

Schedule O Part 5 was inadvertently filed as a None page



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

UNITY FINANCIAL LIFE INSURANCE COMPANY

NAIC Group Code 0000 NAIC Company Code 63819 Employer's ID Number 23-1640528
(Current) (Prior)

Organized under the Laws of Ohio, State of Domicile or Port of Entry Ohio

Country of Domicile United States of America

Incorporated/Organized 05/06/1964 Commenced Business 05/06/1964

Statutory Home Office 4675 Cornell Road, Suite 160, Cincinnati, OH, US 45241
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 4675 Cornell Road, Suite 160
(Street and Number) Cincinnati, OH, US 45241, 513-247-0711
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 625700, Cincinnati, OH, US 45262-5700
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4675 Cornell Road, Suite 160
(Street and Number) Cincinnati, OH, US 45241, 513-247-0711
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.uflife.com

Statutory Statement Contact Beth Adkins, 513-247-5665
(Name) badkins@uflife.com, 513-247-5040
(E-mail Address) (FAX Number)

OFFICERS

Chairman/CEO Thomas Cresson Hardy Secretary Elaine Marie Greer
President Jay Cresson Hardy Treasurer Beth Anne Adkins

OTHER

Cynthia Lee English, Vice President Adam Michael Goller #, Assistant Vice President Chris Kuhnen, Vice President

DIRECTORS OR TRUSTEES

David Benjamin Abraham Alexander Meeker Clark Jerry Michael Gannon
Thomas Cresson Hardy Jay Cresson Hardy John Joseph Waller
John Bernard Yanko

State of Ohio SS: _____
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.

Jay Hardy
President

Elaine Greer
Secretary

Beth Adkins
Treasurer

Subscribed and sworn to before me this
16th day of February

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

Yes [] No []

Michael O'Brien

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

Years 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	XX				
3. 2013	XX	XX			
4. 2014	XXX	XXX	XX		
5. 2015	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

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

Section C - Motor Accident and Health

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

Section D - Health

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

Section E - Other

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

Section F - Motor

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

Section G - Other

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

Section H - Motor

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

Section I - Other

1. 2011					
2. 2012	XXX				
3. 2013	XXX	XX			
4. 2014	XX	XX	XX	XXX	
5. 2015	XX	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	Other	5
2. Ordinary Life	Other	172
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Other	865
7. Group Annuities		
8. Group Accident and Health		
9. Credit Accident and Health		
10. Other Accident and Health		
11. Total		1,042