



ANNUAL STATEMENT

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

United Benefit Life Insurance Company

NAIC Group Code.....0901, 0901
(Current Period) (Prior Period)

Organized under the Laws of Ohio
Incorporated/Organized..... June 26, 1957

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 65269

State of Domicile or Port of Entry Ohio

1300 East Ninth Street..... Cleveland OH US 44114
(Street and Number) (City or Town, State, Country and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717
(Street and Number) (City or Town, State, Country and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number) (City or Town, State, Country and Zip Code)

Jesse Navarrete
(Name)
CSBFinRpt@cigna.com
(E-Mail Address)

Employer's ID Number..... 75-2305400

Country of Domicile US

Commenced Business..... August 13, 1957

512-451-2224
(Area Code) (Telephone Number)

512-451-2224
(Area Code) (Telephone Number)

512-807-4801
(Area Code) (Telephone Number) (Extension)
512-467-1399
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Vice President and Appointed Actuary

OTHER

Maureen Hardiman Ryan	Vice President and Assistant Treasurer	Jessica Kierulf Tutwiler	Chief Financial Officer
David Lawrence Chambers	Vice President-Sales and Marketing	Man-Kit Simon Tang	Vice President and Chief Actuary
Eric Paul Palmer	Vice President	Mark Fleming	Vice President and Assistant Treasurer
Joanne Ruth Hart	Vice President and Assistant Treasurer	Scott Ronald Lambert	Vice President and Assistant Treasurer

DIRECTORS OR TRUSTEES

Brian Case Evanko	Jessica Kierulf Tutwiler	Eric Paul Palmer	Frank Sataline, Jr.
James Yablecki			

State of..... Texas
County of..... Williamson

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.

<div>(Signature)</div> <div>Brian Case Evanko</div> <div>1. (Printed Name)</div> <div>President</div> <div>(Title)</div>	<div>(Signature)</div> <div>Byron Keith Buescher</div> <div>2. (Printed Name)</div> <div>Treasurer and Chief Accounting Officer</div> <div>(Title)</div>	<div>(Signature)</div> <div>Brenda Weigilia Hardison</div> <div>3. (Printed Name)</div> <div>Secretary</div> <div>(Title)</div>
<div>Subscribed and sworn to before me</div> <div>This day of February 2016</div>	<div>a. Is this an original filing?</div> <div>b. If no</div> <div>1. State the amendment number</div> <div>2. Date filed</div> <div>3. Number of pages attached</div>	<div>Yes [X] No []</div> <div></div> <div></div> <div></div>



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 ALABAMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 ARKANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 ARIZONA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 CALIFORNIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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.....0901 NAIC Company Code.....65269

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.....									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	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	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 CONNECTICUT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 DISTRICT OF COLUMBIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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 DELAWARE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 FLORIDA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	.....0
21. Issued during year.....									0	.....0
22. Other changes to in force (Net).....									0	.....0
23. In force December 31 of current year.....0	0	0	0	(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 GEORGIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									.....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
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 HAWAII DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 IOWA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 **IDAHO** DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 ILLINOIS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	.....0
21. Issued during year.....									0	.....0
22. Other changes to in force (Net).....									0	.....0
23. In force December 31 of current year.....0	0	0	0	(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 INDIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 KANSAS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	.....0
21. Issued during year.....									0	.....0
22. Other changes to in force (Net).....									0	.....0
23. In force December 31 of current year.....0	0	0	0	(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 KENTUCKY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 LOUISIANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 MASSACHUSETTS DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 MARYLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 **MAINE** DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
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 MICHIGAN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 MINNESOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
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 MISSOURI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 MISSISSIPPI DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	0	(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 MONTANA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 NORTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 NORTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 NEBRASKA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 NEW HAMPSHIRE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
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 NEW JERSEY DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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

NONE

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
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

NONE

(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

NONE

(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.....0901 NAIC Company Code.....65269

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.....									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	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	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 NEVADA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	0	(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 NEW YORK DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
18.4 Reduction by compromise.....									0	.....0
18.5 Amount rejected.....									0	.....0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	.....0
21. Issued during year.....									0	.....0
22. Other changes to in force (Net).....									0	.....0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	.....0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 OHIO DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 OKLAHOMA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 OREGON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									.....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
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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 RHODE ISLAND DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
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 TENNESSEE DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 **TEXAS** DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 UTAH DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	0	(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 **VIRGINIA** DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	.....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	.....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 VERMONT DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	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 WASHINGTON DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	0	(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 WISCONSIN DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
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.

United Benefit Life Insurance Company



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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 WYOMING DURING THE YEAR
NAIC Group Code.....0901 NAIC Company Code.....65269

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.....									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
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	47,618
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	47,618
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	2,941
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	44,677

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.....	2,941			2,941
2. 2016.....	3,083			3,083
3. 2017.....	3,240			3,240
4. 2018.....	3,546			3,546
5. 2019.....	3,770			3,770
6. 2020.....	4,076			4,076
7. 2021.....	4,316			4,316
8. 2022.....	4,689			4,689
9. 2023.....	4,932			4,932
10. 2024.....	4,563			4,563
11. 2025.....	3,651			3,651
12. 2026.....	2,666			2,666
13. 2027.....	1,607			1,607
14. 2028.....	538			538
15. 2029.....				0
16. 2030.....				0
17. 2031.....				0
18. 2032.....				0
19. 2033.....				0
20. 2034.....				0
21. 2035.....				0
22. 2036.....				0
23. 2037.....				0
24. 2038.....				0
25. 2039.....				0
26. 2040.....				0
27. 2041.....				0
28. 2042.....				0
29. 2043.....				0
30. 2044.....				0
31. 2045 and Later.....				0
32. Total (Lines 1 to 31).....	47,618	0	0	47,618

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.....	3		3			0	3
2. Realized capital gains/(losses) net of taxes - General Account.....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			0	0
7. Basic contribution.....	99		99			0	99
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	102	0	102	0	0	0	102
9. Maximum reserve.....	743		743			0	743
10. Reserve objective.....	569		569			0	569
11. 20% of (Line 10 minus Line 8).....	93	0	93	0	0	0	93
12. Balance before transfers (Lines 8 + 11).....	195	0	195	0	0	0	195
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	195	0	195	0	0	0	195

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default 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)
LONG-TERM BONDS												
1		Exempt obligations.....	2,538,737	XXX	XXX	2,538,737	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
3	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
4	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total bonds (sum of Lines 1 through 8).....	2,538,737	XXX	XXX	2,538,737	XXX	0	XXX	0	XXX	0
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	247,590	XXX	XXX	247,590	0.0004	99	0.0023	569	0.0030	743
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).....	247,590	XXX	XXX	247,590	XXX	99	XXX	569	XXX	743
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	2,786,327	XXX	XXX	2,786,327	XXX	99	XXX	569	XXX	743

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

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

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

Sch. S - Pt. 2
NONE

Sch. S - Pt. 3 - Sn. 1
NONE

Sch. S - Pt. 3 - Sn. 2
NONE

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Sch. S - Pt. 6
NONE

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).....	3,005,204		3,005,204
2. Reinsurance (Line 16).....			0
3. Premiums and considerations (Line 15).....			0
4. Net credit for ceded reinsurance.....	.XXX	0	0
5. All other admitted assets (balance).....	16,348		16,348
6. Total assets excluding Separate Accounts (Line 26).....	3,021,552	0	3,021,552
7. Separate Account Assets (Line 27).....			0
8. Total assets (Line 28).....	3,021,552	0	3,021,552
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....			0
10. Liability for deposit-type contracts (Line 3).....			0
11. Claim reserves (Line 4).....			0
12. Policyholder dividends/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....			0
14. Other contract liabilities (Line 9).....	44,677		44,677
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).....	5,761		5,761
20. Total liabilities excluding Separate Accounts (Line 26).....	50,438	0	50,438
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	50,438	0	50,438
23. Capital & surplus (Line 38).....	2,971,114	.XXX	2,971,114
24. Total liabilities, capital & surplus (Line 39).....	3,021,552	0	3,021,552
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	0		
26. Claim reserves.....	0		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	0		
34. Premiums and considerations.....	0		
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.....	0		
41. Total net credit for ceded reinsurance.....	0		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					6
		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	
1.	Alabama.....AL						.....0
2.	Alaska.....AK						.....0
3.	Arizona.....AZ						.....0
4.	Arkansas.....AR						.....0
5.	California.....CA						.....0
6.	Colorado.....CO						.....0
7.	Connecticut.....CT						.....0
8.	Delaware.....DE						.....0
9.	District of Columbia.....DC						.....0
10.	Florida.....FL						.....0
11.	Georgia.....GA						.....0
12.	Hawaii.....HI						.....0
13.	Idaho.....ID						.....0
14.	Illinois.....IL						.....0
15.	Indiana.....IN						.....0
16.	Iowa.....IA						.....0
17.	Kansas.....KS						.....0
18.	Kentucky.....KY						.....0
19.	Louisiana.....LA						.....0
20.	Maine.....ME						.....0
21.	Maryland.....MD						.....0
22.	Massachusetts.....MA						.....0
23.	Michigan.....MI						.....0
24.	Minnesota.....MN						.....0
25.	Mississippi.....MS						.....0
26.	Missouri.....MO						.....0
27.	Montana.....MT						.....0
28.	Nebraska.....NE						.....0
29.	Nevada.....NV						.....0
30.	New Hampshire.....NH						.....0
31.	New Jersey.....NJ						.....0
32.	New Mexico.....NM						.....0
33.	New York.....NY						.....0
34.	North Carolina.....NC						.....0
35.	North Dakota.....ND						.....0
36.	Ohio.....OH						.....0
37.	Oklahoma.....OK						.....0
38.	Oregon.....OR						.....0
39.	Pennsylvania.....PA						.....0
40.	Rhode Island.....RI						.....0
41.	South Carolina.....SC						.....0
42.	South Dakota.....SD						.....0
43.	Tennessee.....TN						.....0
44.	Texas.....TX						.....0
45.	Utah.....UT						.....0
46.	Vermont.....VT						.....0
47.	Virginia.....VA						.....0
48.	Washington.....WA						.....0
49.	West Virginia.....WV						.....0
50.	Wisconsin.....WI						.....0
51.	Wyoming.....WY						.....0
52.	American Samoa.....AS						.....0
53.	Guam.....GU						.....0
54.	Puerto Rico.....PR						.....0
55.	US Virgin Islands.....VI						.....0
56.	Northern Mariana Islands.....MP						.....0
57.	Canada.....CAN						.....0
58.	Aggregate Other Alien.....OT						.....0
59.	Totals.....	.....0	.....0	.....0	.....0	.....0	.....0

NONE

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)	*
Members														
0901.....	Cigna Group.....		06-1059331..	1591167.....	0000701221	US.....	Cigna Corporation.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1072796..	1591167.....	0000701221		Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0402128..	1591167.....	0000701221		Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1095823..	1591167.....	0000701221		Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-0291385..	1591167.....	0000701221		Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1914061..	1591167.....	0000701221		Former Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0861092..	1591167.....	0000701221		Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1336442..	1591167.....	0000701221		Cigna Mezzanine Partners III, L.P.....	DE.....	NIA.....	Cigna Mezzanine Partners III, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		01-0947889..	1591167.....	0000701221		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-0840391..	1591167.....	0000701221		Connecticut General Corporation.....	CT.....	UIP.....	Cigna Holdings, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0585518..	1591167.....	0000701221		Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12814..	20-4433475..	1591167.....	0000701221		Allegiance Life & Health Insurance Company.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3851464..	1591167.....	0000701221		Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0400550..	1591167.....	0000701221		Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		71-0916514..	1591167.....	0000701221		Allegiance COBRA Services, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		81-0425785..	1591167.....	0000701221		Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Star Point, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-1821898..	1591167.....	0000701221		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0628370..	1591167.....	0000701221		NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-1929677..	1591167.....	0000701221		NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	10095..	52-2259087..	1591167.....	0000701221		Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11254..	52-2363406..	1591167.....	0000701221		Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	12902..	20-8534298..	1591167.....	0000701221		Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	95781..	63-0925225..	1591167.....	0000701221		HealthSpring of Alabama, Inc.....	AL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11532..	65-1129599..	1591167.....	0000701221		HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		77-0632665..	1591167.....	0000701221		NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4954206..	1591167.....	0000701221		NewQuest Management of Florida, LLC.....	GA.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8647386..	1591167.....	0000701221		HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-0633893..	1591167.....	0000701221		NewQuest Management of West Virginia, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108527..	1591167.....	0000701221		TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		75-3108521..	1591167.....	0000701221		HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		76-0657035..	1591167.....	0000701221		GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	..99.000	Cigna Corporation.....	
0901.....	Cigna Group.....		33-1033586..	1591167.....	0000701221		NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		72-1559530..	1591167.....	0000701221		HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		62-1540621..	1591167.....	0000701221		HealthSpring Management, Inc.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	11522..	62-1593150..	1591167.....	0000701221		HealthSpring of Tennessee, Inc.....	TN.....	IA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-5524622..	1591167.....	0000701221		Tennessee Quest, LLC.....	TN.....	NIA.....	HealthSpring Management, Inc.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		26-2353476..	1591167.....	0000701221		HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		26-2353772..	1591167.....	0000701221		HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-4266628..				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	..100.000	Cigna Corporation.....	

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)	*
0901.....	Cigna Group.....	13733..	03-0452349..	1591167..	0000701221..	.....	Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	41-1648670..	1591167..	0000701221..	.....	Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	94-3107309..	1591167..	0000701221..	.....	Cigna Behavioral Health of California, Inc.....	CA.....	IA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	75-2751090..	1591167..	0000701221..	.....	Cigna Behavioral Health of Texas, Inc.....	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	.....	.....	.....	.....	MCC Independent Practice Association of New York, Inc.....	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2308055..	1591167..	0000701221..	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	59-2600475..	1591167..	0000701221..	.....	Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11175..	59-2675861..	1591167..	0000701221..	.....	Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95380..	59-2676987..	1591167..	0000701221..	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52021..	59-1611217..	1591167..	0000701221..	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	06-1351097..	1591167..	0000701221..	.....	Cigna Dental Health of Illinois, Inc.....	IL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52024..	59-2625350..	1591167..	0000701221..	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52108..	59-2619589..	1591167..	0000701221..	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11160..	06-1582068..	1591167..	0000701221..	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	11167..	59-2308062..	1591167..	0000701221..	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95179..	56-1803464..	1591167..	0000701221..	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47805..	59-2579774..	1591167..	0000701221..	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47041..	52-1220578..	1591167..	0000701221..	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95037..	59-2676977..	1591167..	0000701221..	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	52617..	52-2188914..	1591167..	0000701221..	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	47013..	86-0807222..	1591167..	0000701221..	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	48119..	59-2740468..	1591167..	0000701221..	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	62-1312478..	1591167..	0000701221..	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	02-0387748..	1591167..	0000701221..	.....	Healthsource, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95125..	86-0334392..	1591167..	0000701221..	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	95-3310115..	1591167..	0000701221..	.....	Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95604..	84-1004500..	1591167..	0000701221..	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95660..	06-1141174..	1591167..	0000701221..	.....	Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95136..	59-2089259..	1591167..	0000701221..	.....	Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95602..	36-3385638..	1591167..	0000701221..	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95477..	01-0418220..	1591167..	0000701221..	.....	Cigna HealthCare of Maine, Inc.....	ME.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95220..	02-0402111..	1591167..	0000701221..	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95599..	52-1404350..	1591167..	0000701221..	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95493..	02-0387749..	1591167..	0000701221..	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95500..	22-2720890..	1591167..	0000701221..	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95121..	23-2301807..	1591167..	0000701221..	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95635..	36-3359925..	1591167..	0000701221..	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95518..	62-1230908..	1591167..	0000701221..	.....	Cigna HealthCare of Utah, Inc.....	UT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	96229..	58-1641057..	1591167..	0000701221..	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95383..	74-2767437..	1591167..	0000701221..	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95525..	35-1679172..	1591167..	0000701221..	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95606..	62-1218053..	1591167..	0000701221..	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	95132..	56-1479515..	1591167..	0000701221..	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....

52.1

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)	*
0901.....	Cigna Group.....	95708..	06-1185590..	1591167.....	0000701221		Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		86-3581583..	1591167.....	0000701221		Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		02-0467679..	1591167.....	0000701221		Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		02-0515554..	1591167.....	0000701221		Choicelinx Corporation.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		35-1641636..	1591167.....	0000701221		Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		84-0985843..	1591167.....	0000701221		Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	95388..	93-1174749..	1591167.....	0000701221		Great-West Healthcare of Illinois, Inc.....	IL.....	IA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		02-0495422..	1591167.....	0000701221		Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	64548..	13-2556568..	3281743.....	0000701221		Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	62308..	06-0303370..	1591167.....	0000701221		Connecticut General Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-3481107..	1591167.....	0000701221		CG Mystic Center LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Station Landing, LLC.....	DE.....	IA.....	CG Mystic Center LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		45-3481241..	1591167.....	0000701221		CG Mystic Land LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND/CG HOLDING, LLC.....	MA.....	IA.....	CG Mystic Land LLC.....	Ownership.....	...50.000	Cigna Corporation and ND Mystic Center Holding LLC (non-affiliate)	
0901.....	Cigna Group.....		20-3870049..	1591167.....	0000701221		CG Skyline, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline ND/CG LLC.....	MA.....	IA.....	CG Skyline LLC.....	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND Mystic Center Note LLC.....	DE.....	IA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline Mezzanine Borrower LLC.....	MA.....	IA.....	Skyline ND/CG LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Skyline at Station Landing LLC.....	MA.....	IA.....	Skyline Mezzanine Borrower LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		26-0180898..	1591167.....	0000701221		CareAllies, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CG Bayport LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company ..	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Bayport Colony Apartments LLC.....	FL.....	IA.....	CG Bayport LLC.....	Ownership.....	...99.900	Cigna Corporation.....	
0901.....	Cigna Group.....		32-0222252..	1591167.....	0000701221		Cigna Onsite Health, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Gillette Ridge Community Council, Inc.....	CT.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-3700105..	1591167.....	0000701221		Gillette Ridge Golf, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		52-2149519..	1591167.....	0000701221		Hazard Center Investment Company LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3074013..	1591167.....	0000701221		TEL-DRUG of Pennsylvania, L.L.C.....	PA.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		27-5402196..	1591167.....	0000701221		Cigna Affiliates Realty Investment Group, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CR Longwood Investors L.P.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...27.030	Charles River Realty Longwood, LLC (non-affiliate)	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ND/CR Longwood LLC.....	DE.....	IA.....	CR Longwood Investors L.P.....	Ownership.....	...95.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		ARE/ND/CR Longwood LLC.....	DE.....	IA.....	ND / CR Longwood LLC.....	Ownership.....	...35.000	ARE-MA Region No. 41, LLC (non-affiliate).....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		121 Tasman Apartments LLC.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Secon Properties, LP.....	CA.....	IA.....	Cigna Affiliates Realty Investment Group, LLC....	Ownership.....	...50.000	affiliate)	
0901.....	Cigna Group.....		00-0000000..				Transwestern Federal Holdings, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...7.616	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Transwestern Federal , L.L.C.....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C.....	Ownership.....	...7.616	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Market Street Residential Holdings LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Arborpoint at Market Street LLC.....	DE.....	NIA.....	Market Street Residential Holdings LLC.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Diamondview Tower CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...90.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...33.820	Charles River Washington Street LLC (non-affiliate)	

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)	*
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Civic Holding, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...50.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	AEW/FDG, LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...13.640	AEW Core Property Trust Holding LP (non-affiliate)	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	ND/CR Unicorn LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...70.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Union Wharf Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	AMD Apartments Limited Partership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	SP Newport Crossing LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...87.500	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	CG Seventh Street LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...87.500	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	80-0668090..	1591167.....	0000701221	.....	Alessandro Partners, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...95.200	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	80-0908244..	.....	.....	.....	Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Partnership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Newtown Partners II, LP.....	MD.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...71.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Newtown Square GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...50.000	Cigna Corporation and Newtown Square .....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	AFA Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC...	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	CGGL 18301 LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...90.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	UNICO/CG Commonwealth LLC.....	DE.....	IA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Commonwealth Acquistion LLC.....	DE.....	IA.....	Unico / CG Commonwealth LLC.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...90.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...85.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...71.400	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group LLC....	Ownership.....	...90.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	47-4235739..	.....	.....	.....	CI Perris 151, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC..	Ownership.....	...75.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	47-4375626..	.....	.....	.....	Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC...	Ownership.....	...90.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-0268530..	1591167.....	0000701221	.....	CORAC, LLC.....	DE.....	IA.....	Connecticut General Life Insurance Company....	Ownership.....	...50.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-3923999..	1591167.....	0000701221	.....	Bridgepoint Office Park Associates, LLC.....	DE.....	IA.....	Corac, LLC.....	Ownership.....	...90.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-3126102..	1591167.....	0000701221	.....	Fairway Center Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-3582688..	1591167.....	0000701221	.....	Henry on the Park Associates, LLC.....	DE.....	IA.....	Corac, LLC	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	67369..	59-1031071..	1591167.....	0000701221	.....	Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	45-2681649..	1591167.....	0000701221	.....	CarePlexus, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-3396038..	1591167.....	0000701221	.....	Cigna Corporate Services, LLC.....	DE.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	27-1903785..	1591167.....	0000701221	.....	Cigna Insurance Agency, LLC.....	CT.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	34-1970892..	.....	.....	.....	Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	61727..	34-0970995..	.....	.....	.....	Central Reserve Life Insurance Company.....	OH.....	UIP.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	67903..	23-1335885..	.....	.....	.....	Provident American Life & Health Insurance Company.....	OH.....	UDP.....	Central Reserve Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	65269..	75-2305400..	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	RE.....	Provident American Life and Health Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

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)	*
0901.....	Cigna Group.....	65722.....	63-0343428..				Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	88366.....	59-2760189..				American Retirement Life Insurance Company.....	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3744987..				QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		22-3129563..				QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		22-2483867..				Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-1634843..				QualCare Captive Insurance Company Inc., PCC... QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-1801639..				Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	77399.....	13-1867829..				Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		91-1500758..				Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		91-1599329..				Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0455414..				WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...20.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-1728483..	1591167.....	0000701221		Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		20-8064696..	1591167.....	0000701221		Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....	65498.....	23-1503749..	1591167.....	0000701221		Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna & CMB Life Insurance Company Limited	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	...50.000	Cigna Corporation.....	
0901.....	Cigna Group.....		58-1136865..	1591167.....	0000701221		Cigna Direct Marketing Company, Inc.	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-0427127..	1591167.....	0000701221		Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vielife Holdings Limited	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Vielife Limited	GBR.....	NIA.....	Vielife Holdings Limited	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-0463704..	1591167.....	0000701221		Vielife Services, Inc.	DE.....	NIA.....	Vielife Holdings Limited	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Businesshealth UK Limited.....	GBR.....	NIA.....	Vielife Holdings Limited	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332403..	1591167.....	0000701221		CG Individual Tax Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332405..	1591167.....	0000701221		CG Life Pension Benefits Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		62-1724116..	1591167.....	0000701221		Cigna Federal Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741293..	1591167.....	0000701221		Cigna Healthcare Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2924152..	1591167.....	0000701221		Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2741294..	1591167.....	0000701221		Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1071502..	1591167.....	0000701221		Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1522976..	1591167.....	0000701221		Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1567902..	1591167.....	0000701221		Cigna Resource Manager, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252419..	1591167.....	0000701221		Connecticut General Benefit Payments, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1533555..	1591167.....	0000701221		Healthsource Benefits, Inc.	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		35-2041388..	1591167.....	0000701221		IHN, Inc.	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		06-1252418..	1591167.....	0000701221		LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0334401..	1591167.....	0000701221		Mediversal, Inc.	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		88-0344624..	1591167.....	0000701221		Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0389196..	1591167.....	0000701221		Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		51-0111677..	1591167.....	0000701221		Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-2610178..	1591167.....	0000701221		Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		30-3087621..	1591167.....	0000701221		Cigna International Marketing (Thailand) Limited....	THA.....	NIA.....	Cigna Global Holdings, Inc.	Ownership.....	...99.900	Cigna Corporation.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

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)	*
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CGO PARTICIPATOS LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...99.780	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		YCFM Servicios LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...56.020	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-3190987..	1591167.....	0000701221		Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		23-3009279..	1591167.....	0000701221		Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		46-4110289..				Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...80.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-1146864..				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Apac Holdings Limited.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-1137759..				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Korea Foundation.....	KOR.....	NIA.....	LINA Life Insurance Company of Korea.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Hong Kong Holdings Company Limited.....	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Data Services (Shanghai) Company Limited.....	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna HLA Technology Services Limited.....	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Worldwide General Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Worldwide Life Insurance Company Limited.....	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna International Health Services Sdn. Bhd.....	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna International Health Services Sdn. Bhd....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-1560515..	1591167.....	0000701221		Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..				LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...49.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Brokerage & Marketing (Thailand) Limited....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		KDM (Thailand) Limited.....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...99.900	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Taiwan Life Assurance Company Limited....	TWN.....	IA.....	Cigna Apac Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-1154657..				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings Limited.....	Ownership.....	...50.540	Cigna Corporation.....	
0901.....	Cigna Group.....		98-1155943..				Cigna Elmwood Holdings, SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		98-1181787..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	
0901.....	Cigna Group.....		AA-1240009..	1591167.....	0000701221		Cigna Life Insurance Company of Europe S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.993	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.999	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		FirstAssist Administration Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	
0901.....	Cigna Group.....		00-0000000..	1591167.....	0000701221		Cigna Legal Protection Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	

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)	*
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, Ltd. SPRL.....	Ownership.....	...51.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna International Health Services, LLC.....	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services Kenya Limited.....	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Sequoia Holdings SPRL.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
.....	.....	.....	.....	.....	.....	.....	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	.....	.....	.....	.....	.....	.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	.....	TUR.....	IA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Nederland Alpha Cooperatief U.A.....	NLD.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Nederland Beta B.V.....	NLD.....	NIA.....	Cigna Nederland Alpha Cooperatief U.A.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Nederland Beta B.V.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Finans Emeklilik Ve Hayat A.S.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	...51.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	46-4099800..	.....	.....	.....	Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	PT PGU Indonesia.....	IDN.....	NIA.....	PT GAR Indonesia.....	Ownership.....	...99.990	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	1591167.....	0000701221	.....	Cigna Global Insurance Company Limited.....	GBR.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	CignaTTK Health Insurance Company Limited.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...26.000	TTK (non-affiliate).....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna SAICO Benefits Services W.L.L.....	BHR.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...50.000	Cigna Corporation and SAICO (non affiliate).....	.....
0901.....	Cigna Group.....	90859..	23-2088429..	1591167.....	0000701221	.....	Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	AA-5360003.	1591167.....	0000701221	.....	PT. Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...80.000	Cigna Corporation.....	.....
0901.....	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	.....

SCHEDULE Y

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

53.1

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)
	20-4266628.....	Home Physicians Management, LLC.....									0	
13733.....	03-0452349.....	Cigna Arbor Life Insurance Company.....					(9,334)				(9,334)	
	41-1648670.....	Cigna Behavioral Health, Inc.....	(160,000,000)				5,304,421				(154,695,579)	
	94-3107309.....	Cigna Behavioral Health of California, Inc.....									0	
	75-2751090.....	Cigna Behavioral Health of Texas, Inc.....									0	
	06-1346406.....	MCC Independent Practice Association of New York, Inc.									0	
	59-2308055.....	Cigna Dental Health, Inc.....	(45,125,000)				32,733,883				(12,391,117)	
	59-2600475.....	Cigna Dental Health Of California, Inc.....	(11,700,000)			(147,500)	(413,397)				(12,260,897)	
11175.....	59-2675861.....	Cigna Dental Health Of Colorado, Inc.....	(2,000,000)				(891,348)				(2,891,348)	
95380.....	59-2676987.....	Cigna Dental Health Of Delaware, Inc.....					(18,817)				(18,817)	
52021.....	59-1611217.....	Cigna Dental Health Of Florida, Inc.....	(8,475,000)				(3,105,316)				(11,580,316)	
	06-1351097.....	Cigna Dental Health of Illinois, Inc.....				(23,000)					(23,000)	
52024.....	59-2625350.....	Cigna Dental Health Of Kansas, Inc.....	(330,000)				(165,736)				(495,736)	
52108.....	59-2619589.....	Cigna Dental Health Of Kentucky, Inc.....	(2,800,000)				(1,150,247)				(3,950,247)	
11160.....	06-1582068.....	Cigna Dental Health Of Missouri, Inc.....	(620,000)				(505,431)				(1,125,431)	
11167.....	59-2308062.....	Cigna Dental Health Of New Jersey, Inc.....	(1,000,000)				(1,469,517)				(2,469,517)	
95179.....	56-1803464.....	Cigna Dental Health Of North Carolina, Inc.....					(535,503)				(535,503)	
47805.....	59-2579774.....	Cigna Dental Health Of Ohio, Inc.....	(1,650,000)				(933,629)				(2,583,629)	
47041.....	52-1220578.....	Cigna Dental Health Of Pennsylvania, Inc.....	(2,800,000)				(565,494)				(3,365,494)	
95037.....	59-2676977.....	Cigna Dental Health Of Texas, Inc.....	(11,000,000)				(3,633,308)				(14,633,308)	
52617.....	52-2188914.....	Cigna Dental Health Of Virginia, Inc.....	(1,300,000)				(585,349)				(1,885,349)	
47013.....	86-0807222.....	Cigna Dental Health Plan Of Arizona, Inc.....	(4,100,000)				298,639				(3,801,361)	
48119.....	59-2740468.....	Cigna Dental Health Of Maryland, Inc.....	(3,100,000)				(1,249,175)				(4,349,175)	
	62-1312478.....	Cigna Health Corporation.....		(48,525,000)			(2,428,598)				(50,953,598)	
	02-0387748.....	Healthsource, Inc.....		(5,000,000)							(5,000,000)	
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....		27,000,000			(42,399,034)	(803,240)			(16,202,274)	814,861
	95-3310115.....	Cigna HealthCare of California, Inc.....		5,000,000			(105,004)				4,894,996	4,662,936
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....					(221,151)	146,480			(74,671)	69,090
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....					(3,526,955)	(3,524)			(3,530,479)	1,866
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....					(74,106)	(21,923)			(96,029)	11,608
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....				(23,000)	(75,111)	(13,543)			(111,654)	7,171
95477.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....					(545)				(545)	
95220.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....					(6)				(6)	
95599.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....					(3,097)				(3,097)	
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.....					(17,663)				(17,663)	
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....					(63,945)	4,066			(59,879)	9,759
95121.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....									0	
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....		6,600,000			(288,250)	319,715			6,631,465	51,946
95518.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....					(1)				(1)	
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....		25,600,000			(45,855,957)	(15,967)			(20,271,924)	8,454
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....					(9,959,246)	2,027,890			(7,931,356)	589,419
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....					(49,949)	(10,842)			(60,791)	5,741
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....					(1,364,717)				(1,364,717)	205,962

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)
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.....		1,000,000			(17,509,642)	(113,773)			(16,623,415)	98,697
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....		1,825,000			(24,108,819)	(2,138)			(22,285,957)	1,132
	00-0000000.....	Temple Insurance Company Limited.....					(35,001)				(35,001)	
	86-3581583.....	Arizona Health Plan, Inc.....									0	
	02-0467679.....	Healthsource Properties, Inc.....									0	
	00-0000000.....	Managed Care Consultants, Inc.....									0	
	02-0515554.....	Choicelinx Corporation.....		17,000,000							17,000,000	
	35-1641636.....	Sagamore Health Network, Inc.....					1,166,141				1,166,141	
	84-0985843.....	Cigna Healthcare Holdings, Inc.....									0	
95388.....	93-1174749.....	Great-West Healthcare of Illinois, Inc.....					(2,333)				(2,333)	
	02-0495422.....	Cigna Healthcare, Inc.....									0	
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(25,000,000)				(1,247,437)	(13,259,746)			(39,507,183)	(135,053,357)
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(270,000,000)	87,267,746			30,618,619	110,032,109			(42,081,526)	1,373,624,817
	45-3481107.....	CG Mystic Center LLC.....									0	
	00-0000000.....	Station Landing, LLC.....									0	
	45-3481241.....	CG Mystic Land LLC.....									0	
	00-0000000.....	ND/CG HOLDING, LLC.....									0	
	20-3870049.....	CG Skyline, LLC.....									0	
	00-0000000.....	Skyline ND/CG LLC.....									0	
	00-0000000.....	ND Mystic Center Note LLC.....									0	
	00-0000000.....	Skyline Mezzanine Borrower LLC.....									0	
	00-0000000.....	Skyline at Station Landing LLC.....									0	
	26-0180898.....	CareAllies, LLC.....									0	
	00-0000000.....	CG Bayport LLC.....									0	
	00-0000000.....	Bayport Colony Apartments LLC.....									0	
	32-0222252.....	Cigna Onsite Health, LLC.....					12,455,281				12,455,281	
	00-0000000.....	Gillette Ridge Community Council, Inc.....									0	
	20-3700105.....	Gillette Ridge Golf, LLC.....									0	
	52-2149519.....	Hazard Center Investment Company LLC.....									0	
	23-3074013.....	TEL-DRUG of Pennsylvania, L.L.C.....	(75,000,000)				(13,465)				(75,013,465)	
	00-0000000.....	GRG Acquisitions LLC.....		372,061							372,061	
	27-5402196.....	Cigna Affiliates Realty Investment Group, LLC.....		(114,497,086)							(114,497,086)	
	00-0000000.....	CR Longwood Investors L.P.....									0	
	00-0000000.....	ND/CR Longwood LLC.....									0	
	00-0000000.....	ARE/ND/CR Longwood LLC.....									0	
	00-0000000.....	121 Tasman Apartments LLC.....									0	
	00-0000000.....	Secon Properties, LP.....									0	
	00-0000000.....	Transwestern Federal Holdings, L.L.C.....									0	
	00-0000000.....	Transwestern Federal , L.L.C.....									0	
	00-0000000.....	Market Street Residential Holdings LLC.....									0	
	00-0000000.....	Arborpoint at Market Street LLC.....									0	
	00-0000000.....	Diamondview Tower CM-CG LLC.....									0	
	00-0000000.....	CR Washington Street Investors LP.....									0	

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)
53.3	00-0000000.....	Civic Holding, LLC.....									0	
	00-0000000.....	Dulles Town Center Mall, LLC.....									0	
	00-0000000.....	AEW/FDG, LP.....									0	
	00-0000000.....	ND/CR Unicorn LLC.....									0	
	00-0000000.....	Union Wharf Apartments LLC.....									0	
	00-0000000.....	AMD Apartments Limited Partership.....									0	
	00-0000000.....	SP Newport Crossing LLC.....									0	
	00-0000000.....	PUR Arbors Apartments Venture LLC.....									0	
	00-0000000.....	CG Seventh Street LLC.....									0	
	00-0000000.....	Ideal Properties II LLC.....									0	
	80-0668090.....	Alessandro Partners, LLC.....									0	
	80-0908244.....	Mallory Square Partners I, LLC.....									0	
	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....									0	
	00-0000000.....	Newtown Partners II, LP.....									0	
	00-0000000.....	Newtown Square GP LLC.....									0	
	00-0000000.....	AFA Apartments Limited Partnership.....									0	
	00-0000000.....	SB-SNH LLC.....									0	
	00-0000000.....	680 Investors LLC.....									0	
	00-0000000.....	685 New Hampshire LLC.....									0	
	00-0000000.....	CGGL 18301 LLC.....									0	
	00-0000000.....	UNICO/CG Commonwealth LLC.....									0	
	00-0000000.....	Commonwealth Acquistion LLC.....									0	
	00-0000000.....	222 Main Street CARING GP LLC.....									0	
	00-0000000.....	222 Main Street Investors LP.....									0	
	00-0000000.....	Notch 8 Residential, L.L.C.....									0	
	00-0000000.....	UVL, LLC.....									0	
	00-0000000.....	3601 North Fairfax Drive Associates, LLC.....									0	
	47-4235739.....	CI Perris 151, LLC.....									0	
	47-4375626.....	Lakehills CM-CG LLC.....									0	
	27-0268530.....	CORAC, LLC.....		(80,199,738)							(80,199,738)	
	27-3923999.....	Bridgepoint Office Park Associates, LLC.....									0	
	27-3126102.....	Fairway Center Associates, LLC.....									0	
	27-3582688.....	Henry on the Park Associates, LLC.....									0	
67369.....	59-1031071.....	Cigna Health and Life Insurance Company.....	(730,000,000)	64,865,722			(488,120,830)	(123,384,545)			(1,276,639,653)	(90,613,509)
	45-2681649.....	CarePlexus, LLC.....									0	
	27-3396038.....	Cigna Corporate Services, LLC.....									0	
	27-1903785.....	Cigna Insurance Agency, LLC.....									0	
	34-1970892.....	Ceres Sales of Ohio, LLC.....									0	
61727.....	34-0970995.....	Central Reserve Life Insurance Company.....					(11,667)				(11,667)	
67903.....	23-1335885.....	Provident American Life & Health Insurance Company.....					(15,167)				(15,167)	
65269.....	75-2305400.....	United Benefit Life Insurance Company.....					(3,500)				(3,500)	
65722.....	63-0343428.....	Loyal American Life Insurance Company.....					(222,842)				(222,842)	
88366.....	59-2760189.....	American Retirement Life Insurance Company.....					(95,670)				(95,670)	

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)
53.4	23-3744987.....	QualCare Alliance Networks, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	22-3129563.....	QualCare, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	22-2483867.....	Scibal Associates, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-1634843.....	QualCare Captive Insurance Company Inc., PCC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-1801639.....	QualCare Management Resources Limited Liability Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-2086778.....	Health-Lynx, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	13-1867829.....	Sterling Life Insurance Company.....	(20,000,000).....	.....	.....	.....	(3,792).....	.....	.....	.....	(20,003,792).....	.....
	91-1500758.....	Olympic Health Management Systems, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	91-1599329.....	Olympic Health Management Services, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	88-0455414.....	WorldDoc, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	23-1728483.....	Cigna Health Management, Inc.....	(2,000,000).....	.....	.....	.....	162,991,869.....	.....	.....	.....	160,991,869.....	.....
	20-8064696.....	Kronos Optimal Health Company.....	.....	.....	.....	.....	758,055.....	.....	.....	.....	758,055.....	.....
	65498.....23-1503749.....	Life Insurance Company of North America.....	(75,000,000).....	42,191,295.....	.....	(434,866).....	(27,390,763).....	(96,436,377).....	.....	.....	(157,070,711).....	(1,234,151,375).....
	00-0000000.....	Cigna & CMB Life Insurance Company Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	58-1136865.....	Cigna Direct Marketing Company, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-0427127.....	Tel-Drug, Inc.....	(55,000,000).....	.....	.....	.....	(75,836).....	.....	.....	.....	(55,075,836).....	.....
	00-0000000.....	Vielife Holdings Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Vielife Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	98-0463704.....	Vielife Services, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Businesshealth UK Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1332403.....	CG Individual Tax Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1332405.....	CG Life Pension Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1332401.....	CG LINA Pension Benefits Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	62-1724116.....	Cigna Federal Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	23-2741293.....	Cigna Healthcare Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	23-2924152.....	Cigna Integratedcare, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	23-2741294.....	Cigna Managed Care Benefits Company.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1071502.....	Cigna RE Corporation.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1522976.....	Blodget & Hazard Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1567902.....	Cigna Resource Manager, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1252419.....	Connecticut General Benefit Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	06-1533555.....	Healthsource Benefits, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	35-2041388.....	IHN, Inc.....	.....	.....	.....	.....	(4,673).....	.....	.....	.....	(4,673).....	.....
	06-1252418.....	LINA Benefit Payments, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	88-0334401.....	Mediversal, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	88-0344624.....	Universal Claims Administration.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	51-0389196.....	Cigna Global Holdings, Inc.....	(22,128,868).....	124,218,000.....	.....	.....	.....	.....	.....	.....	102,089,132.....	.....
	51-0111677.....	Cigna International Corporation, Inc.....	.....	.....	.....	.....	(11,000,062).....	.....	.....	.....	(11,000,062).....	.....
	23-2610178.....	Cigna International Services, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	30-3087621.....	Cigna International Marketing (Thailand) Limited.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	CGO PARTICIPATOS LTDA.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	YCFM Servicios LTDA.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	AA-3190987.....	Cigna Global Reinsurance Company, Ltd.....	(99,449,963).....	.....	.....	434,866.....	(20,209).....	122,603,692.....	.....	.....	23,568,386.....	82,250,612.....

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)
	00-0000000.....	Cigna Nederland Alpha Cooperatief U.A.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Beta B.V.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Nederland Gamma B.V.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Finans Emeklilik Ve Hayat A.S. ....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Health Solution India Pvt. Ltd.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	46-4099800.....	Cigna Poplar Holdings, Inc.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	PT GAR Indonesia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	PT PGU Indonesia.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Global Insurance Company Limited.....	.....	.....	.....	.....	.....(2,724,993)	.....(9,203)	.....	.....	.....(2,734,196)	.....1,509,176
	00-0000000.....	CignaTTK Health Insurance Company Limited.....	.....	.....	.....	.....	.....	.....0	.....	.....	.....0	.....
	00-0000000.....	Cigna SAICO Benefits Services W.L.L.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
90859.....	23-2088429.....	Cigna Worldwide Insurance Company.....	.....(4,050,037)	.....	.....	.....	.....(294,904)	.....543,080	.....	.....	.....(3,801,861)	.....(4,480,356)
	AA-5360003.....	PT. Asuransi Cigna.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
	00-0000000.....	Cigna Teak Holdings, LLC.....	.....	.....	.....	.....	.....	.....	.....	.....	.....0	.....
9999999.	Control Totals.....	.....	.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	NO
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partners be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?	NO
APRIL FILING		
41.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
42.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	NO
45.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
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?	NO
49.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
50.	Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
51.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

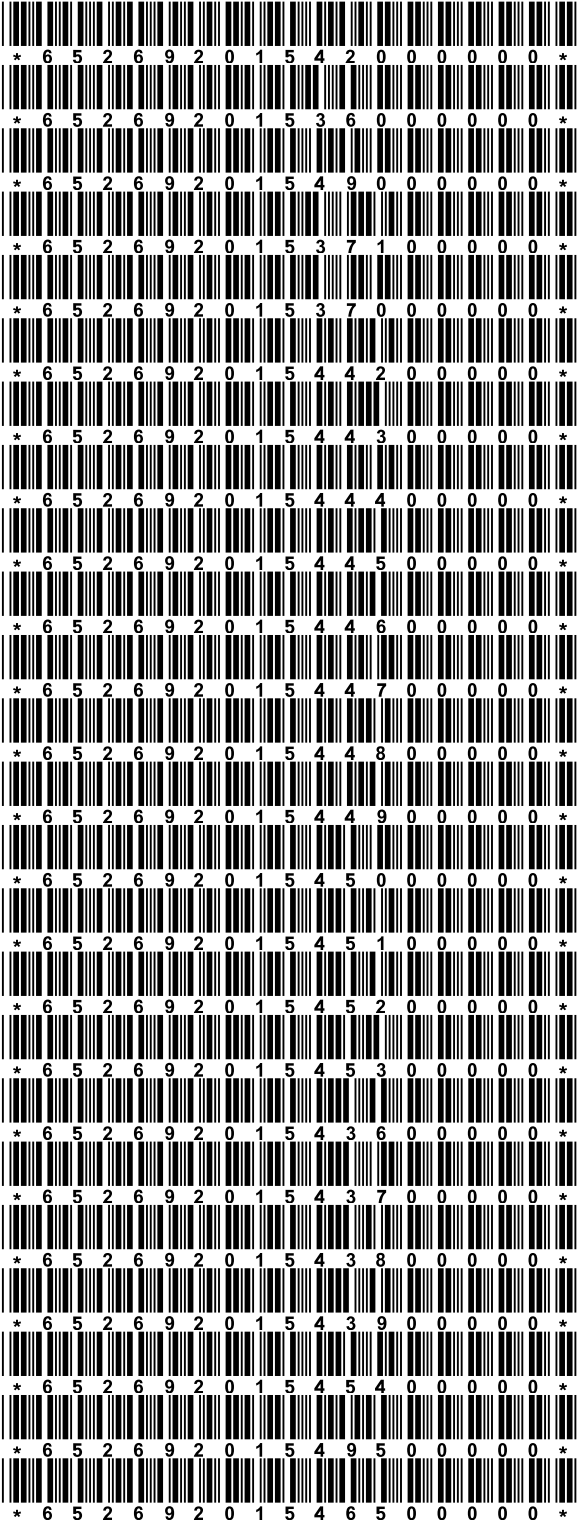
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EXPLANATIONS:

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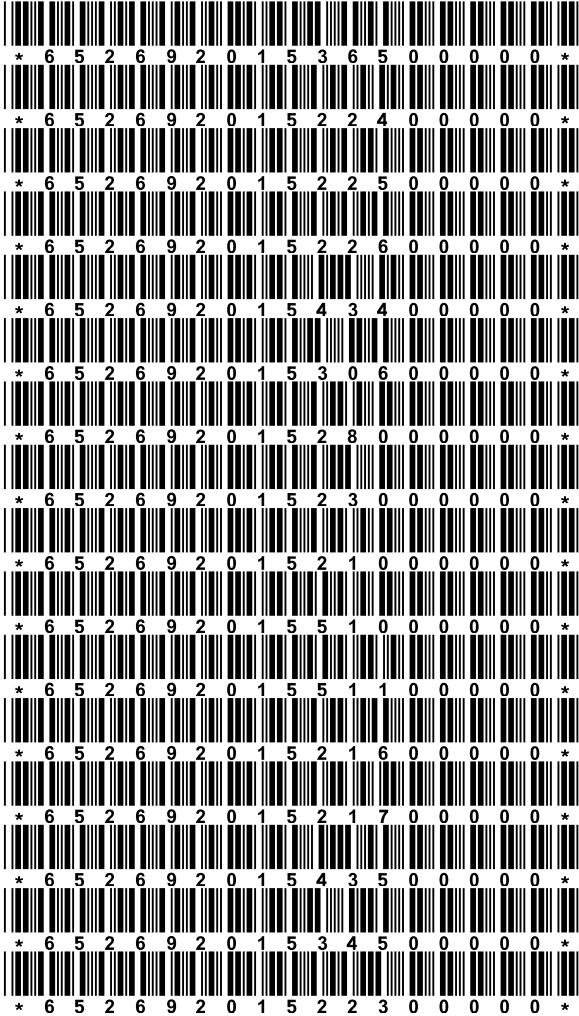
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2015 ALPHABETICAL INDEX

LIFE ANNUAL STATEMENT BLANK

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