEAR							
Death Claims - Ordinary							
SM2111420.....	40940.....	NJ.....	.....	.....50,000	.....	.....12,500	Material misrepresentation.....
2799999. Death Claims - Ordinary.....				50,000	0	12,500	XXX
3199999. Subtotal - Resisted Death Claims.....				50,000	0	12,500	XXX
5299999. Subtotal - Claims Resisted of During Current Year.....				50,000	0	12,500	XXX
5399999. Totals.....				50,000	0	12,500	XXX

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	33,578,272	XXX...	665	XXX...	...	XXX...	...	XXX...	...	XXX...	33,577,607	XXX..	...	XXX...	...	XXX...	...	XXX..
2.	Premiums earned.....	32,794,900	XXX...	...	XXX...	...	XXX...	...	XXX...	...	XXX...	32,794,900	XXX..	...	XXX...	...	XXX...	...	XXX..
3.	Incurred claims.....	5,242,401	16.0	1,354	0.0	0	0.0	0	0.0	0	0.0	5,241,047	16.0	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	5,242,401	16.0	1,354	0.0	0	0.0	0	0.0	0	0.0	5,241,047	16.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	27,777,097	84.7	115,688	0.0	0	0.0	0	0.0	0	0.0	27,661,409	84.3	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	82,894	0.3	...	0.0	...	0.0	...	0.0	...	0.0	82,894	0.3	...	0.0	...	0.0	...	0.0
8.	Other general insurance expenses.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
9.	Taxes, licenses and fees.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
10.	Total other expenses incurred.....	82,894	0.3	0	0.0	0	0.0	0	0.0	0	0.0	82,894	0.3	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	(307,492)	(0.9)	(117,042)	0.0	0	0.0	0	0.0	0	0.0	(190,450)	(0.6)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
14.	Gain from underwriting after dividends or refunds.....	(307,492)	(0.9)	(117,042)	0.0	0	0.0	0	0.0	0	0.0	(190,450)	(0.6)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
1102.	.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
1103.	.....	0	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0	...	0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	783,372	665				782,707			
2. Advance premiums.....	33,525					33,525			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	816,897	665	0	0	0	816,232	0	0	0
5. Total premium reserves, prior year.....	0								
6. Increase in total premium reserves.....	816,897	665	0	0	0	816,232	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	27,777,097	115,688				27,661,409			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	27,777,097	115,688	0	0	0	27,661,409	0	0	0
4. Total contract reserves, prior year.....	0								
5. Increase in contract reserves.....	27,777,097	115,688	0	0	0	27,661,409	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	5,067,897	1,354	0	0	0	5,066,543	0	0	0
2. Total prior year.....	0								
3. Increase.....	5,067,897	1,354	0	0	0	5,066,543	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	0								
1.2 On claims incurred during current year.....	174,504					174,504			
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year.....	3,002,441	119				3,002,322			
2.2 On claims incurred during current year.....	2,065,456	1,235				2,064,221			
3. Test:									
3.1 Lines 1.1 and 2.1.....	3,002,441	119	0	0	0	3,002,322	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	0								
3.3 Line 3.1 minus Line 3.2.....	3,002,441	119	0	0	0	3,002,322	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	33,578,272	665				33,577,607			
2. Premiums earned.....	783,372	665				782,707			
3. Incurred claims.....	5,242,401	1,355				5,241,046			
4. Commissions.....	82,894					82,894			
B. Reinsurance Ceded:									
1. Premiums written.....	8,518,376	74,158			321	8,441,987	1,910		
2. Premiums earned.....	8,504,531	73,587			1,166	8,427,868	1,910		
3. Incurred claims.....	5,343,153	(2,560)			(15,376)	5,361,089			
4. Commissions.....	689,171					689,171			

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

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			5,343,153	5,343,153
2. Beginning claim reserves and liabilities.....			3,358,581	3,358,581
3. Ending claim reserves and liabilities.....			3,605,886	3,605,886
4. Claims paid.....	0	0	5,095,848	5,095,848
B. Assumed Reinsurance:				
5. Incurred claims.....			5,242,401	5,242,401
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....			5,067,897	5,067,897
8. Claims paid.....	0	0	174,504	174,504
C. Ceded Reinsurance:				
9. Incurred claims.....			5,343,153	5,343,153
10. Beginning claim reserves and liabilities.....			3,358,581	3,358,581
11. Ending claim reserves and liabilities.....			3,605,886	3,605,886
12. Claims paid.....	0	0	5,095,848	5,095,848
D. Net:				
13. Incurred claims.....	0	0	5,242,401	5,242,401
14. Beginning claim reserves and liabilities.....	0	0	0	0
15. Ending claim reserves and liabilities.....	0	0	5,067,897	5,067,897
16. Claims paid.....	0	0	174,504	174,504
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			5,242,401	5,242,401
18. Beginning reserves and liabilities.....				0
19. Ending reserves and liabilities.....			5,067,897	5,067,897
20. Paid claims and cost containment expenses.....	0	0	174,504	174,504

SCHEDULE S - PART 1 - SECTION 1

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

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Amount of In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
63479.....	58-0869673....	10/31/2015	United Teacher Associates Insurance Company.....	TX.....	ACO/I.....	.....	.....2,065,630	2,109,749	.....	.....	.....
63479.....	58-0869673....	10/31/2015	United Teacher Associates Insurance Company.....	TX.....	CO/I.....	5,457,029	1,714,789	1,735,155	84,111	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	ACO/I.....	.....	.....137,576,075	297,339	1,790,456	.....	.....
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/I.....	364,574,606	125,277,807	4,673,968	4,260,764	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	ACO/I.....	.....	.....3,984,156	49,615	79,852	.....	.....
61727.....	34-0970995....	08/31/2012	Central Reserve Life Insurance Company.....	OH.....	CO/I.....	14,786,880	1,512,649	392,683	68,805	.....	.....
67903.....	23-1335885....	08/31/2012	Provident American Life & Health Insurance Company.....	OH.....	CO/I.....	9,392,651	2,476,113	821,451	52,039	.....	.....
88366.....	59-2760189....	08/31/2012	American Retirement Life Insurance Company.....	OH.....	CO/I.....	1,000,095	650,935	.....	.....3,000	.....	.....
65722.....	63-0343428....	01/01/2007	Loyal American Life Insurance Company.....	OH.....	ACO/I.....	.....	.....36,025,529	128,854	390,829	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	ACO/I.....	.....	.....3,739,195	36,700	67,052	.....	.....
62200.....	95-2496321....	06/30/2011	Accordia Life and Annuity Company.....	IA.....	CO/I.....	5,141,000	4,439,527	.....	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....					400,352,261	319,462,405	10,245,514	6,796,908	0	0
1099999.	Total - General Account - Non-Affiliates.....					400,352,261	319,462,405	10,245,514	6,796,908	0	0
1199999.	Total - General Account.....					400,352,261	319,462,405	10,245,514	6,796,908	0	0
2399999.	Total U.S.....					400,352,261	319,462,405	10,245,514	6,796,908	0	0
9999999.	Total.....					400,352,261	319,462,405	10,245,514	6,796,908	0	0

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
63479.....	58-0869673....	10/31/2015	United Teacher Associates Insurance Company.....	TX.....	CO/I.....	33,578,272	783,372	32,647,414	197,579	.....	.....
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates.....					33,578,272	783,372	32,647,414	197,579	0	0
1099999.	Total - Non-Affiliates.....					33,578,272	783,372	32,647,414	197,579	0	0
1199999.	Total - U.S.....					33,578,272	783,372	32,647,414	197,579	0	0
9999999.	Total.....					33,578,272	783,372	32,647,414	197,579	0	0

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SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	1,807,035	56,122
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....		22,789
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Company.....	CO.....	66,667	462,053
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health of America Inc.....	MO.....	200,000	72,788
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Company.....	CO.....	1,074,900	6,348,988
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	160,000	100,000
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	40,000	25,000
87572.....	23-2038295....	01/01/2003	Scottish Re (US) Inc.....	CO.....	80,000	50,000
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Company.....	CO.....	40,000	25,000
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	322,430	218,993
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....		3,116,746
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....	32,639	
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				3,823,671	10,498,479
1099999.	Total - Life and Annuity Non-Affiliates.....				3,823,671	10,498,479
1199999.	Total - Life and Annuity.....				3,823,671	10,498,479
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
65722.....	63-0343428....	08/31/2012	Loyal American Life Insurance Company.....	OH.....		468,690
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health of America Inc.....	MO.....		58,040
63479.....	58-0869673....	10/31/2015	United Teacher Associates Insurance Company.....	TX.....		116,885
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				0	643,615
2199999.	Total - Accident and Health Non-Affiliates.....				0	643,615
2299999.	Total - Accident and Health.....				0	643,615
2399999.	Total U.S.....				3,823,671	11,142,094
9999999.	Total.....				3,823,671	11,142,094

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GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 3 - SECTION 1

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

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	01/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	100,000	1,605	1,468	1,822				
87572.....	23-2038295....	01/01/1983	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	3,077,000	49,585	52,519	5,341				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	DIS/I.....	OL.....				136				
82627.....	06-0839705....	01/01/1961	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	313,425	12,011	12,035	14,386				
82627.....	06-0839705....	01/01/1973	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....			4,539					
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	15,352,520	311,305	322,607	41,541				
82627.....	06-0839705....	01/01/1979	Swiss Re Life & Health America Inc.....	MO.....	DIS/I.....	OL.....		92,647	96,929					
64688.....	75-6020048....	01/01/1982	SCOR Global Life Americas Reinsurance Company.....	DE.....	MCO/I.....	OL.....	2,376,000	507	635	23,335			998,971	
68276.....	48-1024691....	01/01/1998	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	63,060,343	291,844	274,145	284,569				
86258.....	13-2572994....	07/01/1999	General Re Life Corporation.....	CT.....	DIS/I.....	OL.....		80,039	86,446	29,698				
86258.....	13-2572994....	10/01/2003	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	197,126	409	375	6,975				
97071.....	13-3126819....	01/01/2000	SCOR Global Life USA Reinsurance Company.....	DE.....	CO/I.....	XXXL.....	7,060,000	294,671	366,406	31,563				
97071.....	13-3126819....	01/01/2008	SCOR Global Life USA Reinsurance Company.....	DE.....	CAT/I.....	XXXL/OL.....				135,477				
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	132,285,762	1,063,258	1,022,825	363,701				
88340.....	59-2859797....	01/01/2000	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	XXXL.....	8,750,000	1,357,850	1,415,037	55,832				
88340.....	59-2859797....	12/31/2002	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	720,919,725	56,913,640	55,877,433	5,150,562				
88340.....	59-2859797....	10/01/2003	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	36,600,601	18,480	27,606	202,742				
88340.....	59-2859797....	07/01/2008	Hannover Life Reassurance Company of America.....	FL.....	COMB/I.....	XXXL.....	1,174,900,784	18,235,000	19,207,000	6,456,251			19,985,378	
88099.....	75-1608507....	11/09/2004	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	881,031	455	413	6,384				
93572.....	43-1235868....	01/01/1998	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	119,397,626	1,224,432	1,171,115	391,909				
93572.....	43-1235868....	01/01/2003	RGA Reinsurance Company.....	MO.....	CO/I.....	XXXL.....	161,321,249	4,568,161	4,553,727	204,544				
93572.....	43-1235868....	10/01/2003	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	2,362,607	4,249	3,918	50,031				
87572.....	23-2038295....	01/01/2003	Scottish Re US Inc.....	DE.....	CO/I.....	XXXL.....	314,699,825	9,042,336	9,016,188	399,573				
68713.....	84-0499703....	01/01/1998	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	60,533,464	38,350	40,698	366,472				
68713.....	84-0499703....	01/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	334,688,969	8,597,499	9,871,181	1,036,435				
68713.....	84-0499703....	04/01/1999	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	OL.....	6,378,528	43,150	43,432	32,119				
68713.....	84-0499703....	01/01/2000	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	4,414,101,003	168,970,512	177,830,909	11,572,317				
68713.....	84-0499703....	01/01/2003	Security Life of Denver Insurance Company.....	CO.....	CO/I.....	XXXL.....	159,943,322	4,542,915	4,527,037	236,588				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	CO/I.....	OL.....	97,797,626	913,662	878,079	283,446				
82627.....	06-0839705....	01/01/1998	Swiss Re Life & Health America Inc.....	MO.....	YRT/I.....	OL.....	22,968,548	14,182	16,104	140,107				
86231.....	39-0989781....	01/01/2003	Transamerica Life Insurance Company.....	IA.....	CO/I.....	XXXL.....	630,300,603	18,096,406	18,043,771	800,225				
64688.....	75-6020048....	10/01/2003	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,645,463	3,615	3,680	63,556				
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	ACO/I.....	FL.....		3,591,298	3,824,764					
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	ACO/G.....	FL.....		2,272,657	2,351,366	540				
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/I.....	OL.....	18,745,358	13,645,938	14,707,884	595				
67989.....	46-0260270....	09/01/1996	American Memorial Life Insurance Company.....	SD.....	CO/G.....	OL.....	18,493,428	13,575,083	14,566,390	(4,553)				
66346.....	58-0828824....	01/01/2006	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....				38,885				

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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		
88340.....	59-2859797....	08/31/2012	Hannover Life Reassurance Company of America.....	FL.....	CO/I.....	OL.....	245,920,820	104,365,430	108,681,621	3,433,781	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0
1199999.	Total - General Account - Authorized.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0
6999999.	Total U.S.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0
9999999.	Total.....						8,775,172,756	432,233,181	448,900,282	31,856,885	0	0	20,984,349	0

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
63479.....	58-0869673....	..12/31/2009	United Teacher Associates Insurance Company.....	TX.....	CO/i.....	LTC.....	2,651,027	755,457	30,138,921	.....	.....	.....	.....
63479.....	58-0869673....	..12/31/2009	United Teacher Associates Insurance Company.....	TX.....	CO/g.....	LTC.....	74,489	5,102	2,728,148	.....	.....	.....	.....
65722.....	63-0343428....	..08/31/2012	Loyal American Life Insurance Company.....	OH.....	CO/i.....	MS.....	5,792,860	222,662	774,435	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						8,518,376	983,221	33,641,504	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						8,518,376	983,221	33,641,504	0	0	0	0
1199999.	Total - General Account - Authorized.....						8,518,376	983,221	33,641,504	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						8,518,376	983,221	33,641,504	0	0	0	0
6999999.	Total - U.S.....						8,518,376	983,221	33,641,504	0	0	0	0
9999999.	Total.....						8,518,376	983,221	33,641,504	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

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.....	40,375	43,163	47,115	163,648	41,183
2. Commissions and reinsurance expense allowances.....	7,356	7,735	8,065	9,685	7,592
3. Contract claims.....	54,198	48,090	49,561	39,700	46,684
4. Surrender benefits and withdrawals for life contracts.....	5,125	7,155	6,447	3,907	2,168
5. Dividends to policyholders.....	230	238	242	79	
6. Reserve adjustments on reinsurance ceded.....	(2,329)	(1,145)	(1,400)	(822)	(266)
7. Increase in aggregate reserves for life and accident and health contracts.....	(13,782)	(6,717)	107,822	122,221	(63,390)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	21	25	25	3,055	
9. Aggregate reserves for life and accident and health contracts.....	466,858	480,640	487,357	496,886	374,666
10. Liability for deposit-type contracts.....	95	107	67	86	73
11. Contract claims unpaid.....	11,142	9,032	7,799	9,946	7,073
12. Amounts recoverable on reinsurance.....	3,824	2,169	2,784	5,054	11,277
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

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	25,287,041,094	18,831,289	25,305,872,383
2. Reinsurance (Line 16).....	9,320,189	(5,423,306)	3,896,883
3. Premiums and considerations (Line 15).....	11,370,127	21,366	11,391,493
4. Net credit for ceded reinsurance.....	XXX	464,464,514	464,464,514
5. All other admitted assets (balance).....	628,256,656		628,256,656
6. Total assets excluding Separate Accounts (Line 26).....	25,935,988,066	477,893,863	26,413,881,929
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	25,935,988,066	477,893,863	26,413,881,929
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	22,214,196,689	466,857,906	22,681,054,595
10. Liability for deposit-type contracts (Line 3).....	1,181,149,860	94,750	1,181,244,610
11. Claim reserves (Line 4).....	134,541,107	11,142,095	145,683,202
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	337,000	64,148	401,148
14. Other contract liabilities (Line 9).....	69,722,244	(265,036)	69,457,208
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).....	614,702,442		614,702,442
20. Total liabilities excluding Separate Accounts (Line 26).....	24,214,649,342	477,893,863	24,692,543,205
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	24,214,649,342	477,893,863	24,692,543,205
23. Capital & surplus (Line 38).....	1,721,338,724	XXX	1,721,338,724
24. Total liabilities, capital & surplus (Line 39).....	25,935,988,066	477,893,863	26,413,881,929
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	466,857,906		
26. Claim reserves.....	11,142,095		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	64,148		
29. Liability for deposit-type contracts.....	94,750		
30. Other contract liabilities.....	(265,036)		
31. Reinsurance ceded assets.....	5,423,306		
32. Other ceded reinsurance recoverables.....	(18,831,289)		
33. Total ceded reinsurance recoverables.....	464,485,880		
34. Premiums and considerations.....	21,366		
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.....	21,366		
41. Total net credit for ceded reinsurance.....	464,464,514		

Annual Statement for the year 2015 of the **GREAT AMERICAN LIFE INSURANCE COMPANY**
SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
States, Etc.								
1.	Alabama.....	AL	411,781	93,204,610		7,320	223,001	93,846,713
2.	Alaska.....	AK	24,196	1,831,629				1,855,826
3.	Arizona.....	AZ	884,151	39,393,055		10,293		40,287,500
4.	Arkansas.....	AR	291,315	25,943,955		4,574		26,239,844
5.	California.....	CA	8,690,879	303,739,304	345	7,356	87,451	312,525,336
6.	Colorado.....	CO	521,339	47,523,346		109,844	113,671	48,268,201
7.	Connecticut.....	CT	661,217	85,504,035	102	7,391	1,597,673	87,770,417
8.	Delaware.....	DE	104,143	25,833,891				25,938,034
9.	District of Columbia.....	DC	55,851	4,579,467				4,635,318
10.	Florida.....	FL	3,456,497	353,034,855	164	34,755	48,920	356,575,191
11.	Georgia.....	GA	1,628,116	75,562,834	246	90,753	69,798	77,351,748
12.	Hawaii.....	HI	357,602	16,173,675			32,185	16,563,462
13.	Idaho.....	ID	171,853	21,180,213				21,352,066
14.	Illinois.....	IL	1,531,592	105,070,879		78,968	366,328	107,047,766
15.	Indiana.....	IN	423,493	93,382,455		1,711	120,881	93,928,540
16.	Iowa.....	IA	235,886	41,175,944		4,225	14,676	41,430,731
17.	Kansas.....	KS	326,928	24,830,437		69,301		25,226,667
18.	Kentucky.....	KY	370,266	46,959,611		4,397		47,334,273
19.	Louisiana.....	LA	459,704	126,639,454				127,099,157
20.	Maine.....	ME	173,411	17,148,236		5,144		17,326,791
21.	Maryland.....	MD	1,135,049	57,295,947				58,430,996
22.	Massachusetts.....	MA	836,004	60,727,103		953	3,295,289	64,859,350
23.	Michigan.....	MI	520,449	146,619,915	110		1,714,880	148,855,354
24.	Minnesota.....	MN	608,617	69,889,321		239	378,238	70,876,415
25.	Mississippi.....	MS	266,752	25,196,941		1,489		25,465,183
26.	Missouri.....	MO	580,868	253,477,097		110,583	111,712	254,280,261
27.	Montana.....	MT	24,046	3,474,740		6,987		3,505,773
28.	Nebraska.....	NE	239,733	9,605,467		61,332		9,906,532
29.	Nevada.....	NV	544,914	20,583,664	357	1,923		21,130,857
30.	New Hampshire.....	NH	131,632	41,733,032		72,429	429,171	42,366,264
31.	New Jersey.....	NJ	1,332,933	132,493,551	474	9,707		133,836,666
32.	New Mexico.....	NM	330,692	12,714,501			298,737	13,343,930
33.	New York.....	NY	339,391	26,074,300		2,504		26,416,195
34.	North Carolina.....	NC	1,709,059	203,126,081		1,100,177	476,134	206,411,451
35.	North Dakota.....	ND	68,906	13,020,364			96,591	13,185,861
36.	Ohio.....	OH	1,019,973	207,303,512	38	317	558,564	208,882,404
37.	Oklahoma.....	OK	945,706	16,802,913		1,856	1,029,512	18,779,987
38.	Oregon.....	OR	221,253	42,955,665	139	64,255		43,241,312
39.	Pennsylvania.....	PA	1,942,259	268,883,860		7,344	423,033	271,256,497
40.	Rhode Island.....	RI	112,611	39,989,683		9,244		40,111,538
41.	South Carolina.....	SC	765,521	131,786,200		2,498	276,901	132,831,120
42.	South Dakota.....	SD	78,661	5,733,170		8,079		5,819,909
43.	Tennessee.....	TN	800,651	94,019,046		90,627	128,659	95,038,984
44.	Texas.....	TX	4,636,493	142,779,185	224	5,726	200,675	147,622,302
45.	Utah.....	UT	221,122	39,922,328			96,518	40,239,968
46.	Vermont.....	VT	67,571	6,038,090		20,390		6,126,052
47.	Virginia.....	VA	1,712,388	102,344,030	45	211,475		104,267,938
48.	Washington.....	WA	723,833	94,681,073	104	200,628	159,500	95,765,137
49.	West Virginia.....	WV	149,361	28,503,397			9,784	28,662,542
50.	Wisconsin.....	WI	450,539	55,684,766		213,472	102,517	56,451,294
51.	Wyoming.....	WY	47,255	5,389,786				5,437,041
52.	American Samoa.....	AS						0
53.	Guam.....	GU	148,847					148,847
54.	Puerto Rico.....	PR	2,432					2,432
55.	US Virgin Islands.....	VI	4,687	179,164				183,851
56.	Northern Mariana Islands.....	MP						0
57.	Canada.....	CAN	13,416	100,000				113,416
58.	Aggregate Other Alien.....	OT	76,150	356,498				432,648
59.	Totals.....		43,589,996	3,908,196,275	2,348	2,640,266	12,461,000	3,966,889,885

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
52	Members													
			31-1544320..		0000944707	NYSE.....	American Financial Group, Inc.....	OH.....	UIP.....		Ownership.....			
			31-6549738..				American Financial Capital Trust II.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			16-6543606..				American Financial Capital Trust III.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			16-6543609..				American Financial Capital Trust IV.....	DE.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0996797..				American Financial Enterprises, Inc.....	CT.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0828578..				American Money Management Corporation.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			27-1577326..				American Real Estate Capital Company, LLC.....	OH.....	NIA.....	American Money Management Corporation.....	Ownership.....	...80.000	American Financial Group, Inc.....	
			27-2829629..				MidMarket Capital Partners, LLC.....	DE.....	NIA.....	American Money Management Corporation.....	Ownership.....	...65.000	American Financial Group, Inc.....	
			41-2112001..				APU Holding Company.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			23-6000765..				American Premier Underwriters, Inc.....	PA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			23-6297584..				The Associates of the Jersey Company.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			37-1094159..				Cal Coal, Inc.....	IL.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			95-2802826..				Great Southwest Corporation.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			35-6001691..				The Indianapolis Union Railway Company.....	IN.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			13-6400464..				Lehigh Valley Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			46-1665396..				Pennsylvania Lehigh Oil & Gas Holdings LLC.....	PA.....	NIA.....	Lehigh Valley Railroad Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			20-1548213..				Magnolia Alabama Holdings, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			20-1574094..				Magnolia Alabama Holdings LLC.....	AL.....	NIA.....	Magnolia Alabama Holdings, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			46-1852532..				Michigan Oil & Gas Holdings, LLC.....	MI.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			46-1480078..				Ohio Oil & Gas Holdings, LLC.....	OH.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			13-6021353..				The Owasco River Railway, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1236926..				PCC Real Estate, Inc.....	NY.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			76-0080537..				PCC Technical Industries, Inc.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1388401..				PCC Maryland Realty Corp.....	MD.....	NIA.....	PCC Technical Industries, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			06-1209709..				Penn Central Energy Management Company.....	DE.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			23-1537928..				Penn Towers, Inc.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			46-3246684..				Pennsylvania Oil & Gas Holdings, LLC.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			23-6000766..				Pennsylvania-Reading Seashore Lines.....	NJ.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...66.670	American Financial Group, Inc.....	
			23-6207599..				Pittsburgh and Cross Creek Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...83.000	American Financial Group, Inc.....	
			23-1707450..				Terminal Realty Penn Co.....	DC.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			23-1675796..				Waynesburg Southern Railroad Company.....	PA.....	NIA.....	American Premier Underwriters, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			98-1073776..				GAI Insurance Company, Ltd.....	BMU.....	IA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1446308..				Hangar Acquisition Corp.....	OH.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							Premier Lease & Loan Services Insurance Agency, Inc.....	WA.....	NIA.....	APU Holding Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084	American Financial Group, Inc.	63312	91-1508644				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-1262960				Risico Management Corporation	DE	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.	
			31-0823725				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0606803				GAI Holding Bermuda Ltd	BMU	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			98-0556144				GAI Indemnity, Ltd.	GBR	IA	GAI Holding Bermuda Ltd	Ownership	100.000	American Financial Group, Inc.	
							Marketform Group Limited	GBR	NIA	GAI Holding Bermuda Ltd	Ownership	100.000	American Financial Group, Inc.	
							Marketform Holdings Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0412245				Lavenham Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Hong Kong Limited	HKG	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Gabinete Marketform SL	ESP	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Australia Pty Limited	AUS	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Studio Marketform SRL	ITA	NIA	Marketform Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Management Services Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Managing Agency Limited	GBR	NIA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
			98-0431601				Sampford Underwriting Limited	GBR	IA	Marketform Holdings Limited	Ownership	100.000	American Financial Group, Inc.	
							Marketform Trust Company Limited	GBR	NIA	Marketform Group Limited	Ownership	100.000	American Financial Group, Inc.	
			06-1356481				Great American Financial Resources, Inc.	DE	UDP	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.	1
			31-1422717				AAG Insurance Agency, Inc.	KY	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			34-1017531				Ceres Group, Inc.	DE	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			47-0717079				Continental General Corporation	NE	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			34-1947042				QQAgency of Texas, Inc.	TX	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	
			31-1395344				Great American Advisors, Inc.	OH	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			13-1935920				Great American Life Insurance Company	OH	RE	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	
			45-2969767				Aerielle IP Holdings, LLC	OH	DS	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
			26-4391696				Aerielle, LLC	DE	DS	Great American Life Insurance Company	Ownership	62.500	American Financial Group, Inc.	2
			31-1021738				Annuity Investors Life Insurance Company	OH	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	DS	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			27-0513333				Bay Bridge Marina Management, LLC	MD	DS	Great American Life Insurance Company	Ownership	85.000	American Financial Group, Inc.	
			20-1246122				Brothers Management, LLC	FL	DS	Great American Life Insurance Company	Ownership	99.000	American Financial Group, Inc.	
			45-3988240				FT Liquidation, LLC	MD	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			47-5618395				GA Key Lime, LLC	OH	NIA	Great American Life Insurance Company	Ownership	50.000	American Financial Group, Inc.	2
			20-4604276				GALIC - Bay Bridge Marina, LLC	FL	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	
			45-5565693				GALIC - Sorrento, LLC	FL	DS	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			31-1391777				GALIC Brothers, Inc.	OH	DS	Great American Life Insurance Company	Ownership	80.000	American Financial Group, Inc.	
			45-1144095				GALIC Pointe, LLC	FL	DS	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	2
			26-3260520				Manhattan National Holding Corporation	OH	DS	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0084.....	American Financial Group, Inc.....	67083..	45-0252531..	.....	.....	.....	Manhattan National Life Insurance Company.....	OH.....	DS.....	Manhattan National Holding Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	52-2179330..	.....	.....	.....	Skipjack Marina Corp.....	MD.....	DS.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	42-1575938..	.....	.....	.....	Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	27-3062314..	.....	.....	.....	Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	35351..	31-0912199..	.....	.....	.....	American Empire Surplus Lines Insurance Company	DE.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	37990..	31-0973761..	.....	.....	.....	American Empire Insurance Company.....	OH.....	IA.....	American Empire Surplus Lines Insurance Company	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-1671722..	.....	.....	.....	American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	.....	.....	.....	.....	GAI Australia Pty Ltd.....	AUS.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	AA-1784136..	.....	.....	.....	Great American International Insurance Limited....	IRL.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	23418..	73-0556513..	.....	.....	.....	Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	15380..	73-1406844..	.....	.....	.....	Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	13794..	38-3803661..	.....	.....	.....	Mid-Continent Excess and Surplus Insurance Company	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	30-0571535..	.....	.....	.....	Mid-Continent Specialty Insurance Services, Inc....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	23426..	73-0773259..	.....	.....	.....	Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	22179..	95-2801326..	.....	.....	.....	Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	43753..	31-1054123..	.....	.....	.....	Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-1683711..	.....	.....	.....	Summit Consulting, LLC.....	FL.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-3385208..	.....	.....	.....	Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-3409855..	.....	.....	.....	Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	10701..	59-1835212..	.....	.....	.....	Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	10335..	59-3269531..	.....	.....	.....	Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
0084.....	American Financial Group, Inc.....	16691..	31-0501234..	.....	.....	.....	Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	45-2969767..	.....	.....	.....	Aerielle IP Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...37.500	American Financial Group, Inc.....	2.....
.....	.....	.....	26-4391696..	.....	.....	.....	Aerielle, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...37.500	American Financial Group, Inc.....	2.....
.....	.....	.....	31-1463075..	.....	.....	.....	American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840291..	.....	.....	.....	Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...80.000	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173494..	.....	.....	.....	Brothers Le Pavillon, LLC.....	DE.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	20-5173589..	.....	.....	.....	Brothers Le Pavillon (SPE), LLC.....	DE.....	NIA.....	Brothers Le Pavillon, LLC.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	25-1754638..	.....	.....	.....	Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	59-2840294..	.....	.....	.....	Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	20-4498054..	.....	.....	.....	Crescent Centre Apartments.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	1.....
.....	.....	.....	31-1277904..	.....	.....	.....	Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	31-0589001..	.....	.....	.....	Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....
.....	.....	.....	31-1341668..	.....	.....	.....	Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
							El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							Financiadora de Primas Condor, S.A. de C.V.....	MEX.....	NIA.....	El Aguila, Compañía de Seguros, S.A. de C.V....	Ownership.....	...99.000	American Financial Group, Inc.....	
			39-1404033..				Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			13-3628555..				FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....		American Financial Group, Inc.....	3.....
			47-5618395..				GA Key Lime, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...50.000	American Financial Group, Inc.....	2.....
			81-0814136..				GAI Mexico Holdings, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1753938..				GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1765544..				GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							GAI Warranty Company of Canada Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			45-5565693..				GALIC - Sorrento, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc.....	2.....
			45-1144095..				GALIC Pointe, LLC.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc.....	2.....
			61-1329718..				Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			74-2693636..				Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	26832..	95-1542353..				Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	26344..	15-6020948..				Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	39896..	61-0983091..				Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1228726..				Great American Claims Services, Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	10646..	36-4079497..				Great American Contemporary Insurance Company	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	37532..	31-0954439..				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	41858..	31-1036473..				Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1652643..				Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	22136..	13-5539046..				Great American Insurance Company of New York..	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	38024..	31-0974853..				Great American Lloyd's Insurance Company.....	TX.....	IA.....	Great American Insurance Company.....	Other.....		American Financial Group, Inc.....	4.....
			31-1073664..				Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0856644..				Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	38580..	31-1288778..				Great American Protection Insurance Company....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0918893..				Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	31135..	31-1209419..				Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	33723..	31-1237970..				Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			AA-1120817..				Insurance (GB) Limited.....	GBR.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			59-1263251..				Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			34-1607394..		0001301106	NASDAQ.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...51.100	American Financial Group, Inc.....	
			34-1899058..				American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1548235..				Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			98-0191335..				Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
			66-0660039..				Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			34-1607396..				National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			36-4670968..				Commercial For Hire Transportation Purchasing Group	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management....		American Financial Group, Inc.....	5.....
0084.....	American Financial Group, Inc.....	32620..	34-1607395..				National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
							National Interstate Insurance Company of Hawaii, Inc.	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	11051..	99-0345306..				TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			43-1254631..				Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	41106..	95-3623282..				Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
0084.....	American Financial Group, Inc.....	21172..	86-0114294..				Safety Claims & Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			20-5546054..				Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			46-4570914..				PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...49.000	American Financial Group, Inc.....	
			871850814..				Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1293064..				One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0686194..				Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0883227..				TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-1119320..				Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc.....	
			31-0728327..											

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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	65,000,000	.....	.....	.....	.....275,007,164	.....	.....	.....	.....340,007,164	.....
00000.....	41-2112001.....	APU Holding Company.....	1,500,000	.....	.....	.....	.....	.....	.....	.....	.....1,500,000	.....
00000.....	.....	GAI Insurance Company, Ltd.....	(1,500,000)	.....	.....	.....	.....	.....	.....	.....	.....(1,500,000)	(5,491,000)
00000.....	.....	Lloyd's Syndicate 2468 (United Kingdom).....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	(3,969,000)
00000.....	98-0412245.....	Lavenham Underwriting Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	11,632,124
00000.....	98-0431601.....	Sampford Underwriting Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	12,381,893
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	110,000,000	(11,163,684)	.....	.....	.....	.....	.....	.....	.....98,836,316	.....
63312.....	13-1935920.....	Great American Life Insurance Company.....	(110,000,000)	2,977,585	.....	.....	.....(130,848,896)	.....	.....	.....	.....(237,871,311)	.....
00000.....	47-5618395.....	GA Key Lime, LLC.....	.....	.....26,139,770	.....	.....	.....	.....	.....	.....	.....26,139,770	.....
00000.....	45-5565693.....	GALIC - Sorrento, LLC.....	.....	.....(7,440,758)	.....	.....	.....	.....	.....	.....	.....(7,440,758)	.....
00000.....	45-1144095.....	GALIC Pointe, LLC.....	.....	.....(72,775)	.....	.....	.....	.....	.....	.....	.....(72,775)	.....
00000.....	42-1575938.....	Great American Holding, Inc.....	70,000,000	(10,000,000)	.....	.....	.....	.....	.....	.....	.....60,000,000	.....
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	10,000,000	.....	.....	.....	.....	.....	.....*	.....	.....10,000,000	23,531,000
00000.....	.....	Great American International Insurance Limited (Ireland).....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	11,132,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	3,600,000	.....	.....	.....	.....	.....	.....*	.....	.....3,600,000	(3,504,000)
15380.....	73-1406844.....	Mid-Continent Assurance Company.....	(2,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(2,000,000)	.....
23426.....	73-0773259.....	Oklahoma Surety Company.....	(1,600,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,600,000)	.....
22179.....	95-2801326.....	Republic Indemnity Company of America.....	(66,600,000)	.....	.....	.....	.....	.....	.....*	.....	.....(66,600,000)	(59,863,935)
43753.....	31-1054123.....	Republic Indemnity Company of California.....	(3,400,000)	.....	.....	.....	.....	.....	.....*	.....	.....(3,400,000)	.....
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	(421,000)
16691.....	31-0501234.....	Great American Insurance Company.....	(45,454,000)	(12,929,938)	.....	.....	.....(144,158,268)	.....	.....*	.....	.....(202,542,206)	4,652,983
00000.....	13-3628555.....	FCIA Management Company, Inc.....	(142,000)	.....	.....	.....	.....	.....	.....	.....	.....(142,000)	.....
00000.....	31-1765544.....	GAI Warranty Company of Florida.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	5,312,000
00000.....	61-1329718.....	Global Premier Finance Company.....	(800,000)	.....	.....	.....	.....	.....	.....	.....	.....(800,000)	.....
39896.....	61-0983091.....	Great American Casualty Insurance Company.....	(1,200,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,200,000)	.....
37532.....	31-0954439.....	Great American E & S Insurance Company.....	(1,000,000)	500,000	.....	.....	.....	.....	.....*	.....	.....(500,000)	.....
41858.....	31-1036473.....	Great American Fidelity Insurance Company.....	(1,000,000)	500,000	.....	.....	.....	.....	.....*	.....	.....(500,000)	.....
38024.....	31-0974853.....	Great American Lloyd's Insurance Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	3,348,000
38580.....	31-1288778.....	Great American Protection Insurance Company.....	(2,600,000)	.....	.....	.....	.....	.....	.....*	.....	.....(2,600,000)	.....
31135.....	31-1209419.....	Great American Security Insurance Company.....	(1,500,000)	.....	.....	.....	.....	.....	.....*	.....	.....(1,500,000)	.....
33723.....	31-1237970.....	Great American Spirit Insurance Company.....	(2,000,000)	.....	.....	.....	.....	.....	.....*	.....	.....(2,000,000)	.....
00000.....	.....	Insurance (GB) Limited.....	.....	.....1,489,800	.....	.....	.....	.....	.....	.....	.....1,489,800	.....
00000.....	34-1607394.....	National Interstate Corporation.....	(5,304,000)	.....	.....	.....	.....	.....	.....	.....	.....(5,304,000)	.....
00000.....	98-0191335.....	Hudson Indemnity, Ltd (Cayman Islands).....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	(301,523,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	1,100,000	.....	.....	.....	.....	.....	.....*	.....	.....1,100,000	245,891,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	17,636,000
00000.....	43-1254631.....	TransProtection Service Company.....	(1,100,000)	.....	.....	.....	.....	.....	.....	.....	.....(1,100,000)	.....
41106.....	95-3623282.....	Triumphe Casualty Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	18,989,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	.....	.....	.....	.....	.....	.....	.....*	.....	.....0	16,932,000
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	(4,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(4,000,000)	.....
9999999.....	Control Totals.....	.....	.....0	0	0	0	0	0	XXX	0	0	(3,333,935)

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)

Pooling Information

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

Annual Statement for the year 2015 of the

GREAT AMERICAN 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.

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

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?	SEE EXPLANATION
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?	SEE EXPLANATION
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	YES
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	YES
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
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?	SEE EXPLANATION
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	YES
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	SEE EXPLANATION
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?	SEE EXPLANATION
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	SEE EXPLANATION
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 2 2 2 0 0 0 0 0 * 
13.	* 6 3 3 1 2 2 0 1 5 4 2 0 0 0 0 0 0 * 
14. NOT APPLICABLE	
15.	* 6 3 3 1 2 2 0 1 5 4 9 0 0 0 0 0 0 * 
16.	
17.	
18. NOT APPLICABLE	
19. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 4 3 0 0 0 0 0 * 
20. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 4 4 0 0 0 0 0 * 
21.	
22. NOT APPLICABLE	
23. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 4 7 0 0 0 0 0 * 
24. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 4 8 0 0 0 0 0 * 
25.	
26. NOT APPLICABLE	
27. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 5 1 0 0 0 0 0 * 
28. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 5 2 0 0 0 0 0 * 
29. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 5 3 0 0 0 0 0 * 
30. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 3 6 0 0 0 0 0 * 
31. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 3 7 0 0 0 0 0 * 
32. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 3 8 0 0 0 0 0 * 
33. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 3 9 0 0 0 0 0 * 
34. NOT APPLICABLE	* 6 3 3 1 2 2 0 1 5 4 5 4 0 0 0 0 0 * 

Annual Statement for the year 2015 of the

GREAT AMERICAN 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. NOT APPLICABLE
37. NOT APPLICABLE
38. NOT APPLICABLE
39. NOT APPLICABLE
40.
41.
42.
43. NOT APPLICABLE
44.
45.
46.
47. NOT APPLICABLE
48. NOT APPLICABLE
49. NOT APPLICABLE
50.
51.

Additional Write-ins for Assets:

	Current Statement Date			4 December 31, Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Interest rate swap collateral receivable.....	14,096,957	.....	.....14,096,957	5,624,211
2505. Inventory and prepaid assets on real estate holdings.....	3,530,278	3,530,278	0	.....
2506. Accounts receivable.....	196,881	128,338	68,543	138,331
2597. Summary of remaining write-ins for Line 25.....	17,824,116	3,658,616	14,165,500	5,762,542

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31 Prior Year
2504. Unfunded commitment fee liability.....	.....	.....1,576,123
2597. Summary of remaining write-ins for Line 25.....	0	1,576,123

Additional Write-ins for Summary of Operations:

	1 Current Year	2 Prior Year
08.304 Miscellaneous income.....	249,227	30,958
08.397 Summary of remaining write-ins for Line 8.3.....	249,227	30,958

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations:

	1	2	Ordinary			6	Group		Accident and Health			12
			3	4	5		7	8	9	10	11	
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance(a)	Annuities	Group	Credit (Group and Individual)	Other	Aggregate of All Other Lines of Business
08.304. Miscellaneous income.....	249,227	.....	.....	.....249,227	.....	.....	.....	.....	.....	.....	.....	.....
08.397. Summary of remaining write-ins for Line 8.3.....	249,227	0	0	249,227	0	0	0	0	0	0	0	0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO.....	...34.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,047	6,336	104.8	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...34.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	48,097	52,863	109.9	16	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	22,445	14,575	64.9	6	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.03/11/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,639	19,654	53.6	11	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									113,228	93,428	82.5	33	0	0	0.0	0

360.AL

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



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

NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.12/24/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	26,051	21,691	83.3	6	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									26,051	21,691	83.3	6	0	0	0.0	0

360.CO

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPB0001.....	B.....	NO.....	...346.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,982	3,800	127.5	1	.....	.....	.....0.0	.....
.....YES.....	1MSPC0001.....	C.....	NO.....	...346.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	26,733	30,856	115.4	7	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...346.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	181,652	135,580	74.6	71	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...346.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	159,427	80,181	50.3	53	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...346.....	.10/19/2006	.10/16/2009	.....	.....	MEDICARE SUPPLEMENT.....	85,611	73,832	86.2	31	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									456,404	324,249	71.0	163	0	0	0.0	0

360.FL

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	346.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,596	195	7.5	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	10,395	1,639	15.8	3	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	346.....	.02/25/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,836	1,428	11.1	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									25,828	3,262	12.6	8	0	0	0.0	0

360.GA

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	269,956	187,795	69.6	85	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.02/24/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	9,507	2,560	26.9	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									279,463	190,355	68.1	88	0	0	0.0	0

360.IA

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	74,533	34,551	46.4	21	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	346.....	.02/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,309	1,331	57.7	1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										76,842	35,883	46.7	22	0	0	0.0	0

360.IL

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPG0001.....	G.....	NO.....	34.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	42,135	28,272	67.1	15	.....	.....	.....0.0	.....
.....YES.....	1MSPA0001.....	A.....	NO.....	34.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6	(96)	(1,720.6)	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	34.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	88,042	56,442	64.1	32	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34.....	.12/14/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	164,146	139,925	85.2	57	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									294,328	224,543	76.3	104	0	0	0.0	0

360.IN

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	346.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	10,732	27,211	253.6	4	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	167,860	162,131	96.6	52	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	346.....	.12/19/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	98,160	97,352	99.2	34	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									276,752	286,694	103.6	90	0	0	0.0	0

360.KS

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPB0001.....	B.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	10,543	2,532	24.0	3	.....	.....	.....0.0	.....
.....YES.....	1MSPC0001.....	C.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,535	3,142	56.8	1	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	37,845	18,392	48.6	13	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	619,866	497,719	80.3	187	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	87,958	74,525	84.7	30	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									761,748	596,309	78.3	234	0	0	0.0	0

360.KY

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	34.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	8,286	1,037	12.5	2	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34.....	.10/04/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	300	.....	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,586	1,037	12.1	2	0	0	0.0	0

360.MI

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	...346.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,566	20,264	789.7	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...346.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	165,903	85,997	51.8	49	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...346.....	.10/22/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	38,862	50,660	130.4	11	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									207,331	156,920	75.7	61	0	0	0.0	0

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,340	16,790	502.7	1	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	346.....	.04/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,337	223	9.5	1	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										5,677	17,013	299.7	2	0	0	0.0	0

360.MS

GENERAL INTERROGATORIES

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

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	13,061	16,480	126.2	3	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	18,509	15,077	81.5	5	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	527,700	397,001	75.2	149	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...346.....	.02/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	130,273	112,249	86.2	38	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									689,542	540,806	78.4	195	0	0	0.0	0

360.NC

GENERAL INTERROGATORIES

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

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

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

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

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	63,935	44,100	69.0	17	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.10/18/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,965	4,504	26.6	5	.....	.....	.....0.0	.....
0199999. Total Policy Experience on Individual Policies.....										80,900	48,604	60.1	22	0	0	0.0	0

360.NE

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	346.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,715	6	0.2	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.12/06/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,362	6,077	37.1	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									19,077	6,083	31.9	6	0	0	0.0	0

360.NH

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPG0001.....	G.....	NO.....	34.....	.09/26/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,242	420	9.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									4,242	420	9.9	1	0	0	0.0	0

360.NV

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO.....	...34.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,499	3,184	49.0	2	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...34.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	30,325	14,806	48.8	10	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,296	23,305	64.2	11	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.01/23/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	14,751	13,981	94.8	4	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									87,871	55,277	62.9	27	0	0	0.0	0

360.OH

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPC0001.....	C.....	NO.....	...34.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,864	1,750	93.9	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...34.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	2,408	2,238	93.0	1	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	212,686	164,200	77.2	65	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.04/26/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	59,774	18,399	30.8	17	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									276,732	186,587	67.4	83	0	0	0.0	0

360.OK

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.01/09/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	23,726	37,070	156.2	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									23,726	37,070	156.2	5	0	0	0.0	0

360.0R

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	...346.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,306	3,581	56.8	2	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...346.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	27,953	9,792	35.0	10	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...346.....	.09/30/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,863	2,599	44.3	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									40,122	15,972	39.8	14	0	0	0.0	0

360.PA

GENERAL INTERROGATORIES

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

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPB0001.....	B.....	NO.....	...34.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	990	97	9.8	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...34.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	16,378	13,682	83.5	5	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	284,039	211,697	74.5	81	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.02/18/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	448,941	357,186	79.6	147	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									750,347	582,662	77.7	233	0	0	0.0	0

360.SC

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	346.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	509,547	301,547	59.2	141	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	346.....	.02/13/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	117,313	60,805	51.8	39	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									626,861	362,351	57.8	180	0	0	0.0	0

360.TN

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPA0001.....	A.....	NO.....	...346.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	14,625	7,031	48.1	5	.....	.....	.....0.0	.....
.....YES.....	1MSPD0001.....	D.....	NO.....	...34.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	...34.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	211,318	165,666	78.4	61	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	...34.....	.01/09/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	54,007	21,234	39.3	16	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									279,957	193,931	69.3	82	0	0	0.0	0

360.TX

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPD0001.....	D.....	NO.....	34.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,594	2	0.1	.....	.....	.....	.....0.0	.....
.....YES.....	1MSPF0001.....	F.....	NO.....	34.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	45,143	29,486	65.3	15	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34.....	.01/24/2008	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	37,139	18,356	49.4	13	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									83,877	47,843	57.0	28	0	0	0.0	0

360.UT

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	34.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	33,592	22,197	66.1	10	.....	.....	.....0.0	.....
.....YES.....	1MSPG0001.....	G.....	NO.....	34.....	.02/04/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	38,685	15,180	39.2	13	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									72,277	37,377	51.7	23	0	0	0.0	0

360.VA

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSP-WI.....	O.....	NO.....	346.....	.03/30/2009	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	221,273	170,537	77.1	74	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									221,273	170,537	77.1	74	0	0	0.0	0

360.WI

GENERAL INTERROGATORIES

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

XXX
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

XXX

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2015
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia



NAIC Group Code.....0084
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....63312

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013, 2014 & 2015				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1MSPF0001.....	F.....	NO.....	34.....	.10/29/2007	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	7,202	3,903	54.2	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									7,202	3,903	54.2	2	0	0	0.0	0

360.WV

GENERAL INTERROGATORIES

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

XXX

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

XXX



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2015
(To Be Filed March 1)

Of The.....GREAT AMERICAN LIFE INSURANCE COMPANY

Address (City, State, Zip Code).....Cincinnati, OH 45202

NAIC Group Code.....0084

NAIC Company Code.....63312

Employer's ID Number.....13-1935920

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	2	3	4	5
	2011	2012	2013	2014	2015 (a)
1. Prior.....	111	111	111	111	111
2. 2011.....					
3. 2012.....	XXX				
4. 2013.....	XXX	XXX			
5. 2014.....	XXX	XXX	XXX		
6. 2015.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....	21,765	21,765	21,765	21,765	21,800
2. 2011.....	7,591	7,591	7,591	7,591	7,592
3. 2012.....	XXX				51
4. 2013.....	XXX	XXX			51
5. 2014.....	XXX	XXX	XXX		64
6. 2015.....	XXX	XXX	XXX	XXX	175

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.

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. Prior.....					
2. 2011.....					
3. 2012.....	XXX				
4. 2013.....	XXX	XXX			
5. 2014.....	XXX	XXX	XXX		
6. 2015.....	XXX	XXX	XXX	XXX	

Section B - Other 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	

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	

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011.....				XXX.....	XXX.....
2. 2012.....	XXX.....				XXX.....
3. 2013.....	XXX.....	XXX.....			
4. 2014.....	XXX.....	XXX.....	XXX.....		
5. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	1

Section B - Other Accident and Health

1. 2011.....	8,405.....	7,591.....	7,591.....	XXX.....	XXX.....
2. 2012.....	XXX.....				XXX.....
3. 2013.....	XXX.....	XXX.....			865.....
4. 2014.....	XXX.....	XXX.....	XXX.....		1,135.....
5. 2015.....	XXX.....	XXX.....	XXX.....	XXX.....	2,239.....

Section C - Credit Accident and Health

1. 2011.....		NONE		XXX.....	XXX.....
2. 2012.....	XXX.....				XXX.....
3. 2013.....	XXX.....				
4. 2014.....	XXX.....			XXX.....	
5. 2015.....	XXX.....			XXX.....	

Annual Statement for the year 2015 of the

GREAT AMERICAN LIFE INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011.....					
2. 2012.....	XXX				
3. 2013.....	XXX	XXX			
4. 2014.....	XXX	XXX	XXX		
5. 2015.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2011.....	8,405	7,591	7,591		
2. 2012.....	XXX				
3. 2013.....	XXX	XXX			865
4. 2014.....	XXX	XXX	XXX		1,135
5. 2015.....	XXX	XXX	XXX	XXX	2,188

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.....	Standard Factor.....	7,459
3. Individual annuity.....	Standard Factor.....	124,398
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....	Standard Factor.....	55
7. Group annuities.....	Standard Factor.....	2,431
8. Group accident and health.....	Other.....	1
9. Credit accident and health.....		
10. Other accident and health.....	Other.....	5,067
11. Total.....		139,411

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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