LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2015

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) NAIC Company Code..... 65722 Employer's ID Number..... 63-0343428

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

Incorporated/Organized..... May 18, 1955 Commenced Business..... July 4, 1955

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

Main Administrative Office 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US..... 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 11200 Lakeline Blvd., Suite 100..... Austin ..... TX ..... US 78717 (512) 451-2224
(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.CignaSupplementalBenefits.com

Statutory Statement Contact Jesse Navarrete (512) 807-4801
(Name) (Area Code) (Telephone Number) (Extension)
CSBFinRpt@cigna.com (512) 467-1399
(E-Mail Address) (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

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

DIRECTORS OR TRUSTEES

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

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.

(Signature)	(Signature)	(Signature)
Brian Case Evanko	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)

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

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

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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	260,701				260,701
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	260,709	0	0	0	260,709
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,592				3,592
6.2	Applied to pay renewal premiums	261				261
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	34				34
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,887	0	0	0	3,887
	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)	3,887	0	0	0	3,887
	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	164,122				164,122
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	164,122	0	0	0	164,122
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	185,990							4	185,990
	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)	4	185,990	0	0	0	0	0	0	4	185,990
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	324	40,879,823		(a)					324	40,879,823
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(4,819,169)							(28)	(4,819,169)
23.	In force December 31 of current year	296	36,060,654	0	(a) 0	0	0	0	0	296	36,060,654

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(6)			(6)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)		(3)			(42)
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	(3)	0	0	(42)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	(9)	0	0	(48)

(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.

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	881				881
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	889	0	0	0	889
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	264				264
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	34				34
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	298	0	0	0	298
	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)	298	0	0	0	298
	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	11,888				11,888
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	11,888	0	0	0	11,888
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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	9	102,763		(a)					9	102,763
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(11,062)							(1)	(11,062)
23.	In force December 31 of current year	8	91,701	0	(a) 0	0	0	0	0	8	91,701

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	125	88			(1)
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)	124,681	123,689		87,665	92,159
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	124,681	123,689	0	87,665	92,159
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	124,806	123,777	0	87,665	92,158

(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.

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DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	550,737		24,732		575,469
2.	Annuity considerations	4,713				4,713
3.	Deposit-type contract funds	1,212	XXX		XXX	1,212
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	556,662	0	24,732	0	581,394
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	13,151				13,151
6.2	Applied to pay renewal premiums	394				394
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	245				245
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	13,790	0	0	0	13,790
	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)	13,790	0	0	0	13,790
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	681,288		5,200		686,488
10.	Matured endowments	(911)				(911)
11.	Annuity benefits	55,817				55,817
12.	Surrender values and withdrawals for life contracts	396,660				396,660
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,132,854	0	5,200	0	1,138,054
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	112	351,382							112	351,382
17.	Incurred during current year	97	542,393			4	5,200			101	547,593
	Settled during current year:										
18.1	By payment in full	139	680,377			4	5,200			143	685,577
18.2	By payment on compromised claims									0	0
18.3	Totals paid	139	680,377	0	0	4	5,200	0	0	143	685,577
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	139	680,377	0	0	4	5,200	0	0	143	685,577
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	70	213,398	0	0	0	0	0	0	70	213,398
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,045	56,519,366		(a)	85	2,647,644			3,130	59,167,010
21.	Issued during year	22	648,500							22	648,500
22.	Other changes to in force (Net)	(227)	(3,744,305)			(32)	(970,704)			(259)	(4,715,009)
23.	In force December 31 of current year	2,840	53,423,561	0	(a) 0	53	1,676,940	0	0	2,893	55,100,501

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	24,631	(4,198)		9,757	(1,321)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	53	53		331	4,972
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,030,537	3,992,444		2,342,795	2,605,417
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,030,537	3,992,444	0	2,342,795	2,605,417
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,055,221	3,988,299	0	2,352,883	2,609,068

(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.

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	179,312		1,274		180,586
2.	Annuity considerations	496				496
3.	Deposit-type contract funds	133	XXX		XXX	133
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	179,941	0	1,274	0	181,215
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,711				1,711
6.2	Applied to pay renewal premiums	51				51
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)	1,762	0	0	0	1,762
	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)	1,762	0	0	0	1,762
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	178,287		4,200		182,487
10.	Matured endowments	1,583				1,583
11.	Annuity benefits	241,745				241,745
12.	Surrender values and withdrawals for life contracts	237,368				237,368
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	658,983	0	4,200	0	663,183
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	20	56,662							20	56,662
17.	Incurred during current year	30	227,563			2	4,200			32	231,763
	Settled during current year:										
18.1	By payment in full	28	179,870			2	4,200			30	184,070
18.2	By payment on compromised claims									0	0
18.3	Totals paid	28	179,870	0	0	2	4,200	0	0	30	184,070
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	28	179,870	0	0	2	4,200	0	0	30	184,070
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	22	104,355	0	0	0	0	0	0	22	104,355
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	869	13,546,390		(a)	14	426,844			883	13,973,234
21.	Issued during year	23	459,250							23	459,250
22.	Other changes to in force (Net)	(60)	(778,092)			(5)	(269,844)			(65)	(1,047,936)
23.	In force December 31 of current year	832	13,227,548	0	(a) 0	9	157,000	0	0	841	13,384,548

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,177	12,011		2,395	(903)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,621,722	3,583,170		2,346,650	2,524,917
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,621,722	3,583,170	0	2,346,650	2,524,917
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,638,899	3,595,181	0	2,349,045	2,524,014

(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 AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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
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

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

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.

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,963				25,963
2.	Annuity considerations	55				55
3.	Deposit-type contract funds	3,126	XXX		XXX	3,126
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	29,144	0	0	0	29,144
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,374				3,374
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	163				163
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,537	0	0	0	3,537
	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)	3,537	0	0	0	3,537
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,156				15,156
10.	Matured endowments	35				35
11.	Annuity benefits	456,832				456,832
12.	Surrender values and withdrawals for life contracts	636,908				636,908
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,108,931	0	0	0	1,108,931
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	15,191							1	15,191
	Settled during current year:										
18.1	By payment in full	1	15,191							1	15,191
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	15,191	0	0	0	0	0	0	1	15,191
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	15,191	0	0	0	0	0	0	1	15,191
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	44	1,827,230		(a)					44	1,827,230
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(8,433)							(1)	(8,433)
23.	In force December 31 of current year	43	1,818,797	0	(a) 0	0	0	0	0	43	1,818,797

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,407	(117)		399	(964)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			(5,122)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	599,710	593,888		388,510	414,944
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)	599,710	593,888	0	388,510	414,944
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	601,187	593,841	0	388,909	408,858

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	105,253				105,253
2.	Annuity considerations	7,938				7,938
3.	Deposit-type contract funds	2,406	XXX		XXX	2,406
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	115,597	0	0	0	115,597
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,560				5,560
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	127				127
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,687	0	0	0	5,687
	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)	5,687	0	0	0	5,687
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	84,176				84,176
10.	Matured endowments	36				36
11.	Annuity benefits	345,373				345,373
12.	Surrender values and withdrawals for life contracts	1,125,587				1,125,587
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,555,172	0	0	0	1,555,172
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	12	31,207							12	31,207
17.	Incurred during current year	14	70,041							14	70,041
	Settled during current year:										
18.1	By payment in full	17	84,212							17	84,212
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	84,212	0	0	0	0	0	0	17	84,212
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	84,212	0	0	0	0	0	0	17	84,212
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	17,036	0	0	0	0	0	0	9	17,036
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	460	11,617,040		(a)	1	46,238			461	11,663,278
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(39)	(761,490)			(1)	(46,238)			(40)	(807,728)
23.	In force December 31 of current year	421	10,855,550	0	(a) 0	0	0	0	0	421	10,855,550

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,014	(6,674)		2,141	(7,974)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,225,488	9,012,448		6,619,272	7,367,570
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,225,488	9,012,448	0	6,619,272	7,367,570
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,230,502	9,005,774	0	6,621,413	7,359,596

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

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	168				168
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	168	0	0	0	168
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	61				61
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)	61	0	0	0	61
	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)	61	0	0	0	61
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,110				15,110
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	15,110	0	0	0	15,110
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	15,110							1	15,110
	Settled during current year:										
18.1	By payment in full	1	15,110							1	15,110
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	15,110	0	0	0	0	0	0	1	15,110
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	15,110	0	0	0	0	0	0	1	15,110
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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)					
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	0	0	0	0	0
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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 COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	16,675				16,675
2.	Annuity considerations	372				372
3.	Deposit-type contract funds	564	XXX		XXX	564
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,611	0	0	0	17,611
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,337				1,337
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)	1,337	0	0	0	1,337
	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)	1,337	0	0	0	1,337
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	18,514				18,514
10.	Matured endowments					0
11.	Annuity benefits	353,415				353,415
12.	Surrender values and withdrawals for life contracts	143,375				143,375
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	515,304	0	0	0	515,304
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	18,514							2	18,514
	Settled during current year:										
18.1	By payment in full	2	18,514							2	18,514
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	18,514	0	0	0	0	0	0	2	18,514
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	18,514	0	0	0	0	0	0	2	18,514
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	53	3,533,436		(a)	1	6,000			54	3,539,436
21.	Issued during year	3	202,500							3	202,500
22.	Other changes to in force (Net)	(4)	(71,302)							(4)	(71,302)
23.	In force December 31 of current year	52	3,664,634	0	(a) 0	1	6,000	0	0	53	3,670,634

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	554	(579)		(1)	(957)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,806,114	1,807,363		1,182,827	1,245,696
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,806,114	1,807,363	0	1,182,827	1,245,696
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,806,668	1,806,784	0	1,182,826	1,244,739

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,102				12,102
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,140	0	0	0	12,140
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	144				144
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	64				64
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	208	0	0	0	208
	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)	208	0	0	0	208
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	7,386				7,386
10.	Matured endowments					0
11.	Annuity benefits	38,465				38,465
12.	Surrender values and withdrawals for life contracts	42,755				42,755
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	88,606	0	0	0	88,606
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	4,255							1	4,255
17.	Incurred during current year	5	8,386							5	8,386
	Settled during current year:										
18.1	By payment in full	4	7,386							4	7,386
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	7,386	0	0	0	0	0	0	4	7,386
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	7,386	0	0	0	0	0	0	4	7,386
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	5,255	0	0	0	0	0	0	2	5,255
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	23	317,746		(a)					23	317,746
21.	Issued during year	1	4,000							1	4,000
22.	Other changes to in force (Net)	(1)	(3,000)							(1)	(3,000)
23.	In force December 31 of current year	23	318,746	0	(a) 0	0	0	0	0	23	318,746

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	651	150		(1)	(308)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,503,174	1,500,085		1,184,899	1,255,180
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,503,174	1,500,085	0	1,184,899	1,255,180
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,503,825	1,500,235	0	1,184,898	1,254,872

(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.

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,457				9,457
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	90	XXX		XXX	90
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,555	0	0	0	9,555
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	628				628
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	93				93
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	721	0	0	0	721
	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)	721	0	0	0	721
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	33,920				33,920
10.	Matured endowments					0
11.	Annuity benefits	10,486				10,486
12.	Surrender values and withdrawals for life contracts	1,300				1,300
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	45,706	0	0	0	45,706
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	25,976							4	25,976
17.	Incurred during current year	2	28,402							2	28,402
	Settled during current year:										
18.1	By payment in full	4	33,920							4	33,920
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	33,920	0	0	0	0	0	0	4	33,920
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	33,920	0	0	0	0	0	0	4	33,920
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,458	0	0	0	0	0	0	2	20,458
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	68	795,587		(a)					68	795,587
21.	Issued during year	1	15,000							1	15,000
22.	Other changes to in force (Net)	(5)	(40,463)							(5)	(40,463)
23.	In force December 31 of current year	64	770,124	0	(a) 0	0	0	0	0	64	770,124

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	862	864		(2)	245
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)	91,684	90,557		62,364	68,896
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)	91,684	90,557	0	62,364	68,896
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	92,546	91,421	0	62,362	69,141

(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.

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,576				18,576
2.	Annuity considerations	59				59
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	18,635	0	0	0	18,635
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	103				103
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	85				85
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	188	0	0	0	188
	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)	188	0	0	0	188
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,000				10,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	10,000	0	0	0	10,000
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full	1	10,000							1	10,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	13	195,019		(a)					13	195,019
21.	Issued during year									0	0
22.	Other changes to in force (Net)		(198)							0	(198)
23.	In force December 31 of current year	13	194,821	0	(a) 0	0	0	0	0	13	194,821

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(23)			(22)
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)	36,335	35,648		18,104	17,737
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)	36,335	35,648	0	18,104	17,737
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	36,335	35,625	0	18,104	17,715

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	641,214		1,581		642,795
2.	Annuity considerations	126,187				126,187
3.	Deposit-type contract funds	1,901	XXX		XXX	1,901
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	769,302	0	1,581	0	770,883
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	19,838				19,838
6.2	Applied to pay renewal premiums	13				13
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,101				5,101
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,952	0	0	0	24,952
	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)	24,952	0	0	0	24,952
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	954,185				954,185
10.	Matured endowments	1,513				1,513
11.	Annuity benefits	577,338				577,338
12.	Surrender values and withdrawals for life contracts	2,530,094				2,530,094
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	4,063,130	0	0	0	4,063,130
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	118	424,858							118	424,858
17.	Incurred during current year	192	833,977							192	833,977
	Settled during current year:										
18.1	By payment in full	199	955,698							199	955,698
18.2	By payment on compromised claims									0	0
18.3	Totals paid	199	955,698	0	0	0	0	0	0	199	955,698
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	199	955,698	0	0	0	0	0	0	199	955,698
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	111	303,137	0	0	0	0	0	0	111	303,137
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3,681	38,553,881		(a)	1	29,350			3,682	38,583,231
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(315)	(3,205,288)				(3,800)			(315)	(3,209,088)
23.	In force December 31 of current year	3,366	35,348,593	0	(a) 0	1	25,550	0	0	3,367	35,374,143

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,319	(7,863)		99	530
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,538	3,631		2,242	(70,292)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,304,240	1,282,332		848,479	1,052,113
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,304,240	1,282,332	0	848,479	1,052,113
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,309,097	1,278,100	0	850,820	982,351

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	276,355		3,542		279,897
2.	Annuity considerations	206				206
3.	Deposit-type contract funds	3,225	XXX		XXX	3,225
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	279,786	0	3,542	0	283,328
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	62,704				62,704
6.2	Applied to pay renewal premiums	2,365				2,365
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,404				2,404
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	67,473	0	0	0	67,473
	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)	67,473	0	0	0	67,473
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	503,647				503,647
10.	Matured endowments	7,436				7,436
11.	Annuity benefits	30,093				30,093
12.	Surrender values and withdrawals for life contracts	603,623				603,623
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,144,799	0	0	0	1,144,799
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	54	175,012							54	175,012
17.	Incurred during current year	97	487,217							97	487,217
	Settled during current year:										
18.1	By payment in full	112	511,083							112	511,083
18.2	By payment on compromised claims									0	0
18.3	Totals paid	112	511,083	0	0	0	0	0	0	112	511,083
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	112	511,083	0	0	0	0	0	0	112	511,083
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	39	151,146	0	0	0	0	0	0	39	151,146
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,842	23,275,491		(a)	4	201,000			2,846	23,476,491
21.	Issued during year	64	1,361,750							64	1,361,750
22.	Other changes to in force (Net)	(163)	(1,249,271)							(163)	(1,249,271)
23.	In force December 31 of current year	2,743	23,387,970	0	(a) 0	4	201,000	0	0	2,747	23,588,970

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,181	(205)		297	5,341
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	3,372	3,389		4,169	(235,398)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,096,146	2,072,989		1,217,110	1,390,829
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,096,146	2,072,989	0	1,217,110	1,390,829
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,104,699	2,076,173	0	1,221,576	1,160,772

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,732,595		63,660		5,796,255
2.	Annuity considerations	456,194				456,194
3.	Deposit-type contract funds	54,864	XXX		XXX	54,864
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,243,653	0	63,660	0	6,307,313
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	235,917				235,917
6.2	Applied to pay renewal premiums	3,504				3,504
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	18,679				18,679
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	258,100	0	0	0	258,100
	Annuities:					
7.1	Paid in cash or left on deposit	375				375
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	375	0	0	0	375
8.	Grand Totals (Lines 6.5 + 7.4)	258,475	0	0	0	258,475
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,928,058		13,300		9,941,358
10.	Matured endowments	15,581				15,581
11.	Annuity benefits	7,346,281		1,000		7,347,281
12.	Surrender values and withdrawals for life contracts	16,830,950				16,830,950
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	34,120,870	0	14,300	0	34,135,170
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	794	4,076,076		(0)					794	4,076,076
17.	Incurred during current year	1,272	8,412,329			9	13,300			1,281	8,425,629
	Settled during current year:										
18.1	By payment in full	1,424	9,943,638			9	13,300			1,433	9,956,938
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,424	9,943,638	0	0	9	13,300	0	0	1,433	9,956,938
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,424	9,943,638	0	0	9	13,300	0	0	1,433	9,956,938
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	642	2,544,767	0	(0)	0	0	0	0	642	2,544,767
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	32,150	510,141,356		(a)	2,092	6,908,675			34,242	517,050,031
21.	Issued during year	513	12,219,000							513	12,219,000
22.	Other changes to in force (Net)	(2,358)	(34,908,985)			(80)	(1,820,343)			(2,438)	(36,729,328)
23.	In force December 31 of current year	30,305	487,451,371	0	(a) 0	2,012	5,088,332	0	0	32,317	492,539,703

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,839,250	5,809,051		1,662,315	2,017,623
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	25,229	25,402		24,531	(1,598,699)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	202	228			(256)
25.2	Guaranteed renewable (b)	162,164,096	161,351,653		107,310,459	113,359,006
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)	162,164,298	161,351,881	0	107,310,459	113,358,750
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	168,028,777	167,186,334	0	108,997,305	113,777,674

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,218				2,218
2.	Annuity considerations					0
3.	Deposit-type contract funds	311	XXX		XXX	311
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,529	0	0	0	2,529
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	336				336
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)	336	0	0	0	336
	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)	336	0	0	0	336
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	50,389				50,389
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	50,389	0	0	0	50,389
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	50,389							1	50,389
	Settled during current year:										
18.1	By payment in full	1	50,389							1	50,389
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	50,389	0	0	0	0	0	0	1	50,389
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	50,389	0	0	0	0	0	0	1	50,389
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	3	85,000		(a)					3	85,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(50,000)							(1)	(50,000)
23.	In force December 31 of current year	2	35,000	0	(a) 0	0	0	0	0	2	35,000

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
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.

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DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,922		3,300		14,222
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	1,209	XXX		XXX	1,209
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,139	0	3,300	0	15,439
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,377				2,377
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)	2,377	0	0	0	2,377
	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)	2,377	0	0	0	2,377
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	30,009				30,009
10.	Matured endowments					0
11.	Annuity benefits	5,725				5,725
12.	Surrender values and withdrawals for life contracts	24,838				24,838
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	60,572	0	0	0	60,572
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	9							1	9
17.	Incurred during current year	2	30,000							2	30,000
	Settled during current year:										
18.1	By payment in full	3	30,009							3	30,009
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	30,009	0	0	0	0	0	0	3	30,009
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	30,009	0	0	0	0	0	0	3	30,009
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	61	973,870		(a)	1	200,000			62	1,173,870
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(51,373)							(4)	(51,373)
23.	In force December 31 of current year	57	922,497	0	(a) 0	1	200,000	0	0	58	1,122,497

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	392	369		(1)	90
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)	169,787	168,333		49,882	65,401
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)	169,787	168,333	0	49,882	65,401
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	170,179	168,702	0	49,881	65,491

(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.

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,200		245		11,445
2.	Annuity considerations	54				54
3.	Deposit-type contract funds	262	XXX		XXX	262
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,516	0	245	0	11,761
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	417				417
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	45				45
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	462	0	0	0	462
	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)	462	0	0	0	462
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	255,958				255,958
12.	Surrender values and withdrawals for life contracts	224,937				224,937
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	480,895	0	0	0	480,895
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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	35	291,121		(a)	1	100,000			36	391,121
21.	Issued during year	3	69,000							3	69,000
22.	Other changes to in force (Net)	(3)	(20,501)							(3)	(20,501)
23.	In force December 31 of current year	35	339,620	0	(a) 0	1	100,000	0	0	36	439,620

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,987	4,548		597	(450)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,458,590	3,469,496		2,665,697	2,758,349
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,458,590	3,469,496	0	2,665,697	2,758,349
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,464,577	3,474,044	0	2,666,294	2,757,899

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	3,215				3,215
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	3,230	0	0	0	3,230
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	178				178
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)	178	0	0	0	178
	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)	178	0	0	0	178
	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	139,384				139,384
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	139,384	0	0	0	139,384
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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	15	929,078		(a)					15	929,078
21.	Issued during year	1	37,500							1	37,500
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	16	966,578	0	(a) 0	0	0	0	0	16	966,578

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(108)			(106)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,634,676	1,634,252		1,022,769	1,078,814
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,634,676	1,634,252	0	1,022,769	1,078,814
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,634,676	1,634,144	0	1,022,769	1,078,708

(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.

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DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	124,108		1,785		125,893
2.	Annuity considerations	553				553
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	124,661	0	1,785	0	126,446
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,935				1,935
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)	1,935	0	0	0	1,935
	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)	1,935	0	0	0	1,935
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	47,510				47,510
10.	Matured endowments					0
11.	Annuity benefits	52,680				52,680
12.	Surrender values and withdrawals for life contracts	131,005				131,005
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	231,195	0	0	0	231,195
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	8,546							4	8,546
17.	Incurred during current year	9	44,786							9	44,786
	Settled during current year:										
18.1	By payment in full	11	47,510							11	47,510
18.2	By payment on compromised claims									0	0
18.3	Totals paid	11	47,510	0	0	0	0	0	0	11	47,510
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	11	47,510	0	0	0	0	0	0	11	47,510
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	5,822	0	0	0	0	0	0	2	5,822
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	415	8,483,348		(a)	6	372,065			421	8,855,413
21.	Issued during year	24	797,500							24	797,500
22.	Other changes to in force (Net)	(30)	(540,462)			(1)	(96,493)			(31)	(636,955)
23.	In force December 31 of current year	409	8,740,386	0	(a) 0	5	275,572	0	0	414	9,015,958

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	39,011	38,067		45,515	48,530
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)	11,562,736	11,560,020		8,232,788	8,609,344
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)	11,562,736	11,560,020	0	8,232,788	8,609,344
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,601,747	11,598,087	0	8,278,303	8,657,874

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	226,477		1,665		228,142
2.	Annuity considerations	50,863				50,863
3.	Deposit-type contract funds	514	XXX		XXX	514
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	277,854	0	1,665	0	279,519
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	823				823
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)	823	0	0	0	823
	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)	823	0	0	0	823
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	413,203				413,203
10.	Matured endowments					0
11.	Annuity benefits	228,268				228,268
12.	Surrender values and withdrawals for life contracts	699,016				699,016
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,340,487	0	0	0	1,340,487
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	14	111,268							14	111,268
17.	Incurred during current year	28	325,419							28	325,419
	Settled during current year:										
18.1	By payment in full	35	413,203							35	413,203
18.2	By payment on compromised claims									0	0
18.3	Totals paid	35	413,203	0	0	0	0	0	0	35	413,203
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	35	413,203	0	0	0	0	0	0	35	413,203
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	23,484	0	0	0	0	0	0	7	23,484
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,101	16,730,688		(a)	6	236,716			1,107	16,967,404
21.	Issued during year	6	163,250							6	163,250
22.	Other changes to in force (Net)	(67)	(1,089,917)			(2)	(61,216)			(69)	(1,151,133)
23.	In force December 31 of current year	1,040	15,804,021	0	(a) 0	4	175,500	0	0	1,044	15,979,521

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,401	765		(10)	(2,892)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	73	49			(3,557)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	8,781,995	8,752,585		6,428,572	6,732,973
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	8,781,995	8,752,585	0	6,428,572	6,732,973
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,787,469	8,753,399	0	6,428,562	6,726,524

(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.

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DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	40,011				40,011
2.	Annuity considerations	47				47
3.	Deposit-type contract funds	736	XXX		XXX	736
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	40,794	0	0	0	40,794
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	484				484
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	65				65
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	549	0	0	0	549
	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)	549	0	0	0	549
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	47,615				47,615
10.	Matured endowments	1,724				1,724
11.	Annuity benefits	111,867				111,867
12.	Surrender values and withdrawals for life contracts	176,307				176,307
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	337,513	0	0	0	337,513
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	14,180							7	14,180
17.	Incurred during current year	11	55,432							11	55,432
	Settled during current year:										
18.1	By payment in full	12	49,339							12	49,339
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	49,339	0	0	0	0	0	0	12	49,339
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	49,339	0	0	0	0	0	0	12	49,339
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	20,273	0	0	0	0	0	0	6	20,273
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	252	4,934,381		(a)					252	4,934,381
21.	Issued during year	3	66,250							3	66,250
22.	Other changes to in force (Net)	(17)	(193,415)							(17)	(193,415)
23.	In force December 31 of current year	238	4,807,216	0	(a) 0	0	0	0	0	238	4,807,216

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	133,484	80,969		11,134	(21,273)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			(5,122)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,657,633	6,525,070		3,611,407	3,946,827
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)	6,657,633	6,525,070	0	3,611,407	3,946,827
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,791,187	6,606,109	0	3,622,541	3,920,432

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	49,619				49,619
2.	Annuity considerations	116				116
3.	Deposit-type contract funds	145	XXX		XXX	145
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	49,880	0	0	0	49,880
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,838				2,838
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)	2,838	0	0	0	2,838
	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)	2,838	0	0	0	2,838
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,447				20,447
10.	Matured endowments					0
11.	Annuity benefits	255,943				255,943
12.	Surrender values and withdrawals for life contracts	115,994				115,994
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	392,384	0	0	0	392,384
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	10,447							3	10,447
17.	Incurred during current year	3	20,000							3	20,000
	Settled during current year:										
18.1	By payment in full	4	20,447							4	20,447
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	20,447	0	0	0	0	0	0	4	20,447
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	20,447	0	0	0	0	0	0	4	20,447
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000	0	0	0	0	0	0	2	10,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	79	2,649,598		(a)					79	2,649,598
21.	Issued during year	38	574,500							38	574,500
22.	Other changes to in force (Net)	(10)	(182,052)							(10)	(182,052)
23.	In force December 31 of current year	107	3,042,046	0	(a) 0	0	0	0	0	107	3,042,046

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(2,413)			(2,373)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,310,046	4,252,676		2,784,290	2,937,683
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,310,046	4,252,676	0	2,784,290	2,937,683
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,310,046	4,250,263	0	2,784,290	2,935,310

(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.

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DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	193,720		166		193,886
2.	Annuity considerations	383				383
3.	Deposit-type contract funds	218	XXX		XXX	218
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	194,321	0	166	0	194,487
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	6,272				6,272
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)	6,272	0	0	0	6,272
	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)	6,272	0	0	0	6,272
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	196,959				196,959
10.	Matured endowments	1,579				1,579
11.	Annuity benefits	45,731				45,731
12.	Surrender values and withdrawals for life contracts	231,999				231,999
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	476,268	0	0	0	476,268
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	11	190,311							11	190,311
17.	Incurred during current year	18	146,965							18	146,965
	Settled during current year:										
18.1	By payment in full	16	198,538							16	198,538
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	198,538	0	0	0	0	0	0	16	198,538
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	198,538	0	0	0	0	0	0	16	198,538
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	138,738	0	0	0	0	0	0	13	138,738
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,071	29,811,772		(a)	1	39,694			1,072	29,851,466
21.	Issued during year	10	110,000							10	110,000
22.	Other changes to in force (Net)	(92)	(2,706,698)				1,984			(92)	(2,704,714)
23.	In force December 31 of current year	989	27,215,074	0	(a) 0	1	41,678	0	0	990	27,256,752

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	643,565	608,313		142,529	152,280
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	309			5,873
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,875,327	3,880,310		1,419,339	1,601,851
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,875,327	3,880,310	0	1,419,339	1,601,851
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,519,229	4,488,932	0	1,561,868	1,760,004

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	75,760				75,760
2.	Annuity considerations	342				342
3.	Deposit-type contract funds	428	XXX		XXX	428
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	76,530	0	0	0	76,530
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	587				587
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)	587	0	0	0	587
	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)	587	0	0	0	587
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	66,501				66,501
10.	Matured endowments					0
11.	Annuity benefits	232,950				232,950
12.	Surrender values and withdrawals for life contracts	256,082				256,082
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	555,533	0	0	0	555,533
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	24,695							8	24,695
17.	Incurred during current year	12	61,122							12	61,122
	Settled during current year:										
18.1	By payment in full	12	66,501							12	66,501
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	66,501	0	0	0	0	0	0	12	66,501
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	66,501	0	0	0	0	0	0	12	66,501
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	19,316	0	0	0	0	0	0	8	19,316
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	378	5,272,286		(a)	1	70,200			379	5,342,486
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(17)	(121,360)				(4,000)			(17)	(125,360)
23.	In force December 31 of current year	361	5,150,926	0	(a) 0	1	66,200	0	0	362	5,217,126

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,503	1,471		(3)	335
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)	32,654	32,562		26,183	28,103
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)	32,654	32,562	0	26,183	28,103
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,157	34,033	0	26,180	28,438

(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.

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	60,052				60,052
2.	Annuity considerations	558				558
3.	Deposit-type contract funds	2,782	XXX		XXX	2,782
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	63,392	0	0	0	63,392
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,116				3,116
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	39				39
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,155	0	0	0	3,155
	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)	3,155	0	0	0	3,155
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,210				20,210
10.	Matured endowments					0
11.	Annuity benefits	41,494				41,494
12.	Surrender values and withdrawals for life contracts	57,507				57,507
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	119,211	0	0	0	119,211
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	42,093							10	42,093
17.	Incurred during current year	6	21,402							6	21,402
	Settled during current year:										
18.1	By payment in full	7	20,210							7	20,210
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	20,210	0	0	0	0	0	0	7	20,210
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	20,210	0	0	0	0	0	0	7	20,210
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	43,285	0	0	0	0	0	0	9	43,285
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	212	3,520,011		(a)	1	6,000			213	3,526,011
21.	Issued during year	4	88,000							4	88,000
22.	Other changes to in force (Net)	(7)	(79,665)							(7)	(79,665)
23.	In force December 31 of current year	209	3,528,346	0	(a) 0	1	6,000	0	0	210	3,534,346

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,829	5,625		90	1,372
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)	239,712	236,518		41,286	39,751
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)	239,712	236,518	0	41,286	39,751
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	245,541	242,143	0	41,376	41,123

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	69,144				69,144
2.	Annuity considerations	469				469
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	69,613	0	0	0	69,613
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	638				638
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	47				47
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	685	0	0	0	685
	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)	685	0	0	0	685
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	121,698				121,698
10.	Matured endowments					0
11.	Annuity benefits	93,915				93,915
12.	Surrender values and withdrawals for life contracts	21,107				21,107
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	236,720	0	0	0	236,720
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	25,977							4	25,977
17.	Incurred during current year	13	98,944							13	98,944
	Settled during current year:										
18.1	By payment in full	15	121,698							15	121,698
18.2	By payment on compromised claims									0	0
18.3	Totals paid	15	121,698	0	0	0	0	0	0	15	121,698
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	15	121,698	0	0	0	0	0	0	15	121,698
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	3,223	0	0	0	0	0	0	2	3,223
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	344	5,050,058		(a)					344	5,050,058
21.	Issued during year	1	60,000							1	60,000
22.	Other changes to in force (Net)	(18)	(207,822)							(18)	(207,822)
23.	In force December 31 of current year	327	4,902,236	0	(a) 0	0	0	0	0	327	4,902,236

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(30)			(29)
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)	356,180	353,846		144,395	160,496
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)	356,180	353,846	0	144,395	160,496
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	356,180	353,816	0	144,395	160,467

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	44,946				44,946
2.	Annuity considerations	49,022				49,022
3.	Deposit-type contract funds	145	XXX		XXX	145
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	94,113	0	0	0	94,113
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,485				1,485
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	136				136
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,621	0	0	0	1,621
	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)	1,621	0	0	0	1,621
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	70,000				70,000
10.	Matured endowments					0
11.	Annuity benefits	362,594				362,594
12.	Surrender values and withdrawals for life contracts	1,453,521				1,453,521
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,886,115	0	0	0	1,886,115
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	3	30,000							3	30,000
17.	Incurred during current year	4	140,000							4	140,000
	Settled during current year:										
18.1	By payment in full	6	70,000							6	70,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	70,000	0	0	0	0	0	0	6	70,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	70,000	0	0	0	0	0	0	6	70,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	100,000	0	0	0	0	0	0	1	100,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	87	6,001,603		(a)					87	6,001,603
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(7)	(275,305)							(7)	(275,305)
23.	In force December 31 of current year	80	5,726,298	0	(a) 0	0	0	0	0	80	5,726,298

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	9,473	8,617		14,154	14,039
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)	6,271,702	6,283,645		4,621,137	4,787,598
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)	6,271,702	6,283,645	0	4,621,137	4,787,598
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,281,175	6,292,262	0	4,635,291	4,801,637

(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.

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DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	30,557				30,557
2.	Annuity considerations	723				723
3.	Deposit-type contract funds	9	XXX		XXX	9
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	31,289	0	0	0	31,289
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	829				829
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	312				312
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,141	0	0	0	1,141
	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)	1,141	0	0	0	1,141
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	135,723				135,723
10.	Matured endowments					0
11.	Annuity benefits	44,741				44,741
12.	Surrender values and withdrawals for life contracts	780,861				780,861
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	961,325	0	0	0	961,325
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	38,657							10	38,657
17.	Incurred during current year	21	116,042							21	116,042
	Settled during current year:										
18.1	By payment in full	25	135,723							25	135,723
18.2	By payment on compromised claims									0	0
18.3	Totals paid	25	135,723	0	0	0	0	0	0	25	135,723
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	25	135,723	0	0	0	0	0	0	25	135,723
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	18,976	0	0	0	0	0	0	6	18,976
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	382	4,294,495		(a)					382	4,294,495
21.	Issued during year	2	96,000							2	96,000
22.	Other changes to in force (Net)	(27)	(99,321)							(27)	(99,321)
23.	In force December 31 of current year	357	4,291,174	0	(a) 0	0	0	0	0	357	4,291,174

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(64)			(63)
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)	545,641	540,434		331,673	355,986
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)	545,641	540,434	0	331,673	355,986
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	545,641	540,370	0	331,673	355,923

(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.

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	185,378		938		186,316
2.	Annuity considerations	43,357				43,357
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	228,735	0	938	0	229,673
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,686				1,686
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	31				31
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,717	0	0	0	1,717
	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)	1,717	0	0	0	1,717
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	255,254				255,254
10.	Matured endowments	145				145
11.	Annuity benefits	185,869				185,869
12.	Surrender values and withdrawals for life contracts	284,971				284,971
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	726,239	0	0	0	726,239
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	31	114,437							31	114,437
17.	Incurred during current year	36	236,028							36	236,028
	Settled during current year:										
18.1	By payment in full	41	255,399							41	255,399
18.2	By payment on compromised claims									0	0
18.3	Totals paid	41	255,399	0	0	0	0	0	0	41	255,399
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	41	255,399	0	0	0	0	0	0	41	255,399
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	95,066	0	0	0	0	0	0	26	95,066
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	834	11,407,922		(a)	1	75,000			835	11,482,922
21.	Issued during year	34	819,250							34	819,250
22.	Other changes to in force (Net)	(66)	(784,444)							(66)	(784,444)
23.	In force December 31 of current year	802	11,442,728	0	(a) 0	1	75,000	0	0	803	11,517,728

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	45,642	40,040		2,858	(747)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,596,582	3,622,033		2,220,657	2,367,573
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,596,582	3,622,033	0	2,220,657	2,367,573
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,642,224	3,662,073	0	2,223,515	2,366,826

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	226,552		7,182		233,734
2.	Annuity considerations	4,178				4,178
3.	Deposit-type contract funds	213	XXX		XXX	213
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	230,943	0	7,182	0	238,125
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,778				3,778
6.2	Applied to pay renewal premiums	156				156
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)	3,934	0	0	0	3,934
	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)	3,934	0	0	0	3,934
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	322,462				322,462
10.	Matured endowments	39				39
11.	Annuity benefits	8,704		1,000		9,704
12.	Surrender values and withdrawals for life contracts	184,382				184,382
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	515,587	0	1,000	0	516,587
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	48	110,928		(0)					48	110,928
17.	Incurred during current year	66	339,572							66	339,572
	Settled during current year:										
18.1	By payment in full	73	322,501							73	322,501
18.2	By payment on compromised claims									0	0
18.3	Totals paid	73	322,501	0	0	0	0	0	0	73	322,501
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	73	322,501	0	0	0	0	0	0	73	322,501
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	41	127,999	0	(0)	0	0	0	0	41	127,999
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,300	18,753,289		(a)	1,817	880,304			3,117	19,633,593
21.	Issued during year	23	455,250							23	455,250
22.	Other changes to in force (Net)	(118)	(1,061,974)			(8)	(86,504)			(126)	(1,148,478)
23.	In force December 31 of current year	1,205	18,146,565	0	(a) 0	1,809	793,800	0	0	3,014	18,940,365

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	228,171	228,781		78,596	86,934
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	53	53			(3,841)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,733,035	6,755,064		4,252,341	4,486,879
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)	6,733,035	6,755,064	0	4,252,341	4,486,879
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,961,259	6,983,898	0	4,330,937	4,569,972

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	860				860
2.	Annuity considerations	15				15
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	875	0	0	0	875
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	277				277
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)	277	0	0	0	277
	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)	277	0	0	0	277
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	10,040				10,040
12.	Surrender values and withdrawals for life contracts	78,677				78,677
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	88,717	0	0	0	88,717
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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	5	24,709		(a)					5	24,709
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	5	24,709	0	(a) 0	0	0	0	0	5	24,709

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(123)			(121)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,423,760	1,432,747		918,281	939,973
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,423,760	1,432,747	0	918,281	939,973
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,423,760	1,432,624	0	918,281	939,852

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

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	360,591				360,591
2.	Annuity considerations	1,827				1,827
3.	Deposit-type contract funds	14,610	XXX		XXX	14,610
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	377,028	0	0	0	377,028
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	17,903				17,903
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	5,547				5,547
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	23,450	0	0	0	23,450
	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)	23,450	0	0	0	23,450
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,662,969				2,662,969
10.	Matured endowments	(18,064)				(18,064)
11.	Annuity benefits	148,232				148,232
12.	Surrender values and withdrawals for life contracts	445,769				445,769
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	3,238,906	0	0	0	3,238,906
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	39	1,397,547							39	1,397,547
17.	Incurred during current year	142	1,394,401							142	1,394,401
	Settled during current year:										
18.1	By payment in full	143	2,644,905							143	2,644,905
18.2	By payment on compromised claims									0	0
18.3	Totals paid	143	2,644,905	0	0	0	0	0	0	143	2,644,905
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	143	2,644,905	0	0	0	0	0	0	143	2,644,905
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	38	147,043	0	0	0	0	0	0	38	147,043
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,485	35,982,192		(a)					2,485	35,982,192
21.	Issued during year	21	476,250							21	476,250
22.	Other changes to in force (Net)	(205)	(3,205,523)							(205)	(3,205,523)
23.	In force December 31 of current year	2,301	33,252,919	0	(a) 0	0	0	0	0	2,301	33,252,919

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	45,631	27,747		38,459	25,672
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	9,850	9,881		11,063	(734,099)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)	202	228			(256)
25.2	Guaranteed renewable (b)	6,122,523	6,121,627		4,341,619	4,472,634
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)	6,122,725	6,121,855	0	4,341,619	4,472,378
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,178,206	6,159,483	0	4,391,141	3,763,951

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	650		286		936
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	650	0	286	0	936
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	163				163
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)	163	0	0	0	163
	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)	163	0	0	0	163
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	64,156				64,156
12.	Surrender values and withdrawals for life contracts	24,261				24,261
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	88,417	0	0	0	88,417
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	3,778							1	3,778
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,778	0	0	0	0	0	0	1	3,778
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	18	148,942		(a)	1	125,000			19	273,942
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	(1)	(4,033)							(1)	(4,033)
23.	In force December 31 of current year	17	144,909	0	(a) 0	1	125,000	0	0	18	269,909

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	12,457	12,448		9,635	10,198
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)	144,274	144,126		94,450	91,504
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)	144,274	144,126	0	94,450	91,504
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	156,731	156,574	0	104,085	101,702

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,343		110		23,453
2.	Annuity considerations					0
3.	Deposit-type contract funds	3,678	XXX		XXX	3,678
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	27,021	0	110	0	27,131
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	921				921
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	925	0	0	0	925
	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)	925	0	0	0	925
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	38,900				38,900
10.	Matured endowments	331				331
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	202,843				202,843
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	242,074	0	0	0	242,074
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	5	44,231							5	44,231
	Settled during current year:										
18.1	By payment in full	4	39,231							4	39,231
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	39,231	0	0	0	0	0	0	4	39,231
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	39,231	0	0	0	0	0	0	4	39,231
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	58	720,187		(a)					58	720,187
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(8)	(82,478)							(8)	(82,478)
23.	In force December 31 of current year	50	637,709	0	(a) 0	0	0	0	0	50	637,709

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,606	(4,475)		98	(6,549)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,986,801	2,980,691		2,258,511	2,368,258
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,986,801	2,980,691	0	2,258,511	2,368,258
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,989,407	2,976,216	0	2,258,609	2,361,709

(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.

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DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,472		51		12,523
2.	Annuity considerations	61				61
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,533	0	51	0	12,584
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	276				276
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)	276	0	0	0	276
	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)	276	0	0	0	276
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	98,645				98,645
12.	Surrender values and withdrawals for life contracts	80,786				80,786
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	179,431	0	0	0	179,431
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	3,778							1	3,778
17.	Incurred during current year	1	10,000							1	10,000
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	13,778	0	0	0	0	0	0	2	13,778
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	59	1,352,070		(a)					59	1,352,070
21.	Issued during year									0	0
22.	Other changes to in force (Net)		(2,746)							0	(2,746)
23.	In force December 31 of current year	59	1,349,324	0	(a) 0	0	0	0	0	59	1,349,324

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(7)			(7)
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)	88,196	87,669		22,642	7,488
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	88,196	87,669	0	22,642	7,488
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,196	87,662	0	22,642	7,481

(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.

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	110,307		72		110,379
2.	Annuity considerations	4,860				4,860
3.	Deposit-type contract funds	360	XXX		XXX	360
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	115,527	0	72	0	115,599
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	933				933
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	31				31
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	964	0	0	0	964
	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)	964	0	0	0	964
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	65,453				65,453
10.	Matured endowments					0
11.	Annuity benefits	140,233				140,233
12.	Surrender values and withdrawals for life contracts	237,636				237,636
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	443,322	0	0	0	443,322
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	16	43,715							16	43,715
17.	Incurred during current year	15	78,139							15	78,139
	Settled during current year:										
18.1	By payment in full	16	65,453							16	65,453
18.2	By payment on compromised claims									0	0
18.3	Totals paid	16	65,453	0	0	0	0	0	0	16	65,453
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	16	65,453	0	0	0	0	0	0	16	65,453
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	56,401	0	0	0	0	0	0	15	56,401
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,290	12,105,993		(a)	1	500			2,291	12,106,493
21.	Issued during year	13	171,250							13	171,250
22.	Other changes to in force (Net)	(90)	(467,456)							(90)	(467,456)
23.	In force December 31 of current year	2,213	11,809,787	0	(a) 0	1	500	0	0	2,214	11,810,287

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,692	1,634		(2)	277
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,999,056	5,967,140		3,992,666	4,267,109
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,999,056	5,967,140	0	3,992,666	4,267,109
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,000,748	5,968,774	0	3,992,664	4,267,386

(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.

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DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,178				10,178
2.	Annuity considerations	112				112
3.	Deposit-type contract funds	291	XXX		XXX	291
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	10,581	0	0	0	10,581
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,016				1,016
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)	1,016	0	0	0	1,016
	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)	1,016	0	0	0	1,016
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,000				3,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	85,203				85,203
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	88,203	0	0	0	88,203
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	8,000							2	8,000
	Settled during current year:										
18.1	By payment in full	1	3,000							1	3,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	3,000	0	0	0	0	0	0	1	3,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	3,000	0	0	0	0	0	0	1	3,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	36	1,049,936		(a)					36	1,049,936
21.	Issued during year	2	26,250							2	26,250
22.	Other changes to in force (Net)	(4)	(35,233)							(4)	(35,233)
23.	In force December 31 of current year	34	1,040,953	0	(a) 0	0	0	0	0	34	1,040,953

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,088	857		199	52
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)	968,134	969,509		467,315	542,513
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)	968,134	969,509	0	467,315	542,513
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	969,222	970,366	0	467,514	542,565

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,278				14,278
2.	Annuity considerations					0
3.	Deposit-type contract funds	4,817	XXX		XXX	4,817
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,095	0	0	0	19,095
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,845				1,845
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)	1,845	0	0	0	1,845
	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)	1,845	0	0	0	1,845
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	19,277				19,277
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	141,113				141,113
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	160,390	0	0	0	160,390
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,000							1	1,000
17.	Incurred during current year	1	19,277							1	19,277
	Settled during current year:										
18.1	By payment in full	1	19,277							1	19,277
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	19,277	0	0	0	0	0	0	1	19,277
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	19,277	0	0	0	0	0	0	1	19,277
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,000	0	0	0	0	0	0	1	1,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	32	2,200,772		(a)					32	2,200,772
21.	Issued during year	3	23,250							3	23,250
22.	Other changes to in force (Net)	(1)	(40,500)							(1)	(40,500)
23.	In force December 31 of current year	34	2,183,522	0	(a) 0	0	0	0	0	34	2,183,522

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	132	(170)			(259)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	130,192	127,201		61,065	68,876
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	130,192	127,201	0	61,065	68,876
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	130,324	127,031	0	61,065	68,617

(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.

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DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	18,374				18,374
2.	Annuity considerations	92,382				92,382
3.	Deposit-type contract funds	1,233	XXX		XXX	1,233
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	111,989	0	0	0	111,989
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,010				2,010
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	317				317
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,327	0	0	0	2,327
	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)	2,327	0	0	0	2,327
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	170,577				170,577
10.	Matured endowments	160				160
11.	Annuity benefits	164,546				164,546
12.	Surrender values and withdrawals for life contracts	23,054				23,054
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	358,337	0	0	0	358,337
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	23,090							4	23,090
17.	Incurred during current year	7	152,147							7	152,147
	Settled during current year:										
18.1	By payment in full	9	170,737							9	170,737
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9	170,737	0	0	0	0	0	0	9	170,737
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9	170,737	0	0	0	0	0	0	9	170,737
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	4,500	0	0	0	0	0	0	2	4,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	79	1,484,226		(a)					79	1,484,226
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(6)	(47,519)							(6)	(47,519)
23.	In force December 31 of current year	73	1,436,707	0	(a) 0	0	0	0	0	73	1,436,707

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(93)			(92)
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)	29,869	28,820		40,019	40,581
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)	29,869	28,820	0	40,019	40,581
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,869	28,727	0	40,019	40,489

(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.

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DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	143,016		58		143,074
2.	Annuity considerations	2,608				2,608
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	145,624	0	58	0	145,682
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,868				1,868
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)	1,868	0	0	0	1,868
	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)	1,868	0	0	0	1,868
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	138,779				138,779
10.	Matured endowments	200				200
11.	Annuity benefits	349,480				349,480
12.	Surrender values and withdrawals for life contracts	817,230				817,230
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,305,689	0	0	0	1,305,689
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	23,901							4	23,901
17.	Incurred during current year	14	125,078							14	125,078
	Settled during current year:										
18.1	By payment in full	17	138,979							17	138,979
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	138,979	0	0	0	0	0	0	17	138,979
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	138,979	0	0	0	0	0	0	17	138,979
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	10,000	0	0	0	0	0	0	1	10,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	415	19,647,679		(a)					415	19,647,679
21.	Issued during year	11	282,250							11	282,250
22.	Other changes to in force (Net)	(25)	(485,542)							(25)	(485,542)
23.	In force December 31 of current year	401	19,444,387	0	(a) 0	0	0	0	0	401	19,444,387

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	8,050	6,978		4,697	72,046
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,217,980	5,202,012		3,548,238	3,704,627
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,217,980	5,202,012	0	3,548,238	3,704,627
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,226,030	5,208,990	0	3,552,935	3,776,673

(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.

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DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	74,929		889		75,818
2.	Annuity considerations	112				112
3.	Deposit-type contract funds	10	XXX		XXX	10
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	75,051	0	889	0	75,940
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,114				2,114
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	176				176
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,290	0	0	0	2,290
	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)	2,290	0	0	0	2,290
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	258,775				258,775
10.	Matured endowments					0
11.	Annuity benefits	68,470				68,470
12.	Surrender values and withdrawals for life contracts	49,366				49,366
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	376,611	0	0	0	376,611
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	50,609							9	50,609
17.	Incurred during current year	20	224,240							20	224,240
	Settled during current year:										
18.1	By payment in full	24	258,775							24	258,775
18.2	By payment on compromised claims									0	0
18.3	Totals paid	24	258,775	0	0	0	0	0	0	24	258,775
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	24	258,775	0	0	0	0	0	0	24	258,775
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	16,074	0	0	0	0	0	0	5	16,074
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	289	4,738,751		(a)	12	103,000			301	4,841,751
21.	Issued during year	31	688,000							31	688,000
22.	Other changes to in force (Net)	(36)	(359,897)			(1)	(6,000)			(37)	(365,897)
23.	In force December 31 of current year	284	5,066,854	0	(a) 0	11	97,000	0	0	295	5,163,854

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,119	8,772		7,144	5,498
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,600,839	2,604,067		1,584,627	1,658,052
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,600,839	2,604,067	0	1,584,627	1,658,052
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,611,958	2,612,839	0	1,591,771	1,663,550

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,036				17,036
2.	Annuity considerations	68				68
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,104	0	0	0	17,104
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,343				1,343
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)	1,343	0	0	0	1,343
	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)	1,343	0	0	0	1,343
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits	133,986				133,986
12.	Surrender values and withdrawals for life contracts	165,598				165,598
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	304,584	0	0	0	304,584
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	30	2,243,071		(a)					30	2,243,071
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(13,000)							(3)	(13,000)
23.	In force December 31 of current year	27	2,230,071	0	(a) 0	0	0	0	0	27	2,230,071

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(424)			(417)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,785,979	3,785,399		2,900,007	2,997,257
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,785,979	3,785,399	0	2,900,007	2,997,257
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,785,979	3,784,975	0	2,900,007	2,996,840

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	260,701				260,701
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	260,709	0	0	0	260,709
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,592				3,592
6.2	Applied to pay renewal premiums	261				261
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	34				34
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,887	0	0	0	3,887
	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)	3,887	0	0	0	3,887
	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	164,122				164,122
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	164,122	0	0	0	164,122
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	4	185,990							4	185,990
	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)	4	185,990	0	0	0	0	0	0	4	185,990
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	324	40,879,823		(a)					324	40,879,823
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(28)	(4,819,169)							(28)	(4,819,169)
23.	In force December 31 of current year	296	36,060,654	0	(a) 0	0	0	0	0	296	36,060,654

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(6)			(6)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)		(3)			(42)
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	(3)	0	0	(42)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	(9)	0	0	(48)

(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.

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	62,148				62,148
2.	Annuity considerations	6,494				6,494
3.	Deposit-type contract funds	115	XXX		XXX	115
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	68,757	0	0	0	68,757
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,086				2,086
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	152				152
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,238	0	0	0	2,238
	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)	2,238	0	0	0	2,238
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	52,283				52,283
10.	Matured endowments					0
11.	Annuity benefits	819,017				819,017
12.	Surrender values and withdrawals for life contracts	581,010				581,010
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,452,310	0	0	0	1,452,310
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	21,782							8	21,782
17.	Incurred during current year	9	38,768							9	38,768
	Settled during current year:										
18.1	By payment in full	10	52,283							10	52,283
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	52,283	0	0	0	0	0	0	10	52,283
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	52,283	0	0	0	0	0	0	10	52,283
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	8,267	0	0	0	0	0	0	7	8,267
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	202	3,356,158		(a)					202	3,356,158
21.	Issued during year	23	627,750							23	627,750
22.	Other changes to in force (Net)	(19)	(475,638)							(19)	(475,638)
23.	In force December 31 of current year	206	3,508,270	0	(a) 0	0	0	0	0	206	3,508,270

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,267	1,187		(4)	(495)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,550,624	3,522,821		1,926,707	2,041,067
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,550,624	3,522,821	0	1,926,707	2,041,067
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,552,891	3,524,008	0	1,926,703	2,040,572

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

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	13,921				13,921
2.	Annuity considerations					0
3.	Deposit-type contract funds	395	XXX		XXX	395
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,316	0	0	0	14,316
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	627				627
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	39				39
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	666	0	0	0	666
	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)	666	0	0	0	666
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,000				20,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	18,985				18,985
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	38,985	0	0	0	38,985
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	25,352							1	25,352
17.	Incurred during current year	1	20,000							1	20,000
	Settled during current year:										
18.1	By payment in full	1	20,000							1	20,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	20,000	0	0	0	0	0	0	1	20,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	20,000	0	0	0	0	0	0	1	20,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	25,352	0	0	0	0	0	0	1	25,352
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	23	1,013,676		(a)					23	1,013,676
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(121,487)							(3)	(121,487)
23.	In force December 31 of current year	20	892,189	0	(a) 0	0	0	0	0	20	892,189

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

ACCIDENT AND HEALTH INSURANCE

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

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 RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	21,178				21,178
2.	Annuity considerations	101				101
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	21,279	0	0	0	21,279
	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	57,496				57,496
10.	Matured endowments					0
11.	Annuity benefits	177,116				177,116
12.	Surrender values and withdrawals for life contracts	36,452				36,452
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	271,064	0	0	0	271,064
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	9	13,318							9	13,318
17.	Incurred during current year	20	68,374							20	68,374
	Settled during current year:										
18.1	By payment in full	19	57,496							19	57,496
18.2	By payment on compromised claims									0	0
18.3	Totals paid	19	57,496	0	0	0	0	0	0	19	57,496
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	19	57,496	0	0	0	0	0	0	19	57,496
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	24,196	0	0	0	0	0	0	10	24,196
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	272	4,081,640		(a)					272	4,081,640
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(26)	(87,462)							(26)	(87,462)
23.	In force December 31 of current year	246	3,994,178	0	(a) 0	0	0	0	0	246	3,994,178

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(84)			(82)
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)	29,111	29,542		2,943	(206)
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)	29,111	29,542	0	2,943	(206)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,111	29,458	0	2,943	(288)

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	251,749		102		251,851
2.	Annuity considerations	1,861				1,861
3.	Deposit-type contract funds	1,730	XXX		XXX	1,730
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	255,340	0	102	0	255,442
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,221				14,221
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	890				890
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	15,111	0	0	0	15,111
	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)	15,111	0	0	0	15,111
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	291,663				291,663
10.	Matured endowments	203				203
11.	Annuity benefits	32,475				32,475
12.	Surrender values and withdrawals for life contracts	219,138				219,138
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	543,479	0	0	0	543,479
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	27	81,335							27	81,335
17.	Incurred during current year	54	277,508							54	277,508
	Settled during current year:										
18.1	By payment in full	61	291,866							61	291,866
18.2	By payment on compromised claims									0	0
18.3	Totals paid	61	291,866	0	0	0	0	0	0	61	291,866
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	61	291,866	0	0	0	0	0	0	61	291,866
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	66,977	0	0	0	0	0	0	20	66,977
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,698	26,014,698		(a)					1,698	26,014,698
21.	Issued during year	46	959,500							46	959,500
22.	Other changes to in force (Net)	(121)	(1,666,219)							(121)	(1,666,219)
23.	In force December 31 of current year	1,623	25,307,979	0	(a) 0	0	0	0	0	1,623	25,307,979

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,734	172		599	(1,541)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	7,155	7,198		6,726	(506,126)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,467,935	7,486,067		4,999,097	5,217,599
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,467,935	7,486,067	0	4,999,097	5,217,599
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,477,824	7,493,437	0	5,006,422	4,709,932

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,124				10,124
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	10,124	0	0	0	10,124
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	63				63
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	151				151
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	214	0	0	0	214
	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)	214	0	0	0	214
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	12,000				12,000
10.	Matured endowments	4,608				4,608
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	16,608	0	0	0	16,608
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,000							1	7,000
17.	Incurred during current year	1	9,608							1	9,608
	Settled during current year:										
18.1	By payment in full	2	16,608							2	16,608
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	16,608	0	0	0	0	0	0	2	16,608
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	16,608	0	0	0	0	0	0	2	16,608
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	49	476,939		(a)					49	476,939
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(4)	(35,577)							(4)	(35,577)
23.	In force December 31 of current year	45	441,362	0	(a) 0	0	0	0	0	45	441,362

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,254	1,503		524	(580)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,191,712	1,203,828		908,576	930,193
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,191,712	1,203,828	0	908,576	930,193
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,194,966	1,205,331	0	909,100	929,613

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

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	360,756		13,738		374,494
2.	Annuity considerations	1,371				1,371
3.	Deposit-type contract funds	457	XXX		XXX	457
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	362,584	0	13,738	0	376,322
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,705				5,705
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	46				46
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,751	0	0	0	5,751
	Annuities:					
7.1	Paid in cash or left on deposit	99				99
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	99	0	0	0	99
8.	Grand Totals (Lines 6.5 + 7.4)	5,850	0	0	0	5,850
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	801,121		3,900		805,021
10.	Matured endowments	13,958				13,958
11.	Annuity benefits	13,397				13,397
12.	Surrender values and withdrawals for life contracts	910,372				910,372
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,738,848	0	3,900	0	1,742,748
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	120	324,352							120	324,352
17.	Incurred during current year	171	879,276			3	3,900			174	883,176
	Settled during current year:										
18.1	By payment in full	193	815,079			3	3,900			196	818,979
18.2	By payment on compromised claims									0	0
18.3	Totals paid	193	815,079	0	0	3	3,900	0	0	196	818,979
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	193	815,079	0	0	3	3,900	0	0	196	818,979
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	98	388,549	0	0	0	0	0	0	98	388,549
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,481	29,010,402		(a)	128	1,174,962			2,609	30,185,364
21.	Issued during year	23	478,750							23	478,750
22.	Other changes to in force (Net)	(249)	(2,335,213)			(29)	(206,258)			(278)	(2,541,471)
23.	In force December 31 of current year	2,255	27,153,939	0	(a) 0	99	968,704	0	0	2,354	28,122,643

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	14,676	9,864		576	(1,232)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	141	141			(10,240)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,479,271	9,374,920		6,490,404	6,887,528
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,479,271	9,374,920	0	6,490,404	6,887,528
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,494,088	9,384,925	0	6,490,980	6,876,056

(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.

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	330,311		432		330,743
2.	Annuity considerations	404				404
3.	Deposit-type contract funds	5,059	XXX		XXX	5,059
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	335,774	0	432	0	336,206
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	11,620				11,620
6.2	Applied to pay renewal premiums	134				134
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	580				580
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	12,334	0	0	0	12,334
	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)	12,334	0	0	0	12,334
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	228,345				228,345
10.	Matured endowments	1,006				1,006
11.	Annuity benefits	190,073				190,073
12.	Surrender values and withdrawals for life contracts	969,613				969,613
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,389,037	0	0	0	1,389,037
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	53,320							10	53,320
17.	Incurred during current year	30	208,853							30	208,853
	Settled during current year:										
18.1	By payment in full	31	229,350							31	229,350
18.2	By payment on compromised claims									0	0
18.3	Totals paid	31	229,350	0	0	0	0	0	0	31	229,350
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	31	229,350	0	0	0	0	0	0	31	229,350
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	32,823	0	0	0	0	0	0	9	32,823
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	747	9,277,768		(a)					747	9,277,768
21.	Issued during year	64	2,231,250							64	2,231,250
22.	Other changes to in force (Net)	(69)	(1,222,746)							(69)	(1,222,746)
23.	In force December 31 of current year	742	10,286,272	0	(a) 0	0	0	0	0	742	10,286,272

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,550,402	4,728,962		1,289,186	1,645,135
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	214	214			(10,087)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	24,101,193	23,968,117		15,927,978	16,270,470
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)	24,101,193	23,968,117	0	15,927,978	16,270,470
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,651,809	28,697,293	0	17,217,164	17,905,518

(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.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	15,633				15,633
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	1,095	XXX		XXX	1,095
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	16,743	0	0	0	16,743
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	650				650
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)	650	0	0	0	650
	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)	650	0	0	0	650
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	66,944				66,944
12.	Surrender values and withdrawals for life contracts	381,464				381,464
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	448,408	0	0	0	448,408
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									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	18	937,799		(a)					18	937,799
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	18	937,799	0	(a) 0	0	0	0	0	18	937,799

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(104)			(103)
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)	805,369	799,098		511,095	525,187
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)	805,369	799,098	0	511,095	525,187
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	805,369	798,994	0	511,095	525,084

(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.

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DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	143,757		130		143,887
2.	Annuity considerations	577				577
3.	Deposit-type contract funds	1,082	XXX		XXX	1,082
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	145,416	0	130	0	145,546
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	23,856				23,856
6.2	Applied to pay renewal premiums	45				45
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,067				1,067
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,968	0	0	0	24,968
	Annuities:					
7.1	Paid in cash or left on deposit	160				160
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	160	0	0	0	160
8.	Grand Totals (Lines 6.5 + 7.4)	25,128	0	0	0	25,128
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	214,484				214,484
10.	Matured endowments					0
11.	Annuity benefits	43,821				43,821
12.	Surrender values and withdrawals for life contracts	102,147				102,147
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	360,452	0	0	0	360,452
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	48	94,632							48	94,632
17.	Incurred during current year	36	157,987							36	157,987
	Settled during current year:										
18.1	By payment in full	53	214,484							53	214,484
18.2	By payment on compromised claims									0	0
18.3	Totals paid	53	214,484	0	0	0	0	0	0	53	214,484
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	53	214,484	0	0	0	0	0	0	53	214,484
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	31	38,135	0	0	0	0	0	0	31	38,135
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,233	15,587,096		(a)	1	3,000			1,234	15,590,096
21.	Issued during year	11	174,500							11	174,500
22.	Other changes to in force (Net)	(65)	(717,521)							(65)	(717,521)
23.	In force December 31 of current year	1,179	15,044,075	0	(a) 0	1	3,000	0	0	1,180	15,047,075

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,758	1,298		(3)	28
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	196	191			(14,564)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	834,089	831,114		593,421	633,285
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)	834,089	831,114	0	593,421	633,285
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	836,043	832,603	0	593,418	618,749

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

DIRECT BUSINESS IN U.S. VIRGIN ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	10,476				10,476
2.	Annuity considerations	1,381				1,381
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,857	0	0	0	11,857
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	54				54
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	72				72
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	126	0	0	0	126
	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)	126	0	0	0	126
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	14,317				14,317
10.	Matured endowments					0
11.	Annuity benefits	2,369				2,369
12.	Surrender values and withdrawals for life contracts	9,508				9,508
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	26,194	0	0	0	26,194
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	14,317							1	14,317
17.	Incurred during current year	1	15,000							1	15,000
	Settled during current year:										
18.1	By payment in full	1	14,317							1	14,317
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	14,317	0	0	0	0	0	0	1	14,317
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	14,317	0	0	0	0	0	0	1	14,317
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	15,000	0	0	0	0	0	0	1	15,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	65	677,541		(a)					65	677,541
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(6)	(116,961)							(6)	(116,961)
23.	In force December 31 of current year	59	560,580	0	(a) 0	0	0	0	0	59	560,580

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(14)			(14)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	106	106			(7,682)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	559	552		1	(19)
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)	559	552	0	1	(19)
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	665	644	0	1	(7,715)

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	117,432		379		117,811
2.	Annuity considerations	569				569
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	118,001	0	379	0	118,380
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	237				237
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)	237	0	0	0	237
	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)	237	0	0	0	237
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	160,647				160,647
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	34,860				34,860
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	195,507	0	0	0	195,507
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	10	160,647							10	160,647
	Settled during current year:										
18.1	By payment in full	10	160,647							10	160,647
18.2	By payment on compromised claims									0	0
18.3	Totals paid	10	160,647	0	0	0	0	0	0	10	160,647
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	10	160,647	0	0	0	0	0	0	10	160,647
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	434	12,649,970		(a)	2	78,354			436	12,728,324
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(20)	(486,206)				(6,366)			(20)	(492,572)
23.	In force December 31 of current year	414	12,163,764	0	(a) 0	2	71,988	0	0	416	12,235,752

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(83)			(82)
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)	110,162	106,831		25,961	37,527
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)	110,162	106,831	0	25,961	37,527
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	110,162	106,748	0	25,961	37,445

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

* 6 5 7 2 2 2 0 1 5 4 3 0 4 8 1 0 0 *

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,475				11,475
2.	Annuity considerations	49,631				49,631
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	61,106	0	0	0	61,106
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,394				2,394
6.2	Applied to pay renewal premiums	85				85
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	36				36
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,515	0	0	0	2,515
	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)	2,515	0	0	0	2,515
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	59,034				59,034
10.	Matured endowments					0
11.	Annuity benefits	702,221				702,221
12.	Surrender values and withdrawals for life contracts	354,082				354,082
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,115,337	0	0	0	1,115,337
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	24,300							2	24,300
17.	Incurred during current year	3	37,431							3	37,431
	Settled during current year:										
18.1	By payment in full	4	59,034							4	59,034
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	59,034	0	0	0	0	0	0	4	59,034
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	59,034	0	0	0	0	0	0	4	59,034
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,697	0	0	0	0	0	0	1	2,697
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	32	884,505		(a)					32	884,505
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(36,834)							(1)	(36,834)
23.	In force December 31 of current year	31	847,671	0	(a) 0	0	0	0	0	31	847,671

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	190	16			(117)
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)	325,375	318,615		167,862	191,008
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)	325,375	318,615	0	167,862	191,008
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	325,565	318,631	0	167,862	190,891

(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.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	13,080				13,080
2.	Annuity considerations	30				30
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	13,110	0	0	0	13,110
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	503				503
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	397				397
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	900	0	0	0	900
	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)	900	0	0	0	900
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	22,511				22,511
10.	Matured endowments					0
11.	Annuity benefits	20,549				20,549
12.	Surrender values and withdrawals for life contracts	140,960				140,960
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	184,020	0	0	0	184,020
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	14,064							2	14,064
17.	Incurred during current year	2	16,255							2	16,255
	Settled during current year:										
18.1	By payment in full	3	22,511							3	22,511
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	22,511	0	0	0	0	0	0	3	22,511
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	22,511	0	0	0	0	0	0	3	22,511
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,808	0	0	0	0	0	0	1	7,808
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	48	1,347,401		(a)					48	1,347,401
21.	Issued during year	1	37,500							1	37,500
22.	Other changes to in force (Net)	(3)	(24,549)							(3)	(24,549)
23.	In force December 31 of current year	46	1,360,352	0	(a) 0	0	0	0	0	46	1,360,352

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)		(548)			(539)
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)	671,794	661,444		406,435	428,466
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)	671,794	661,444	0	406,435	428,466
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	671,794	660,896	0	406,435	427,927

(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.

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	131,259		1,003		132,262
2.	Annuity considerations	924				924
3.	Deposit-type contract funds	142	XXX		XXX	142
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	132,325	0	1,003	0	133,328
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,806				2,806
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	149				149
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,955	0	0	0	2,955
	Annuities:					
7.1	Paid in cash or left on deposit	116				116
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	116	0	0	0	116
8.	Grand Totals (Lines 6.5 + 7.4)	3,071	0	0	0	3,071
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	329,021				329,021
10.	Matured endowments					0
11.	Annuity benefits	619				619
12.	Surrender values and withdrawals for life contracts	45,232				45,232
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	374,872	0	0	0	374,872
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	16	67,764							16	67,764
17.	Incurred during current year	48	326,689							48	326,689
	Settled during current year:										
18.1	By payment in full	50	329,021							50	329,021
18.2	By payment on compromised claims									0	0
18.3	Totals paid	50	329,021	0	0	0	0	0	0	50	329,021
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	50	329,021	0	0	0	0	0	0	50	329,021
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	65,432	0	0	0	0	0	0	14	65,432
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,046	12,697,801		(a)	6	86,804			1,052	12,784,605
21.	Issued during year	1	15,000							1	15,000
22.	Other changes to in force (Net)	(65)	(682,263)			(1)	(64,904)			(66)	(747,167)
23.	In force December 31 of current year	982	12,030,538	0	(a) 0	5	21,900	0	0	987	12,052,438

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,902	4,529		666	1,481
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	1	47			(3,414)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,071,097	1,075,191		769,428	832,100
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,071,097	1,075,191	0	769,428	832,100
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,076,000	1,079,767	0	770,094	830,167

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,989				1,989
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	161	XXX		XXX	161
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,165	0	0	0	2,165
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	180				180
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)	180	0	0	0	180
	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)	180	0	0	0	180
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,757				2,757
10.	Matured endowments					0
11.	Annuity benefits	63,889				63,889
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	66,646	0	0	0	66,646
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 thru 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	2,757							1	2,757
	Settled during current year:										
18.1	By payment in full	1	2,757							1	2,757
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	2,757	0	0	0	0	0	0	1	2,757
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	2,757	0	0	0	0	0	0	1	2,757
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	77,142		(a)					6	77,142
21.	Issued during year									0	0
22.	Other changes to in force (Net)									0	0
23.	In force December 31 of current year	6	77,142	0	(a) 0	0	0	0	0	6	77,142

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	913	811		(2)	159
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)	362,075	361,051		200,020	212,885
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)	362,075	361,051	0	200,020	212,885
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	362,988	361,862	0	200,018	213,044

(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	5,815,545
2. Current year's realized pre-tax capital gains/(losses) of $.....13,071 transferred into the reserve net of taxes of $.....4,575	8,496
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)	5,824,041
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	1,684,128
6. Reserve as of December 31, current year (Line 4 minus Line 5)	4,139,913

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	1,690,807	(6,679)		1,684,128
2. 2016	1,427,432	23,852		1,451,284
3. 2017	1,134,192	19,122		1,153,314
4. 2018	857,420	8,885		866,305
5. 2019	588,472	(584)		587,888
6. 2020	361,195	(9,086)		352,109
7. 2021	186,781	(11,600)		175,181
8. 2022	4,900	(8,202)		(3,302)
9. 2023	(86,669)	(4,542)		(91,211)
10. 2024	(77,733)	(2,014)		(79,747)
11. 2025	(63,730)	(656)		(64,386)
12. 2026	(52,667)			(52,667)
13. 2027	(41,332)			(41,332)
14. 2028	(34,520)			(34,520)
15. 2029	(33,349)			(33,349)
16. 2030	(30,310)			(30,310)
17. 2031	(23,132)			(23,132)
18. 2032	(13,603)			(13,603)
19. 2033	(3,955)			(3,955)
20. 2034	2,740			2,740
21. 2035	5,688			5,688
22. 2036	6,752			6,752
23. 2037	4,958			4,958
24. 2038	2,717			2,717
25. 2039	1,695			1,695
26. 2040	763			763
27. 2041	74			74
28. 2042	(42)			(42)
29. 2043				0
30. 2044				0
31. 2045 and Later				0
32. Total (Lines 1 to 31)	5,815,544	8,496	0	5,824,040

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,203,381		1,203,381	0		0	1,203,381
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	243,456		243,456			0	243,456
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,446,837	0	1,446,837	0	0	0	1,446,837
9. Maximum reserve	1,228,898		1,228,898			0	1,228,898
10. Reserve objective	827,175		827,175			0	827,175
11. 20% of (Line 10 minus Line 8)	(123,932)	0	(123,932)	(0)	0	(0)	(123,932)
12. Balance before transfers (Lines 8 + 11)	1,322,904	0	1,322,904	0	0	0	1,322,905
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(94,007)		(94,007)			0	(94,007)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,228,897	0	1,228,897	0	0	0	1,228,898

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,095,682	XXX	XXX	4,095,682	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	75,535,823	XXX	XXX	75,535,823	0.0004	30,214	0.0023	173,732	0.0030	226,607
3	2	High quality	98,154,898	XXX	XXX	98,154,898	0.0019	186,494	0.0058	569,298	0.0090	883,394
4	3	Medium quality	2,285,701	XXX	XXX	2,285,701	0.0093	21,257	0.0230	52,571	0.0340	77,714
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)	180,072,104	XXX	XXX	180,072,104	XXX	237,966	XXX	795,602	XXX	1,187,715
		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	13,727,649	XXX	XXX	13,727,649	0.0004	5,491	0.0023	31,574	0.0030	41,183
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)	13,727,649	XXX	XXX	13,727,649	XXX	5,491	XXX	31,574	XXX	41,183
		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)	193,799,753	XXX	XXX	193,799,753	XXX	243,457	XXX	827,176	XXX	1,228,898

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

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

NONE

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	47,303,783	XXX	XXX	47,303,783	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(a)	0	(a)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated - certain other (see SVO Purposes and Procedures manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16)	47,303,783	0	0	47,303,783	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	278,353,747	XXX	3,725,425	XXX		XXX	742,460	XXX	1,050,276	XXX	272,440,626	XXX	366,547	XXX		XXX	28,413	XXX
2.	Premiums earned	279,390,115	XXX	3,752,359	XXX		XXX	745,829	XXX	1,069,453	XXX	273,411,999	XXX	381,076	XXX		XXX	29,399	XXX
3.	Incurred claims	183,545,634	65.7	1,861,920	49.6	0	0.0	493,181	66.1	1,372,580	128.3	179,662,013	65.7	92,194	24.2	0	0.0	63,746	216.8
4.	Cost containment expenses	606,379	0.2		0.0		0.0		0.0		0.0	606,379	0.2		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	184,152,013	65.9	1,861,920	49.6	0	0.0	493,181	66.1	1,372,580	128.3	180,268,392	65.9	92,194	24.2	0	0.0	63,746	216.8
6	Increase in contract reserves	6,543,210	2.3	558,439	14.9	0	0.0	115,833	15.5	(477,783)	(44.7)	6,356,184	2.3	(1,197)	(0.3)	0	0.0	(8,266)	(28.1)
7	Commissions (a)	34,410,433	12.3	270,363	7.2		0.0	(25,211)	(3.4)	63,444	5.9	34,093,316	12.5	6,503	1.7		0.0	2,018	6.9
8	Other general insurance expenses	32,814,159	11.7	311,146	8.3		0.0	43,351	5.8	135,122	12.6	32,176,590	11.8	137,110	36.0		0.0	10,840	36.9
9	Taxes, licenses and fees	6,758,848	2.4	173,815	4.6		0.0	16,631	2.2	19,193	1.8	6,541,767	2.4	6,648	1.7		0.0	794	2.7
10	Total other expenses incurred	73,983,440	26.5	755,324	20.1	0	0.0	34,771	4.7	217,759	20.4	72,811,673	26.6	150,261	39.4	0	0.0	13,652	46.4
11.	Aggregate write-ins for deductions	(59,708)	(0.0)	(6,151)	(0.2)	0	0.0	(215)	(0.0)	(33)	(0.0)	(53,227)	(0.0)	(81)	(0.0)	0	0.0	(1)	(0.0)
12.	Gain from underwriting before dividends or refunds	14,771,160	5.3	582,827	15.5	0	0.0	102,259	13.7	(43,070)	(4.0)	14,028,977	5.1	139,899	36.7	0	0.0	(39,732)	(135.1)
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	14,771,160	5.3	582,827	15.5	0	0.0	102,259	13.7	(43,070)	(4.0)	14,028,977	5.1	139,899	36.7	0	0.0	(39,732)	(135.1)
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	14,936	0.0	(5,688)	(0.2)		0.0	(76)	(0.0)	(27)	(0.0)	20,777	0.0	(50)	(0.0)		0.0		0.0
1102.	Penalties	(4,382)	(0.0)	(52)	(0.0)		0.0	(6)	(0.0)	(18)	(0.0)	(4,287)	(0.0)	(18)	(0.0)		0.0	(1)	(0.0)
1103.	Express Script Rebates	(70,186)	(0.0)	(409)	(0.0)		0.0	(134)	(0.0)		0.0	(69,630)	(0.0)	(13)	(0.0)		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	(76)	(0.0)	(2)	(0.0)	0	0.0	1	0.0	12	0.0	(87)	(0.0)	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 thru 1103 plus 1198) (Line 11 above)	(59,708)	(0.0)	(6,151)	(0.2)	0	0.0	(215)	(0.0)	(33)	(0.0)	(53,227)	(0.0)	(81)	(0.0)	0	0.0	(1)	(0.0)

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	13,614,719	125,220		34,504	121,324	13,241,143	84,955		7,573
2. Advance premiums	4,251,413	51,027		7,870	10,139	4,177,615	4,193		569
3. Reserve for rate credits	0								
4. Total premium reserves, current year	17,866,132	176,247	0	42,374	131,463	17,418,758	89,148	0	8,142
5. Total premium reserves, prior year	18,716,871	208,008		38,969	149,197	18,204,379	106,749		9,569
6. Increase in total premium reserves	(850,739)	(31,761)	0	3,405	(17,734)	(785,621)	(17,601)	0	(1,427)
B. Contract Reserves:									
1. Additional reserves (a)	94,615,763	5,185,462		256,976	2,529,242	86,599,452	(1,008)		45,639
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	94,615,763	5,185,462	0	256,976	2,529,242	86,599,452	(1,008)	0	45,639
4. Total contract reserves, prior year	88,072,553	4,627,023		141,143	3,007,025	80,243,268	189		53,905
5. Increase in contract reserves	6,543,210	558,439	0	115,833	(477,783)	6,356,184	(1,197)	0	(8,266)
C. Claim Reserves and Liabilities:									
1. Total current year	43,971,516	637,455	0	119,443	8,717,223	34,111,033	66,551	0	319,811
2. Total prior year	44,008,718	860,470		146,690	9,818,679	32,743,109	63,880		375,890
3. Increase	(37,202)	(223,015)	0	(27,247)	(1,101,456)	1,367,924	2,671	0	(56,079)

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year	28,121,583	501,381		69,660	2,398,840	25,010,477	23,764		117,461
1.2 On claims incurred during current year	155,461,253	1,583,554		450,768	75,196	153,283,612	65,759		2,364
2. Claim Reserves and Liabilities, December 31, Current Year:									
2.1 On claims incurred prior to current year	14,309,215	31,452		1,313	8,145,142	5,817,263	10,588		303,457
2.2 On claims incurred during current year	29,662,301	606,003		118,130	572,081	28,293,770	55,963		16,354
3. Test:									
3.1 Lines 1.1 and 2.1	42,430,798	532,833	0	70,973	10,543,982	30,827,740	34,352	0	420,918
3.2 Claim reserves and liabilities, December 31, prior year	44,008,718	860,470		146,690	9,818,679	32,743,109	63,880		375,890
3.3 Line 3.1 minus Line 3.2	(1,577,920)	(327,637)	0	(75,717)	725,303	(1,915,369)	(29,528)	0	45,028

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	128,541,832	3,640,214		716,830	1,050,084	122,724,972	366,547		43,185
2. Premiums earned	129,838,874	3,666,841		719,821	1,069,225	123,957,740	381,076		44,171
3. Incurred claims	77,178,456	1,724,900		485,162	1,373,012	73,439,443	92,192		63,747
4. Commissions	11,110,183	279,828		(27,308)	63,441	10,785,701	6,503		2,018
B. Reinsurance Ceded:									
1. Premiums written	17,646,559	5,727,791				11,918,768			
2. Premiums earned	17,639,790	5,724,493				11,915,297			
3. Incurred claims	7,410,498	1,880,603	4,213			5,525,682			
4. Commissions	5,134,170	2,067,763				3,066,407			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	(371)		113,778,045	113,777,674
2.	Beginning claim reserves and liabilities	402		13,452,259	13,452,661
3.	Ending claim reserves and liabilities	31		18,232,998	18,233,029
4.	Claims paid	0	0	108,997,306	108,997,306
B.	Assumed Reinsurance:				
5.	Incurred claims	178,618	214,246	76,785,593	77,178,457
6.	Beginning claim reserves and liabilities	73,044	29,019	29,067,431	29,169,494
7.	Ending claim reserves and liabilities	62,023	24,451	25,238,756	25,325,230
8.	Claims paid	189,639	218,814	80,614,268	81,022,721
C.	Ceded Reinsurance:				
9.	Incurred claims			7,410,496	7,410,496
10.	Beginning claim reserves and liabilities			3,010,972	3,010,972
11.	Ending claim reserves and liabilities			3,264,112	3,264,112
12.	Claims paid	0	0	7,157,356	7,157,356
D.	Net:				
13.	Incurred claims	178,247	214,246	183,153,142	183,545,635
14.	Beginning claim reserves and liabilities	73,446	29,019	39,508,718	39,611,183
15.	Ending claim reserves and liabilities	62,054	24,451	40,207,642	40,294,147
16.	Claims paid	189,639	218,814	182,454,218	182,862,671
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	178,247	214,246	183,759,521	184,152,014
18.	Beginning reserves and liabilities	73,446	29,019	39,508,718	39,611,183
19.	Ending reserves and liabilities	62,054	24,451	40,255,781	40,342,286
20.	Paid claims and cost containment expenses	189,639	218,814	183,012,458	183,420,911

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Amount of In Force at End of Year	8 Reserve	9 Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates											
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	2,035,480	789,936	27,259			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates					2,035,480	789,936	27,259	0	0	0
1099999.	Total - General Account - Non-Affiliates					2,035,480	789,936	27,259	0	0	0
1199999.	Total - General Account					2,035,480	789,936	27,259	0	0	0
2399999.	Total U.S.					2,035,480	789,936	27,259	0	0	0
9999999.	Total					2,035,480	789,936	27,259	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates											
66044	46-0164570	01/01/1994	Midland National Life	IA	CO/I	9,859	558	48,810	1,250		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	CO/I	5,793,417	222,662	773,405	513,522		
63479	58-0869673	08/31/2012	United Teacher Associates Insurance Company	TX	CO/I	91,814,682	6,355,006	85,611,243	12,445,390		
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	CO/I	30,923,871	2,609,768	6,648,160	2,313,557		
0899999.	Total - Non-Affiliates - U.S. Non-Affiliates					128,541,829	9,187,994	93,081,618	15,273,719	0	0
1099999.	Total - Non-Affiliates					128,541,829	9,187,994	93,081,618	15,273,719	0	0
1199999.	Total - U.S.					128,541,829	9,187,994	93,081,618	15,273,719	0	0
9999999.	Total					128,541,829	9,187,994	93,081,618	15,273,719	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	17,639	37,533
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE	15,000	9,188
88340	59-2859797	07/01/1983	Hanover Life Reassurance Company of America	FL		54,167
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO		46,463
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		6,051,218
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		390,829
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				32,639	6,589,397
1099999.	Total - Life and Annuity Non-Affiliates				32,639	6,589,397
1199999.	Total - Life and Annuity				32,639	6,589,397
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
63479	58-0869673	08/31/2012	United Teacher Associates Insurance Company	TX	114,541	6,897
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		3,162,001
71404	47-0463747	08/31/2012	Continental General Insurance Company	OH	3,560,947	
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				3,675,488	3,168,898
2199999.	Total - Accident and Health Non-Affiliates				3,675,488	3,168,898
2299999.	Total - Accident and Health				3,675,488	3,168,898
2399999.	Total U.S.				3,708,127	9,758,295
9999999.	Total				3,708,127	9,758,295

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	2,182,975	18,467	20,290	104,980				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	118,950	33	31	786				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	77,000	760	693	1,374				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	233,334	112	103	(5,034)				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	360,000	7,313	7,020	9,740				
60895	35-0145825	10/04/1963	American United Life Insurance Company	IN	YRT/I	OL	90,000	9,680	9,680					
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	697	5,648	3,441				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL	11,934	335	1,173	741				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	62,714	151		1,833				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	24,352	7	7	177				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	77,000	760	693	1,374				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	60	1,162	42,115				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	12,135	95,175	95,175	352				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	103,332	351	31	759				
68276	48-1024691	01/01/1984	Employers Reassurance Corporation	KS	ADB/I	OL			3,167					
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	281,870		279	6,898				
68276	48-1024691	02/17/1965	Employers Reassurance Corporation	KS	DIS/I	OL	1,000	39,235	40,929					
68276	48-1024691	10/01/1976	Employers Reassurance Corporation	KS	YRT/I	OL	1,166,785	54,605	81,819	96,552				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	206	189	802				
68276	48-1024691	01/01/1976	Employers Reassurance Corporation	KS	ADB/I	OL	3,029,280	4,356	3,698	1,424				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	2,778,975	1,951,240	1,995,575	57,843				
86258	13-2572994	03/01/1982	General Re Life Corporation	CT	CO/I	OL	951,310	21,891	21,891					
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	3,258,570	1,066,435	966,309	284,668				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	OL	300,000	89,106	82,085	17,611				
82627	06-0839705	10/01/1980	Swiss Re Life & Health America Inc	MO	MCO/I	OL		19,610	18,446	3,608				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	522,408	16,964	48,274	20,773				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	ADB/I	OL	25,054,833			11,509				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000	72,400		11,288				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,100,000	27,699	28,975	16,360				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	OL	1,471,294	4,279	9,074	9,607				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	535,356	2,483	3,158	8,100				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	NC	CO/I	OL	10,000		28,883	(42,433)				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	NC	YRT/I	OL	170,583	312	1,802	8,198				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	NC	YRT/I	OL	107,158	2,800	21,837	(215)				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	8,063,869	2,900	2,881	74,423				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	ADB/I	OL	370,000	220	606	953				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	464,536	359,074	357,807	37,509				

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	495,944		264	7,208				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	277,791	498	482	1,164				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	NC	YRT/I	OL	94,598	27	24	609				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	NC	YRT/I	OL	33,334	206	103	776				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	NC	YRT/I	OL	56,417			2,247				
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	38,972		143	387				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	OL	25,000	2,200	1,989	657				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	DIS/I	OL		81						
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL	152,673		330	1,311				
97071	13-3126819	03/01/2002	Optimum Re Insurance Company	TX	CO/I	OL	17,863,308	458,020	469,125	19,534				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	OL	23,835,085	610,694	625,500	26,045				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	OL	5,954,437	152,673	156,375	6,511				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	OL	11,908,872	305,347	312,750	13,022				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	IA	364,574,606	133,159,082	138,373,645	4,715,353				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	ACO/I	IA		129,694,802	140,966,150	323,366				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	ACO/I	IA		36,025,529	39,368,234	132,827				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						478,548,746	304,278,875	324,134,504	6,039,133	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates														
	AA-1340017	06/01/1991	Zurich Versicherung Ag	DEU	YRT/I	OL	3,353,199	1,741	1,602	40,752				
	AA-1340017	11/01/1989	Zurich Versicherung Ag	DEU	YRT/I	OL	249,055	277	250	6,946				
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						3,602,254	2,018	1,852	47,698	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						482,151,000	304,280,893	324,136,356	6,086,831	0	0	0	0
1199999	Total - General Account - Authorized						482,151,000	304,280,893	324,136,356	6,086,831	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						482,151,000	304,280,893	324,136,356	6,086,831	0	0	0	0
6999999	Total U.S.						478,548,746	304,278,875	324,134,504	6,039,133	0	0	0	0
7099999	Total Non-U.S.						3,602,254	2,018	1,852	47,698	0	0	0	0
9999999	Total						482,151,000	304,280,893	324,136,356	6,086,831	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	A	2,526,071	59,984	471,849				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	LTDI	200,741	4,894	96,316				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	OH	13,444,142	155,576	9,974,247				
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK	CO/I	SD	1,367,657	9,294	85,110				
63479	58-0869673	01/01/2009	United Teacher Associates Insurance Company	TX	CO/I	LTC	97,617	22,346	971,072				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						17,636,228	252,094	11,598,594	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	07/01/2014	Gigna Global Reinsurance Company	BMU	CAT/G	A	14,771						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						14,771	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						17,650,999	252,094	11,598,594	0	0	0	0
1199999.	Total - General Account - Authorized						17,650,999	252,094	11,598,594	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						17,650,999	252,094	11,598,594	0	0	0	0
6999999.	Total - U.S.						17,636,228	252,094	11,598,594	0	0	0	0
7099999.	Total - Non-U.S.						14,771	0	0	0	0	0	0
9999999.	Total						17,650,999	252,094	11,598,594	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2015	2 2014	3 2013	4 2012	5 2011
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	23,738	23,616	24,128	384,055	18,670
2.	Commissions and reinsurance expense allowances	5,310	5,383	5,696	4,590	6,262
3.	Contract claims	24,697	26,598	29,201	20,002	15,697
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,567	1,815	1,743	3,817	1,683
9.	Aggregate reserves for life and accident and health contracts	305,447	322,978	343,430	384,411	188,616
10.	Liability for deposit-type contracts	689	695	647	12,819	
11.	Contract claims unpaid	9,726	9,290	8,499	7,955	2,914
12.	Amounts recoverable on reinsurance	3,712	5,004	4,615	2,554	1,756
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					XXX
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					120,843
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					XXX
23.	Funds deposited by and withheld from (F)					XXX
24.	Letters of credit (L)					XXX
25.	Trust agreements (T)					XXX
26.	Other (O)					XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	240,270,711	120,202	240,390,913
2.	Reinsurance (Line 16)	5,106,331		5,106,331
3.	Premiums and considerations (Line 15)	(4,159,687)	1,567,436	(2,592,251)
4.	Net credit for ceded reinsurance	XXX	323,993,498	323,993,498
5.	All other admitted assets (balance)	25,486,787		25,486,787
6.	Total assets excluding Separate Accounts (Line 26)	266,704,142	325,681,136	592,385,278
7.	Separate Account Assets (Line 27)			0
8.	Total assets (Line 28)	266,704,142	325,681,136	592,385,278
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	123,440,629	305,447,331	428,887,960
10.	Liability for deposit-type contracts (Line 3)	1,823	10,313,794	10,315,617
11.	Claim reserves (Line 4)	28,819,324	9,725,656	38,544,980
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	4,252,070	194,355	4,446,425
14.	Other contract liabilities (Line 9)	6,227,232		6,227,232
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)	18,335,520		18,335,520
20.	Total liabilities excluding Separate Accounts (Line 26)	181,076,598	325,681,136	506,757,734
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	181,076,598	325,681,136	506,757,734
23.	Capital & surplus (Line 38)	85,627,544	XXX	85,627,544
24.	Total liabilities, capital & surplus (Line 39)	266,704,142	325,681,136	592,385,278
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	305,447,331		
26.	Claim reserves	9,725,656		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	194,355		
29.	Liability for deposit-type contracts	10,313,794		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	(120,202)		
33.	Total ceded reinsurance recoverables	325,560,934		
34.	Premiums and considerations	1,567,436		
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	1,567,436		
41.	Total net credit for ceded reinsurance	323,993,498		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	575,469	4,713	23,669		1,212	605,063
2. Alaska AK	881	8				889
3. Arizona AZ	25,963	55	7,251	1,804	3,126	38,199
4. Arkansas AR	180,586	496	3,689		133	184,904
5. California CA	105,253	7,938	67,270	1,830	2,406	184,697
6. Colorado CO	16,675	372	304	11,755	564	29,670
7. Connecticut CT	12,102	38	12,707			24,847
8. Delaware DE	18,576	59				18,635
9. District of Columbia DC	9,457	8			90	9,555
10. Florida FL	642,795	126,187	10,630	3,978	1,901	785,491
11. Georgia GA	279,897	206	2,581	17,646	3,225	303,555
12. Hawaii HI	14,222	8			1,209	15,439
13. Idaho ID	3,215	15				3,230
14. Illinois IL	125,893	553	1,741	129		128,316
15. Indiana IN	228,142	50,863	253		514	279,772
16. Iowa IA	11,445	54	4,454		262	16,215
17. Kansas KS	40,011	47	2,605	2,664	736	46,063
18. Kentucky KY	49,619	116	2,558		145	52,438
19. Louisiana LA	193,886	383	10,521		218	205,008
20. Maine ME	69,144	469	150			69,763
21. Maryland MD	60,052	558	107		2,782	63,499
22. Massachusetts MA	75,760	342	79		428	76,609
23. Michigan MI	44,946	49,022	289		145	94,402
24. Minnesota MN	30,557	723			9	31,289
25. Mississippi MS	233,734	4,178	328		213	238,453
26. Missouri MO	186,316	43,357	2,310	13,677		245,660
27. Montana MT	860	15				875
28. Nebraska NE	23,453			1,899	3,678	29,030
29. Nevada NV	14,278		3,033		4,817	22,128
30. New Hampshire NH	12,523	61				12,584
31. New Jersey NJ	110,379	4,860			360	115,599
32. New Mexico NM	10,178	112			291	10,581
33. New York NY	18,374	92,382			1,233	111,989
34. North Carolina NC	360,591	1,827	9,789	19,709	14,610	406,526
35. North Dakota ND	936					936
36. Ohio OH	143,074	2,608	6,694			152,376
37. Oklahoma OK	75,818	112			10	75,940
38. Oregon OR	17,036	68				17,104
39. Pennsylvania PA	62,148	6,494	7,575		115	76,332
40. Rhode Island RI	21,178	101	135			21,414
41. South Carolina SC	251,851	1,861	5,092	6,966	1,730	267,500
42. South Dakota SD	10,124					10,124
43. Tennessee TN	374,494	1,371	2,990	2,773	457	382,085
44. Texas TX	330,743	404	26,245		5,059	362,451
45. Utah UT	15,633	15	1,033		1,095	17,776
46. Vermont VT	117,811	569				118,380
47. Virginia VA	143,887	577	582		1,082	146,128
48. Washington WA	11,475	49,631	152	1,569		62,827
49. West Virginia WV	132,262	924			142	133,328
50. Wisconsin WI	13,080	30		11,218		24,328
51. Wyoming WY	1,989	15	531		161	2,696
52. American Samoa AS						0
53. Guam GU	2,218				311	2,529
54. Puerto Rico PR	13,921				395	14,316
55. US Virgin Islands VI	10,476	1,381				11,857
56. Northern Mariana Islands MP						0
57. Canada CAN	168					168
58. Aggregate Other Alien OT	260,701	8				260,709
59. Totals	5,796,255	456,194	217,347	97,617	54,864	6,622,277

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	.....	HealthSpring Life & Health Insurance Company, 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.....	.....

SCHEDULE Y

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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	
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	
0901	Cigna Group		06-1346406	1591167	0000701221		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	

SCHEDULE Y

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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 Tennesee, 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	
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	

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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 Affilates 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 Affilates Realty Investment Group, LLC	Ownership	50.000	South Coast Plaza Associates, LLC (non-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 Reality 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 Reality 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)	
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 Reality Investment Group LLC	Ownership	80.000	Cigna Corporation	

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0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	80.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Newtown Partners II, LP	MD	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	71.000	Cigna Corporation	
0901	Cigna Group		00-0000000				Newtown Square GP LLC	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	50.000	Cigna Corporation and Newtown Square	
0901	Cigna Group		00-0000000				AFA Apartments Limited Partnership	DE	NIA	Cigna Affiliates Reality Investment Group LLC	Ownership	85.000	Cigna Corporation	
0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affiliates Reality 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 Affilates 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	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Central Reserve Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	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	

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0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	
0901	Cigna Group		46-2086778				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	

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0901	Cigna Group		30-3087621	1591167	0000701221		Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc	Ownership	99.900	Cigna Corporation	
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 Servicos 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	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
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	
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	
0901	Cigna Group		00-0000000.	1591167	0000701221		Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331	Cigna Corporation	264,425,000			193,500	(8,909,423)				255,709,077	
	06-1072796	Cigna Holdings, Inc	1,813,028,868	(154,718,000)							1,658,310,868	
	51-0402128	Cigna Intellectual Property, Inc									0	
	06-1095823	Cigna Investment Group, Inc									0	
	52-0291385	Cigna International Finance, Inc									0	
	23-1914061	Former Cigna Investments, Inc					2,091,135				2,091,135	
	06-0861092	Cigna Investments, Inc					38,401,557				38,401,557	
	06-1336442	Cigna Mezzanine Partners III, Inc									0	
	06-1336442	Cigna Mezzanine Partners III, L.P.									0	
	01-0947889	Cigna Benefits Financing, Inc					1,967,136				1,967,136	
	06-0840391	Connecticut General Corporation	48,000,000				(9,178)				47,990,822	
	81-0585518	Benefit Management Corp									0	
12814	20-4433475	Allegiance Life & Health Insurance Company	(2,000,000)				(3,895,611)	77,249			(5,818,362)	60,318
	20-3851464	Allegiance Re, Inc									0	
	81-0400550	Allegiance Benefit Plan Management, Inc.					796,046				796,046	
	71-0916514	Allegiance COBRA Services, Inc.					663				663	
	00-0000000	Allegiance Provider Direct, LLC									0	
	00-0000000	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.					35,120				35,120	
	00-0000000	Star Point, LLC					161,501				161,501	
	20-1821898	HealthSpring, Inc	(264,425,000)				273,651,508				9,226,508	
	76-0628370	NewQuest, LLC	(20,600,000)				(237,270)				(20,837,270)	
	52-1929677	NewQuest Management Northeast, LLC	(12,000,000)				122,179,172				110,179,172	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc					(29,391,042)				(29,391,042)	
11254	52-2363406	Bravo Health Pennsylvania, Inc					(107,000,014)				(107,000,014)	
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc	(32,500,000)				(340,827,448)				(373,327,448)	
95781	63-0925225	HealthSpring of Alabama, Inc	(7,300,000)				(87,368,696)				(94,668,696)	
11532	65-1129599	HealthSpring of Florida, Inc					(108,642,238)				(108,642,238)	
	77-0632665	NewQuest Management of Illinois, LLC	(11,000,000)				62,240,785				51,240,785	
	20-4954206	NewQuest Management of Florida, LLC	(16,500,000)				95,630,381				79,130,381	
	20-8647386	HealthSpring Management of America, LLC					509,794,544				509,794,544	
	45-0633893	NewQuest Management of West Virginia, LLC									0	
	75-3108527	TexQuest, LLC									0	
	75-3108521	HouQuest, LLC									0	
	76-0657035	GulfQuest, LP	(85,500,000)				(45,502)				(85,545,502)	
	33-1033586	NewQuest Management of Alabama, LLC	(16,000,000)				134,087,941				118,087,941	
	72-1559530	HealthSpring USA, LLC	(17,000,000)				14,160,269				(2,839,731)	
	62-1540621	HealthSpring Management, Inc		(25,000,000)			151,427,579				126,427,579	
11522	62-1593150	HealthSpring of Tennessee, Inc		25,000,000			(252,467,481)				(227,467,481)	
	20-5524622	Tennessee Quest, LLC	(7,000,000)				(2,333)				(7,002,333)	
	26-2353476	HealthSpring Pharmacy Services, LLC									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
	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

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95525	35-1679172	Cigna HealthCare of Indiana, Inc.					(49,949)	(10,842)			(60,791)	5,741
95606	62-1218053	Cigna HealthCare of Tennesee, Inc.					(1,364,717)				(1,364,717)	205,962
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	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	00-0000000	Arborpoint at Market Street LLC									0	
	00-0000000	Diamondview Tower CM-CG LLC									0	
	00-0000000	CR Washington Street Investors LP									0	
	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)	

SCHEDULE Y

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

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

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	23-2610178	Cigna International Services, Inc.									0	
	30-3087621	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO PARTICIPATOS LTDA.									0	
	00-0000000	YCFM Servicos 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
	23-3009279	Cigna Holdings Overseas, Inc.					3,309,169				3,309,169	
	00-0000000	Cigna Bellevue Alpha LLC.									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Ltd.									0	
	00-0000000	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings Limited									0	
	00-0000000	Cigna Alder Holdings, LLC.									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna Korea Foundation									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn. Bhd.									0	
	AA-1560515	Cigna Life Insurance Company of Canada					(20,742,220)	(947,112)			(21,689,332)	
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea									0	
	00-0000000	LINA Financial Service									0	
	00-0000000	RHP (Thailand) Limited									0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited									0	
	00-0000000	KDM (Thailand) Limited									0	
	00-0000000	Cigna Insurance Public Company Limited									0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited									0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									0	
	98-1155943	Cigna Elmwood Holdings, SPRL									0	
	98-1181787	Cigna Beechwood Holdings									0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.					(2,229,132)	(732,348)			(2,961,480)	315,032
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.					72,713				72,713	
	00-0000000	Cigna European Services (UK) Limited									0	
	00-0000000	CIGNA 2000 UK Pension LTD									0	
	00-0000000	Cigna Oak Holdings, Ltd.									0	
	00-0000000	Cigna Willow Holdings, Ltd.									0	
	00-0000000	FirstAssist Administration Limited									0	
	00-0000000	Cigna Insurance Services (Europe) Limited									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	00-0000000	Cigna International Health Services, BVBA									0	
	00-0000000	Cigna International Health Services, LLC									0	
	00-0000000	Cigna International Health Services Kenya Limited									0	
	00-0000000	Cigna Sequoia Holdings SPRL									0	
	00-0000000	Cigna Magnolia Holdings, Ltd									0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation									0	
	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	
	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.

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

EXPLANATIONS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15.
16.
17.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. Reinsurer assumes this into their RBC calcuation
26. Reinsurer assumes this into their RBC calculation
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. Reinsurer assumes this into their RBC calculation
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

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

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

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

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

40.

41.

42.

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

44.

45.

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

47.

48.

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. Allocated home office				93,519		93,519
09.305. Change in LAE	380		(79,232)			(78,852)
09.397. Summary of remaining write-ins for Line 9.3	380	0	(79,232)	93,519	0	14,667

Overflow Page for Write-Ins

Additional Write-ins for Schedule H:

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
1104. Interest and adjustments on deposit funds	(76)	(0.0)	(2)	(0.0)		0.0	1	0.0	12	0.0	(87)	(0.0)		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11	(76)	(0.0)	(2)	(0.0)	0	0.0	1	0.0	12	0.0	(87)	(0.0)	0	0.0	0	0.0	0	0.0

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-F-AK	F	NO	34	.05/02/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		53,697	52,239	97.3	41
YES	LOYAL-MS-AA-G-AK	G	NO	34	.05/02/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		38,939	37,900	97.3	28
YES	LOYAL-MS-AA-N-AK	N	NO	34	.05/02/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		25,313	11,372	44.9	24
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	117,949	101,511	86.1	93

GENERAL INTERROGATORIES

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

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-AL	H	NO	34	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,209	17,062	139.7	4			0.0	
YES	L-6201-AL	I	NO	34	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,392	18,973	141.7	4			0.0	
YES	L-6202-AL	J	NO	34	08/29/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	125,061	123,593	98.8	38			0.0	
YES	LOYAL-MS-AA-F-AL	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	201,466	115,022	57.1	79	595,365	382,262	64.2	288
YES	LOYAL-MS-AA-G-AL	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	144,553	127,397	88.1	64	210,078	142,169	67.7	110
YES	LOYAL-MS-AA-N-AL	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	45,505	33,586	73.8	21	166,367	94,523	56.8	108
0199999.	Total Policy Experience on Individual Policies									542,186	435,633	80.3	210	971,810	618,954	63.7	506

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GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-AR	D	NO	346	.09/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,900	1,046	55.1	1			0.0	
YES	L-5234-AR	F	NO	346	.09/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	113,894	91,268	80.1	56			0.0	
YES	L-5235-AR	G	NO	346	.09/22/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,537	3,884	70.1	3			0.0	
YES	LOYAL-MS-CR-A-AR	A	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,166	1,803	154.6	
YES	LOYAL-MS-CR-C-AR	C	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		516	102	19.8	1
YES	LOYAL-MS-CR-D-AR	D	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		8,424	1,953	23.2	5
YES	LOYAL-MS-CR-F-AR	F	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	37,250	39,980	107.3	19	1,904,051	1,575,328	82.7	1,049
YES	LOYAL-MS-CR-G-AR	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	9,931	13,983	140.8	5	370,791	271,912	73.3	228
YES	LOYAL-MS-CR-N-AR	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,547	9	0.6	1	319,280	171,851	53.8	259
0199999.	Total Policy Experience on Individual Policies									170,059	150,170	88.3	85	2,604,228	2,022,949	77.7	1,542

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-AZ	A	NO	34	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,047	127	4.2	1			0.0	
YES	L-5233-AZ	D	NO	34	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,923	935	32.0	1			0.0	
YES	L-5234-AZ	F	NO	34	11/22/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	92,128	66,365	72.0	26			0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	88,344	66,449	75.2	27	48,786	54,988	112.7	17
YES	LOYAL-MS-IA-G-AZ	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	10,962	1,333	12.2	4	24,228	21,693	89.5	10
YES	LOYAL-MS-IA-N-AZ	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	425		0.0		6,118	1,623	26.5	2
0199999.	Total Policy Experience on Individual Policies									197,829	135,209	68.3	59	79,132	78,304	99.0	29

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-CA	A	NO	346	.04/02/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,682	11,684	205.6	2
YES	LOYAL-MS-AA-F-CA	F	NO	346	.04/02/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		6,357,993	5,714,176	89.9	3,730
YES	LOYAL-MS-AA-G-CA	G	NO	346	.04/02/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,199,726	916,991	76.4	949
YES	LOYAL-MS-AA-N-CA	N	NO	346	.04/02/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		697,251	575,873	82.6	590
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	8,260,652	7,218,724	87.4	5,271

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-AA-F-CO	F.....	.....NO.....	....346.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	565,427	342,172	.....60.5	234	682,092	473,450	.....69.4	323
.....YES.....	LOYAL-MS-AA-G-CO	G.....	.....NO.....	....346.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	60,481	20,335	.....33.6	28	140,881	142,778	.....101.3	75
.....YES.....	LOYAL-MS-AA-N-CO	N.....	.....NO.....	....346.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	11,310	11,242	.....99.4	6	17,819	23,342	.....131.0	13
0199999.	Total Policy Experience on Individual Policies.....									637,218	373,749	.....58.7	268	840,792	639,570	.....76.1	411

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-CR-A-CT	A	NO	346	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		13,449	33,211	246.9	6
YES	LOYAL-MS-CR-F-CT	F	NO	34	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		369,953	279,808	75.6	146
YES	LOYAL-MS-CR-G-CT	G	NO	34	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		977,995	872,300	89.2	410
YES	LOYAL-MS-CR-N-CT	N	NO	34	11/08/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		98,554	86,687	88.0	54
YES	LOYAL-MSD-CR-A-CT	A	NO	246	05/23/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,411	457	19.0	3
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	1,462,362	1,272,463	87.0	619

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-F-DC	F	NO	34	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		27,962	16,534	59.1	15
YES	LOYAL-MS-AA-G-DC	G	NO	34	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		13,393	7,120	53.2	12
YES	LOYAL-MS-AA-N-DC	N	NO	34	.05/09/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,467		0.0	2
YES	LOYAL-MSD-AA-F-DC	F	NO	24	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		22,092	28,503	129.0	13
YES	LOYAL-MSD-AA-G-DC	G	NO	24	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		11,141	4,951	44.4	10
YES	LOYAL-MSD-AA-N-DC	N	NO	24	.08/05/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,555	688	12.4	4
YES	LOYAL-MSX-AA-F-DC	F	NO	35	.06/12/2015	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		132		0.0	1
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	82,742	57,796	69.9	57

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-GA	H	NO	34	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,863	1,547	54.0	1			0.0	
YES	L-6201-GA	I	NO	34	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,482	7,256	33.8	6			0.0	
YES	L-6202-GA	J	NO	34	09/22/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	262,739	148,405	56.5	78			0.0	
YES	LOYAL-MS-IA-F-GA	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	119,938	78,584	65.5	43	463,983	381,879	82.3	188
YES	LOYAL-MS-IA-G-GA	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	39,508	11,088	28.1	16	212,237	162,429	76.5	97
YES	LOYAL-MS-IA-N-GA	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	11,032	13,923	126.2	5	90,377	30,407	33.6	52
0199999.	Total Policy Experience on Individual Policies									457,562	260,803	57.0	149	766,597	574,715	75.0	337

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-F-HI	F	NO	346	01/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		6,461	3,210	49.7	9
YES	LOYAL-MS-AA-G-HI	G	NO	346	01/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,300	476	9.0	8
YES	LOYAL-MS-AA-N-HI	N	NO	346	01/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		377	48	12.7	1
YES	LOYAL-MSD-AA-F-HI	F	NO	246	02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		14,408	3,911	27.1	9
YES	LOYAL-MSD-AA-G-HI	G	NO	246	02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		23,224	18,426	79.3	20
YES	LOYAL-MSD-AA-N-HI	N	NO	246	02/03/2014	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,591	1,625	29.1	4
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	55,361	27,696	50.0	51

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-IA	D	NO	34	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,144	6,625	128.8	2			0.0	
YES	L-5234-IA	F	NO	34	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	464,122	389,359	83.9	158			0.0	
YES	L-5235-IA	G	NO	34	10/31/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,224	29,459	262.5	3			0.0	
YES	L-6200-IA	H	NO	34	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,628	1,869	40.4	2			0.0	
YES	L-6201-IA	I	NO	34	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,430	1,138	15.3	2			0.0	
YES	L-6202-IA	J	NO	34	09/12/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,304,179	1,039,489	79.7	423			0.0	
YES	LOYAL-MS-AA-F-IA	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,069,615	952,973	89.1	401	156,549	90,005	57.5	62
YES	LOYAL-MS-AA-G-IA	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	41,921	30,942	73.8	18	33,989	22,662	66.7	17
YES	LOYAL-MS-AA-N-IA	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	10,188	6,217	61.0	5	68,905	56,069	81.4	41
0199999.	Total Policy Experience on Individual Policies									2,918,451	2,458,071	84.2	1,014	259,443	168,736	65.0	120

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5234-ID	F	NO	34	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	61,465	28,297	46.0	23			0.0	
YES	L-5235-ID	G	NO	34	07/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,966	46,524	110.9	19			0.0	
YES	L-6201-ID	I	NO	346	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,056	637	31.0				0.0	
YES	L-6202-ID	J	NO	346	08/28/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	374,194	247,523	66.1	127			0.0	
YES	LOYAL-MS-IA-A-ID	A	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,405	2,673	78.5	2
YES	LOYAL-MS-IA-B-ID	B	NO	34	08/04/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,659	2,562	55.0	2			0.0	
YES	LOYAL-MS-IA-D-ID	D	NO	34	08/04/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,215		0.0	1
YES	LOYAL-MS-IA-F-ID	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	302,297	182,609	60.4	119	525,181	350,812	66.8	237
YES	LOYAL-MS-IA-G-ID	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	50,413	32,027	63.5	21	107,948	77,632	71.9	61
YES	LOYAL-MS-IA-N-ID	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,980	3,557	25.4	7	154,443	85,108	55.1	105
0199999.	Total Policy Experience on Individual Policies									851,030	543,736	63.9	318	793,192	516,225	65.1	406

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-IL	D	NO	346	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7		0.0				0.0	
YES	L-5234-IL	F	NO	346	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	572,757	430,454	75.2	175			0.0	
YES	L-5235-IL	G	NO	346	11/07/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,719	6,777	27.4	9			0.0	
YES	L-6200-IL	H	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,558	1,835	21.4	3			0.0	
YES	L-6201-IL	I	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	30,258	55,221	182.5	9			0.0	
YES	L-6202-IL	J	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,332,190	1,655,406	71.0	703			0.0	
YES	LOYAL-MS-AA-C-IL	C	NO	346	06/28/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,332	2,832	53.1	2
YES	LOYAL-MS-AA-D-IL	D	NO	346	06/28/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,882	8,970	183.7	2	4,481	315	7.0	2
YES	LOYAL-MS-AA-F-IL	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,613,428	2,966,001	82.1	1,355	2,634,986	2,151,369	81.6	1,143
YES	LOYAL-MS-AA-G-IL	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	294,978	184,199	62.4	100	532,816	365,085	68.5	242
YES	LOYAL-MS-AA-N-IL	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	244,195	205,718	84.2	114	699,388	488,725	69.9	401
0199999.	Total Policy Experience on Individual Policies									7,125,972	5,514,581	77.4	2,470	3,877,003	3,008,326	77.6	1,790

360

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-IN	B	NO	34	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,445	98	4.0	1			0.0	
YES	L-5232-IN	C	NO	34	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,693	5,303	79.2	2			0.0	
YES	L-5233-IN	D	NO	34	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,335	1,501	10.5	4			0.0	
YES	L-5234-IN	F	NO	34	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	615,446	400,985	65.2	196			0.0	
YES	L-5235-IN	G	NO	34	12/18/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	315,022	322,834	102.5	97			0.0	
YES	L-6200-IN	H	NO	34	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,784	15,683	72.0	7			0.0	
YES	L-6201-IN	I	NO	34	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,922	10,620	29.6	14			0.0	
YES	L-6202-IN	J	NO	34	11/14/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,422,945	1,070,697	75.2	443			0.0	
YES	LOYAL-MS-AA-A-IN	A	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,892	4,580	77.7	4	1,380	1,014	73.5	1
YES	LOYAL-MS-AA-B-IN	B	NO	34	07/26/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,038	786	38.6	1
YES	LOYAL-MS-AA-C-IN	C	NO	34	07/26/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	16,833	10,456	62.1	7	4,823	844	17.5	2
YES	LOYAL-MS-AA-D-IN	D	NO	34	07/26/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	31,153	22,861	73.4	14	8,982	3,819	42.5	4
YES	LOYAL-MS-AA-F-IN	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,605,514	1,201,538	74.8	687	2,651,695	2,414,725	91.1	1,368
YES	LOYAL-MS-AA-G-IN	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	391,737	304,845	77.8	183	436,991	303,243	69.4	249
YES	LOYAL-MS-AA-N-IN	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	266,264	253,146	95.1	149	298,411	200,690	67.3	214
0199999.	Total Policy Experience on Individual Policies									4,751,985	3,625,147	76.3	1,808	3,404,320	2,925,121	85.9	1,839

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-KS	H	NO	346	11/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,292	2,619	49.5	2			0.0	
YES	L-6201-KS	I	NO	346	11/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	58,302	39,177	67.2	20			0.0	
YES	L-6202-KS	J	NO	346	11/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	905,456	581,636	64.2	282			0.0	
YES	LOYAL-MS-AA-A-KS	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,627	1,234	75.8	1
YES	LOYAL-MS-AA-F-KS	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	672,350	527,212	78.4	272	1,505,886	1,162,983	77.2	732
YES	LOYAL-MS-AA-G-KS	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	66,706	58,738	88.1	28	106,567	71,503	67.1	56
YES	LOYAL-MS-AA-N-KS	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,227	8,061	190.7	2	59,164	58,534	98.9	36
0199999.	Total Policy Experience on Individual Policies									1,712,333	1,217,443	71.1	606	1,673,244	1,294,254	77.3	825

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-KY	A	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,571	3,772	146.7	1			0.0	
YES	L-5231-KY	B	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,970	33,196	79.1	11			0.0	
YES	L-5232-KY	C	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,112	725	23.3	1			0.0	
YES	L-5233-KY	D	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,135	4,334	60.7	2			0.0	
YES	L-5234-KY	F	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	469,178	287,706	61.3	135			0.0	
YES	L-5235-KY	G	NO	346	08/26/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,753	54,025	102.4	17			0.0	
YES	LOYAL-MS-AA-A-KY	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,764	915	51.9	1	3,801	8,284	217.9	2
YES	LOYAL-MS-AA-B-KY	B	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,180	4,616	145.2	2
YES	LOYAL-MS-AA-C-KY	C	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	17,370	10,963	63.1	7	12,679	12,281	96.9	5
YES	LOYAL-MS-AA-D-KY	D	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,066	3,132	61.8	2			0.0	
YES	LOYAL-MS-AA-F-KY	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	725,280	527,038	72.7	284	1,922,665	1,404,019	73.0	971
YES	LOYAL-MS-AA-G-KY	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	140,636	98,986	70.4	59	307,011	250,682	81.7	164
YES	LOYAL-MS-AA-N-KY	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	32,440	24,403	75.2	16	242,208	179,212	74.0	161
0199999.	Total Policy Experience on Individual Policies									1,499,275	1,049,195	70.0	536	2,491,544	1,859,094	74.6	1,305

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5231-LA	B	NO	346	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,625	13,402	106.2	4			0.0	
YES	L-5232-LA	C	NO	346	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,364	695	15.9	1			0.0	
YES	L-5233-LA	D	NO	346	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,281	252	7.7	1			0.0	
YES	L-5234-LA	F	NO	346	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	149,130	79,765	53.5	40			0.0	
YES	L-5235-LA	G	NO	346	11/09/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,060	26,746	65.1	12			0.0	
YES	L-5333-LA	F	YES	346	06/30/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,782	1,737	62.4	1			0.0	
YES	L-5334-LA	G	YES	346	06/30/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	478		0.0				0.0	
YES	LOYAL-MS-AA-A-LA	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,476	8,517	577.0	1
YES	LOYAL-MS-AA-C-LA	C	NO	346	06/25/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		4,217	246	5.8	2
YES	LOYAL-MS-AA-F-LA	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	95,234	68,334	71.8	31	464,815	357,889	77.0	219
YES	LOYAL-MS-AA-G-LA	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	36,833	21,468	58.3	13	136,335	68,515	50.3	71
YES	LOYAL-MS-AA-N-LA	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		115,192	88,131	76.5	66
0199999.	Total Policy Experience on Individual Policies									345,787	212,399	61.4	103	722,035	523,298	72.5	359

360

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-CR-F-ME	F	NO	34	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		21,300	25,522	119.8	12
YES	LOYAL-MS-CR-G-ME	G	NO	34	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		44,522	33,211	74.6	33
YES	LOYAL-MS-CR-N-ME	N	NO	34	.05/29/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		13,224	9,514	71.9	12
YES	LOYAL-MSD-CR-F-MI	F	NO	24	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		13,130	2,194	16.7	6
YES	LOYAL-MSD-CR-G-M	G	NO	24	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		59,270	56,154	94.7	34
YES	LOYAL-MSD-CR-N-M	N	NO	24	.07/03/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		15,438	10,806	70.0	9
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	166,884	137,401	82.3	106

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5234-MI	F	NO	34	09/21/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	47,054	27,409	58.3	13			0.0	
YES	L-6200-MI	H	NO	34	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,054	6,591	59.6	4			0.0	
YES	L-6201-MI	I	NO	34	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,017	9,634	27.5	10			0.0	
YES	L-6202-MI	J	NO	34	08/19/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	676,336	461,246	68.2	200			0.0	
YES	LOYAL-MS-AA-A-MI	A	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		816	1,195	146.4	1
YES	LOYAL-MS-AA-B-MI	B	NO	34	06/07/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,081	24,554	1,179.9				0.0	
YES	LOYAL-MS-AA-C-MI	C	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	41,632	38,436	92.3	14	10,889	5,368	49.3	5
YES	LOYAL-MS-AA-D-MI	D	NO	34	06/07/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	72,338	44,330	61.3	31	2,490	7,457	299.5	1
YES	LOYAL-MS-AA-F-MI	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,924,328	1,501,933	78.0	773	1,492,463	1,145,991	76.8	690
YES	LOYAL-MS-AA-G-MI	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	618,102	456,917	73.9	260	521,829	371,457	71.2	259
YES	LOYAL-MS-AA-N-MI	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	413,493	300,462	72.7	207	433,871	389,034	89.7	281
YES	LOYAL-MSX-AA-F-MI	F	NO	35	09/24/2015	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		272		0.0	2
0199999.	Total Policy Experience on Individual Policies									3,841,435	2,871,512	74.8	1,512	2,462,630	1,920,502	78.0	1,239

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-BASIC-MI	O.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	37,235	21,125	.....56.7	27
.....YES.....	LOYAL-MS-COPAYM	O.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	11	.....	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-EXTENDE	O.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	210,735	118,047	.....56.0	86	229,688	133,711	.....58.2	113
0199999.	Total Policy Experience on Individual Policies.....									210,746	118,047	.....56.0	86	266,923	154,836	.....58.0	140

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-MO	H	NO	346	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,400	28,120	144.9	5			0.0	
YES	L-6201-MO	I	NO	346	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,650	8,707	49.3	6			0.0	
YES	L-6202-MO	J	NO	346	08/26/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,053,640	708,463	67.2	306			0.0	
YES	LOYAL-MS-IA-F-MO	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	406,125	288,942	71.1	138	827,795	672,645	81.3	324
YES	LOYAL-MS-IA-G-MO	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	103,608	52,486	50.7	36	168,956	69,718	41.3	76
YES	LOYAL-MS-IA-N-MO	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	16,045	34,804	216.9	6	54,244	30,967	57.1	27
0199999.	Total Policy Experience on Individual Policies									1,616,468	1,121,522	69.4	497	1,050,995	773,330	73.6	427

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-MS	C	NO	346	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,337	13,455	130.2	3			0.0	
YES	L-5234-MS	F	NO	346	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	149,156	136,199	91.3	46			0.0	
YES	L-5235-MS	G	NO	346	07/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,708	7,078	72.9	2			0.0	
YES	L-5332-MS	D	YES	346	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,628	1,245	34.3	2			0.0	
YES	L-5333-MS	F	YES	346	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	295,658	185,718	62.8	98			0.0	
YES	L-5334-MS	G	YES	346	03/11/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,850	8,469	174.6	2			0.0	
YES	L-6200-MS	H	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,530	2,096	59.4	1			0.0	
YES	L-6201-MS	I	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,506	12,916	151.8	3			0.0	
YES	L-6202-MS	J	NO	346	11/20/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	926,375	780,501	84.3	276			0.0	
YES	LOYAL-MS-AA-A-MS	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		16,039	6,839	42.6	8
YES	LOYAL-MS-AA-B-MS	B	NO	346	07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	12,424	3,704	29.8	6	5,451	4,123	75.6	4
YES	LOYAL-MS-AA-C-MS	C	NO	346	07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	14,157	32,805	231.7	5	6,301	1,790	28.4	3

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-D-MS	D	NO	34	.07/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,696	1,879	33.0	3	6,438	4,090	63.5	4
YES	LOYAL-MS-AA-F-MS	F	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,700,727	1,346,554	79.2	635	1,496,870	1,058,005	70.7	774
YES	LOYAL-MS-AA-G-MS	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	157,835	78,428	49.7	66	274,450	175,526	64.0	157
YES	LOYAL-MS-AA-N-MS	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	54,193	59,305	109.4	28	300,064	171,088	57.0	212
0199999.	Total Policy Experience on Individual Policies									3,356,780	2,670,352	79.6	1,176	2,105,613	1,421,461	67.5	1,162

360.1

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-MT	D	NO	34	.09/19/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,172	3,767	173.4	1			0.0	
YES	L-5234-MT	F	NO	34	.09/19/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,664	20,381	68.7	8			0.0	
YES	L-5235-MT	G	NO	34	.09/19/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,091	7,334	237.3	1			0.0	
YES	L-6201-MT	I	NO	34	.02/25/2009	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,965	59	2.0	1			0.0	
YES	L-6202-MT	J	NO	34	.02/25/2009	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,180,630	745,916	63.2	427			0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	51,060	39,432	77.2	22	117,914	109,751	93.1	63
YES	LOYAL-MS-AA-G-MT	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	19,286	16,241	84.2	9	41,346	28,250	68.3	23
YES	LOYAL-MS-AA-N-MT	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,403	4,318	79.9	3	8,127	7,839	96.5	6
0199999.	Total Policy Experience on Individual Policies									1,294,271	837,448	64.7	472	167,387	145,840	87.1	92

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-NC	C	NO	346	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,966	7,870	60.7	3			0.0	
YES	L-5233-NC	D	NO	34	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,471	7,554	79.8	1			0.0	
YES	L-5234-NC	F	NO	34	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	311,434	253,786	81.5	86			0.0	
YES	L-5235-NC	G	NO	34	08/16/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,913	54,174	150.8	9			0.0	
YES	L-6200-NC	H	NO	34	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,977	3,398	26.2	3			0.0	
YES	L-6201-NC	I	NO	34	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,026	29,201	71.2	13			0.0	
YES	L-6202-NC	J	NO	346	09/30/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,617,245	1,125,944	69.6	480			0.0	
YES	LOYAL-MS-AA-A-NC	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,597	795	30.6	1	3,073	3,714	120.9	2
YES	LOYAL-MS-AA-B-NC	B	NO	34	07/02/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,528	28	1.8	1
YES	LOYAL-MS-AA-C-NC	C	NO	346	07/02/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	42,143	28,213	66.9	14	1,764	1,044	59.2	2
YES	LOYAL-MS-AA-D-NC	D	NO	34	07/02/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	19,632	8,173	41.6	8	4,111	1,744	42.4	2
YES	LOYAL-MS-AA-F-NC	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,581,399	1,276,112	80.7	588	846,483	747,934	88.4	429
YES	LOYAL-MS-AA-G-NC	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	192,997	159,665	82.7	79	246,305	178,932	72.6	137
YES	LOYAL-MS-AA-N-NC	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	85,963	72,856	84.8	47	223,422	104,192	46.6	147
0199999.	Total Policy Experience on Individual Policies									3,965,763	3,027,741	76.3	1,332	1,326,686	1,037,588	78.2	720

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-6202-ND.....	J.....	.....NO.....	....34.....	.10/21/2008	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,620	15,374	.....71.1	8	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-F-ND	F.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	4,271	1,768	.....41.4	2	44,579	31,343	.....70.3	21
.....YES.....	LOYAL-MS-AA-G-ND	G.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	5,142	13,680	.....266.0	3
0199999.	Total Policy Experience on Individual Policies.....									25,891	17,142	.....66.2	10	49,721	45,023	.....90.6	24

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-NE	C	NO	34	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,488	4,061	90.5	1			0.0	
YES	L-5233-NE	D	NO	34	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,411	879	36.5				0.0	
YES	L-5234-NE	F	NO	34	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	151,027	109,160	72.3	45			0.0	
YES	L-5235-NE	G	NO	34	.09/13/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,478	753	13.7	2			0.0	
YES	L-6200-NE	H	NO	34	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,328	3,788	59.9	2			0.0	
YES	L-6201-NE	I	NO	34	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,114	1,998	64.2	1			0.0	
YES	L-6202-NE	J	NO	34	.10/08/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	858,989	659,818	76.8	279			0.0	
YES	LOYAL-MS-AA-C-NE	C	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,481	222	8.9	1			0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	895,368	682,496	76.2	342	491,992	451,986	91.9	243
YES	LOYAL-MS-AA-G-NE	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	46,202	37,788	81.8	19	67,407	86,433	128.2	38
YES	LOYAL-MS-AA-N-NE	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,328	1,835	34.4	3	14,265	19,138	134.2	10
0199999.	Total Policy Experience on Individual Policies									1,981,214	1,502,798	75.9	695	573,664	557,557	97.2	291

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-IA-F-NH.	F.....	.....NO.....	....346.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	.....	.....	.....0.0	.....	7,939	3,724	.....46.9	2
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	7,939	3,724	.....46.9	2

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-C-NJ	C	NO	346	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		117,996	170,380	144.4	57
YES	LOYAL-MS-AA-F-NJ.	F	NO	34	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,551,764	1,900,849	74.5	1,273
YES	LOYAL-MS-AA-G-NJ	G	NO	34	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,212,734	1,392,424	62.9	1,294
YES	LOYAL-MS-AA-N-NJ	N	NO	34	.05/16/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		619,683	394,678	63.7	424
YES	LOYAL-MSD-AA-C-N.	C	NO	246	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		2,954	4,291	145.3	5
YES	LOYAL-MSD-AA-F-NJ	F	NO	24	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		243,605	228,049	93.6	146
YES	LOYAL-MSD-AA-G-N.	G	NO	24	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		215,696	159,141	73.8	179
YES	LOYAL-MSD-AA-N-N.	N	NO	24	.07/12/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		105,854	69,223	65.4	94
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	6,070,286	4,319,035	71.2	3,472

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-NM	H	NO	34	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,369	10	0.4	1			0.0	
YES	L-6201-NM	I	NO	34	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	18,700	8,144	43.6	8			0.0	
YES	L-6202-NM	J	NO	34	10/07/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	421,282	269,444	64.0	149			0.0	
YES	LOYAL-MS-AA-F-NM	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	53,819	25,408	47.2	24	149,167	105,022	70.4	77
YES	LOYAL-MS-AA-G-NM	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	18,786	6,005	32.0	10	16,541	5,741	34.7	12
YES	LOYAL-MS-AA-N-NM	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,440	465	13.5	2	8,457	22,555	266.7	6
0199999.	Total Policy Experience on Individual Policies									518,396	309,476	59.7	194	174,165	133,318	76.5	95

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OH	A	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,420	952	39.3	1			0.0	
YES	L-5231-OH	B	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,383	7,267	86.7	3			0.0	
YES	L-5232-OH	C	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	80,168	65,933	82.2	25			0.0	
YES	L-5233-OH	D	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	50,291	29,215	58.1	15			0.0	
YES	L-5234-OH	F	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	288,351	214,753	74.5	85			0.0	
YES	L-5235-OH	G	NO	34	08/10/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,812	46,342	99.0	14			0.0	
YES	L-6200-OH	H	NO	346	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,767	5,392	22.7	7			0.0	
YES	L-6201-OH	I	NO	346	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,396	5,841	18.0	9			0.0	
YES	L-6202-OH	J	NO	346	09/05/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,075,997	531,829	49.4	304			0.0	
YES	LOYAL-MS-AA-A-OH	A	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		1,984	42	2.1	1
YES	LOYAL-MS-AA-C-OH	C	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	195,348	123,576	63.3	67	45,265	45,616	100.8	19
YES	LOYAL-MS-AA-D-OH	D	NO	34	07/12/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	30,604	23,577	77.0	13	15,316	7,367	48.1	6
YES	LOYAL-MS-AA-F-OH	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	782,758	497,886	63.6	264	1,086,151	1,047,288	96.4	460
YES	LOYAL-MS-AA-G-OH	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	180,030	92,931	51.6	67	336,014	268,004	79.8	150
YES	LOYAL-MS-AA-N-OH	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	90,250	66,208	73.4	42	358,397	263,480	73.5	198
0199999.	Total Policy Experience on Individual Policies									2,887,575	1,711,702	59.3	916	1,843,127	1,631,797	88.5	834

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-OK	D	NO	34	.08/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,331	3,611	67.7	2			0.0	
YES	L-5234-OK	F	NO	34	.08/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	255,726	186,424	72.9	76			0.0	
YES	L-5235-OK	G	NO	34	.08/18/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,869	16,811	37.5	14			0.0	
YES	L-6200-OK	H	NO	346	.08/28/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,717	3,800	18.3	7			0.0	
YES	L-6201-OK	I	NO	346	.08/28/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,516	10,422	36.5	8			0.0	
YES	L-6202-OK	J	NO	346	.08/28/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	945,767	622,713	65.8	284			0.0	
YES	LOYAL-MS-AA-A-OK	A	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,130	1,965	38.3	2	8,225	12,177	148.0	7
YES	LOYAL-MS-AA-D-OK	D	NO	34	.06/22/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,659	1,729	47.3	1			0.0	
YES	LOYAL-MS-AA-F-OK	F	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	486,681	374,816	77.0	173	84,769	86,296	101.8	40
YES	LOYAL-MS-AA-G-OK	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	53,621	56,259	104.9	21	27,403	32,598	119.0	15
YES	LOYAL-MS-AA-N-OK	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	62,042	54,958	88.6	31	18,557	11,214	60.4	13
0199999.	Total Policy Experience on Individual Policies									1,912,059	1,333,508	69.7	619	138,954	142,285	102.4	75

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OR	A	NO	346	.09/08/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,794	88	4.9	1			0.0	
YES	L-5234-OR	F	NO	346	.09/08/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	52,345	51,638	98.6	17			0.0	
YES	L-5235-OR	G	NO	346	.09/08/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,751	20,031	186.3	3			0.0	
YES	L-6200-OR	H	NO	346	.10/13/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,343	2,778	118.6	1			0.0	
YES	L-6201-OR	I	NO	346	.10/13/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,539	4,804	73.5	2			0.0	
YES	L-6202-OR	J	NO	346	.10/13/2008	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	699,197	422,605	60.4	231			0.0	
YES	LOYAL-MS-AA-C-OR	C	NO	346	.06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	56,564	79,126	139.9	17	29,105	46,969	161.4	16
YES	LOYAL-MS-AA-D-OR	D	NO	346	.06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,976	1,005	50.9	1	21,008	11,349	54.0	10
YES	LOYAL-MS-AA-F-OR	F	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	997,946	780,866	78.2	387	1,227,553	1,020,688	83.1	608
YES	LOYAL-MS-AA-G-OR	G	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	57,387	41,963	73.1	25	313,601	215,298	68.7	184
YES	LOYAL-MS-AA-N-OR	N	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	99,063	86,185	87.0	56	252,648	182,870	72.4	172
0199999.	Total Policy Experience on Individual Policies									1,985,905	1,491,089	75.1	741	1,843,915	1,477,174	80.1	990

360

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-PA	A	NO	346	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,435	1,960	44.2	2			0.0	
YES	L-5232-PA	C	NO	346	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,200	22,237	156.6	5			0.0	
YES	L-5233-PA	D	NO	346	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	54,719	36,581	66.9	18			0.0	
YES	L-5234-PA	F	NO	346	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	196,268	142,416	72.6	61			0.0	
YES	L-5235-PA	G	NO	346	12/02/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,155	21,221	48.1	15			0.0	
YES	LOYAL-MS-AA-C-PA	C	NO	346	06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	8,257	6,730	81.5	3	5,628	997	17.7	2
YES	LOYAL-MS-AA-D-PA	D	NO	346	06/10/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,724	2,588	45.2	2	3,802	9,324	245.2	2
YES	LOYAL-MS-AA-F-PA	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	191,470	117,735	61.5	67	1,651,065	1,056,135	64.0	619
YES	LOYAL-MS-AA-G-PA	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	50,573	31,113	61.5	18	438,810	246,795	56.2	169
YES	LOYAL-MS-AA-N-PA	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	20,983	9,181	43.8	11	710,445	369,811	52.1	381
0199999.	Total Policy Experience on Individual Policies									590,784	391,762	66.3	202	2,809,750	1,683,062	59.9	1,173

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

NONE

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

360

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5233-SC	D	NO	34	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,020	1,749	171.5				0.0	
YES	L-5234-SC	F	NO	34	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	258,076	238,590	92.4	94			0.0	
YES	L-5235-SC	G	NO	34	12/29/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	53,399	56,319	105.5	20			0.0	
YES	L-6200-SC	H	NO	34	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	44,508	23,320	52.4	14			0.0	
YES	L-6201-SC	I	NO	34	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	87,764	33,104	37.7	31			0.0	
YES	L-6202-SC	J	NO	34	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,307,452	1,461,929	63.4	713			0.0	
YES	LOYAL-MS-AA-C-SC	C	NO	34	08/25/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,053	698	17.2	1	8,778	2,780	31.7	5
YES	LOYAL-MS-AA-D-SC	D	NO	34	08/25/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	13,618	8,071	59.3	6	8,363	9,900	118.4	5
YES	LOYAL-MS-AA-F-SC	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,605,059	1,216,672	75.8	648	1,670,292	1,554,345	93.1	824
YES	LOYAL-MS-AA-G-SC	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	383,556	315,561	82.3	168	398,390	237,109	59.5	206
YES	LOYAL-MS-AA-N-SC	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	120,585	62,415	51.8	65	235,097	162,786	69.2	155
0199999.	Total Policy Experience on Individual Policies									4,879,090	3,418,428	70.1	1,760	2,320,920	1,966,920	84.7	1,195

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6202-SD	J	NO	346	08/01/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	665,212	462,987	69.6	225			0.0	
YES	LOYAL-MS-AA-A-SD	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,804	319	17.7	1			0.0	
YES	LOYAL-MS-AA-F-SD	F	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	295,351	227,076	76.9	130	151,494	112,302	74.1	78
YES	LOYAL-MS-AA-G-SD	G	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	8,093	5,543	68.5	4	11,146	8,037	72.1	6
YES	LOYAL-MS-AA-N-SD	N	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,953	585	14.8	2
0199999.	Total Policy Experience on Individual Policies									970,460	695,925	71.7	360	166,593	120,924	72.6	86

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-TN	C	NO	34	.09/15/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,141	3,217	102.4	1			0.0	
YES	L-5233-TN	D	NO	34	.09/15/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,430	4,328	58.3	2			0.0	
YES	L-5234-TN	F	NO	34	.09/15/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	156,322	66,040	42.2	50			0.0	
YES	L-5235-TN	G	NO	34	.09/15/2005	0	0	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	31,600	28,037	88.7	10			0.0	
YES	LOYAL-MS-AA-B-TN	B	NO	346	.07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	5,846	7,921	135.5	1	10,875	3,120	28.7	6
YES	LOYAL-MS-AA-C-TN	C	NO	346	.07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	3,075	560	18.2	1	7,962	4,343	54.5	4
YES	LOYAL-MS-AA-D-TN	D	NO	346	.07/30/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	37,413	63,152	168.8	6	22,950	7,698	33.5	12
YES	LOYAL-MS-AA-F-TN	F	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	692,420	620,671	89.6	284	5,673,226	4,485,775	79.1	2,678
YES	LOYAL-MS-AA-G-TN	G	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	105,280	118,183	112.3	51	704,146	491,660	69.8	358
YES	LOYAL-MS-AA-N-TN	N	NO	346	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	31,216	17,381	55.7	18	619,025	421,999	68.2	400
0199999.	Total Policy Experience on Individual Policies									1,073,743	929,490	86.6	424	7,038,184	5,414,595	76.9	3,458

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-TX	A	NO	346	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,749	16,972	63.4	6			0.0	
YES	L-5231-TX	B	NO	34	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,591	895	19.5	1			0.0	
YES	L-5232-TX	C	NO	34	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,765	3,351	31.1	3			0.0	
YES	L-5233-TX	D	NO	34	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,507	13,163	58.5	6			0.0	
YES	L-5234-TX	F	NO	34	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,053,791	1,401,149	68.2	607			0.0	
YES	L-5235-TX	G	NO	34	10/19/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	285,797	177,007	61.9	84			0.0	
YES	L-5330-TX	B	YES	34	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,925	53	2.8	1			0.0	
YES	L-5331-TX	C	YES	34	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,062	728	35.3				0.0	
YES	L-5332-TX	D	YES	34	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,473	849	34.3	1			0.0	
YES	L-5333-TX	F	YES	34	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,573	13,497	86.7	5			0.0	
YES	L-5334-TX	G	YES	34	02/14/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	55,416	15,370	27.7	20			0.0	
YES	L-6200-TX	H	NO	34	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	931,461	679,488	72.9	309			0.0	
YES	L-6201-TX	I	NO	34	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,417,934	1,165,829	82.2	487			0.0	
YES	L-6202-TX	J	NO	34	09/03/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,734,512	5,244,262	67.8	2,141			0.0	
YES	LOYAL-MS-AA-A-TX.	A	NO	346	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	129,081	214,686	166.3	31	120,429	81,054	67.3	31
YES	LOYAL-MS-AA-B-TX.	B	NO	34	08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,391	814	34.0	1	2,088		0.0	1

Supplement for the year 2015 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-C-TX	C	NO	34	.08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	11,549	13,050	113.0	4	561		0.0	1
YES	LOYAL-MS-AA-D-TX	D	NO	34	.08/05/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	44,042	44,758	101.6	15			0.0	
YES	LOYAL-MS-AA-F-TX.	F	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	4,237,155	3,396,929	80.2	1,520	771,112	732,960	95.1	348
YES	LOYAL-MS-AA-G-TX	G	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,057,414	743,328	70.3	442	401,629	343,727	85.6	208
YES	LOYAL-MS-AA-N-TX	N	NO	34	.06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	310,652	182,752	58.8	168	603,047	452,789	75.1	380
0199999.	Total Policy Experience on Individual Policies									18,357,840	13,328,930	72.6	5,852	1,898,866	1,610,530	84.8	969

360.1

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6200-UT	H	NO	34	10/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,525	851	33.7	1			0.0	
YES	L-6201-UT	I	NO	34	10/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	948	129	13.6				0.0	
YES	L-6202-UT	J	NO	34	10/04/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	272,973	187,913	68.8	94			0.0	
YES	LOYAL-MS-AA-F-UT	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	164,093	121,197	73.9	69	97,722	51,160	52.4	47
YES	LOYAL-MS-AA-G-UT	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	20,919	10,019	47.9	11	30,672	33,358	108.8	17
YES	LOYAL-MS-AA-N-UT	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	7,809	2,362	30.2	4	144,518	129,688	89.7	96
0199999.	Total Policy Experience on Individual Policies									469,267	322,471	68.7	179	272,912	214,206	78.5	160

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	LOYAL-MS-AA-F-VA	F.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	158,650	123,130	.....77.6	64	299,015	285,642	.....95.5	145
.....YES.....	LOYAL-MS-AA-G-VA	G.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	81,075	74,852	.....92.3	36	63,494	49,405	.....77.8	33
.....YES.....	LOYAL-MS-AA-N-VA	N.....	.....NO.....	....34.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	4,771	6,498	.....136.2	2	1,500	4	.....0.3	1
0199999.	Total Policy Experience on Individual Policies.....									244,496	204,480	.....83.6	102	364,009	335,051	.....92.0	179

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-CR-F-VT	F	NO	346	.06/18/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		5,160	958	18.6	9
YES	LOYAL-MS-CR-G-VT	G	NO	346	.06/18/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		31,534	20,352	64.5	26
YES	LOYAL-MS-CR-N-VT	N	NO	346	.06/18/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		3,864	215	5.6	4
YES	LOYAL-MSD-CR-F-VT	F	NO	246	.07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		9,915	5,254	53.0	6
YES	LOYAL-MSD-CR-G-V	G	NO	246	.07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		11,882	2,675	22.5	7
YES	LOYAL-MSD-CR-N-V	N	NO	246	.07/25/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		12,338	576	4.7	10
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	74,693	30,030	40.2	62

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-CR-F-WA	F	NO	34	06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		21,993	9,746	44.3	13
YES	LOYAL-MS-CR-G-WA	G	NO	34	06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		23,181	7,607	32.8	11
YES	LOYAL-MS-CR-N-WA	N	NO	34	06/20/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		16,223	5,997	37.0	12
YES	LOYAL-MSD-CR-F-W	F	NO	24	08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		43,067	39,239	91.1	24
YES	LOYAL-MSD-CR-G-W	G	NO	24	08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		62,429	36,404	58.3	41
YES	LOYAL-MSD-CR-N-W	N	NO	24	08/21/2013	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		47,784	21,332	44.6	34
0199999.	Total Policy Experience on Individual Policies									0	0	0.0	0	214,677	120,325	56.0	135

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	L-5220-WI.....	O.....	.....NO.....	....346.....	.04/23/2004	0.....	0.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	151,679	60,577	.....39.9	32	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO.....	....346.....	.06/01/2010	0.....	0.....	0.....	Modernized Medicare Supplement Insurance Plan	256,314	208,767	.....81.4	102	52,058	36,879	.....70.8	23
0199999.	Total Policy Experience on Individual Policies.....									407,993	269,344	.....66.0	134	52,058	36,879	.....70.8	23

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-WV	C	NO	34	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,042	443	14.6	1			0.0	
YES	L-5233-WV	D	NO	34	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,211	1,395	63.1				0.0	
YES	L-5234-WV	F	NO	34	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,418	37,340	159.4	7			0.0	
YES	L-5235-WV	G	NO	34	08/25/2005	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,852	966	33.9	1			0.0	
YES	L-6202-WV	J	NO	346	09/24/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	186,927	183,022	97.9	55			0.0	
YES	LOYAL-MS-AA-C-WV	C	NO	34	06/23/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	1,236	7,700	623.0				0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34	06/23/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	2,068	88	4.3	1			0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	46,784	58,956	126.0	18	244,149	198,957	81.5	112
YES	LOYAL-MS-AA-G-WV	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	360		0.0		38,070	39,377	103.4	18
YES	LOYAL-MS-AA-N-WV	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	7,570	39,253	518.5	4	85,884	57,511	67.0	55
0199999.	Total Policy Experience on Individual Policies									276,468	329,163	119.1	87	368,103	295,845	80.4	185

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin, TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....65722

Title.....Actuary.....Telephone Number.....1-800-880-8824

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013, 2014 & 2015			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-6202-WY	J	NO	346	08/27/2008	0	0	05/31/2010	Senior Class Medicare Supplement Insurance Plan	126,751	66,274	52.3	43			0.0	
YES	LOYAL-MS-AA-F-WY	F	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	59,505	44,768	75.2	23	44,470	40,160	90.3	22
YES	LOYAL-MS-AA-G-WY	G	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan			0.0		15,818	9,363	59.2	9
YES	LOYAL-MS-AA-N-WY	N	NO	34	06/01/2010	0	0	0	Modernized Medicare Supplement Insurance Plan	11,265	21,481	190.7	7	23,035	35,302	153.3	16
0199999.	Total Policy Experience on Individual Policies									197,521	132,523	67.1	73	83,323	84,825	101.8	47

GENERAL INTERROGATORIES

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

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

SCHEDULE O SUPPLEMENT

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

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2011	2012	2013	2014	2015 (a)
1. Prior	487	487	487	540	559
2. 2011	38	39	39	39	39
3. 2012	XXX	34	1,280	1,281	1,341
4. 2013	XXX	XXX	2,406	3,158	3,174
5. 2014	XXX	XXX	XXX	7,226	7,633
6. 2015	XXX	XXX	XXX	XXX	1,584

Section B - Other Accident and Health

1. Prior	119,943	120,081	120,946	126,845	133,038
2. 2011	62,997	69,532	73,900	74,534	75,214
3. 2012	XXX	35,644	81,100	82,511	83,115
4. 2013	XXX	XXX	145,910	166,098	167,394
5. 2014	XXX	XXX	XXX	121,870	140,719
6. 2015	XXX	XXX	XXX	XXX	153,878

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	606

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2011	2012	2013	2014	2015
1. 2011	77	407	39	XXX	XXX
2. 2012	XXX	1,929	1,379	1,281	XXX
3. 2013	XXX	XXX	3,229	3,233	3,175
4. 2014	XXX	XXX	XXX	7,993	7,662
5. 2015	XXX	XXX	XXX	XXX	2,190

Section B - Other Accident and Health

1. 2011	73,179	74,795	73,900	XXX	XXX
2. 2012	XXX	118,168	108,653	82,909	XXX
3. 2013	XXX	XXX	165,982	170,250	168,097
4. 2014	XXX	XXX	XXX	146,628	142,064
5. 2015	XXX	XXX	XXX	XXX	182,934

Section C - Credit Accident and Health

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2011	2 2012	3 2013	4 2014	5 2015
1. 2011	77	407	39		
2. 2012	XXX	1,929	1,379	1,281	
3. 2013	XXX	XXX	3,229	3,233	3,175
4. 2014	XXX	XXX	XXX	7,993	7,662
5. 2015	XXX	XXX	XXX	XXX	2,190

Section B - Other Accident and Health

1. 2011	73,179	74,795	73,900		
2. 2012	XXX	118,168	108,653	82,909	
3. 2013	XXX	XXX	165,982	170,250	168,097
4. 2014	XXX	XXX	XXX	146,628	142,064
5. 2015	XXX	XXX	XXX	XXX	183,540

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	47
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	Development	637
9. Credit accident and health	None	
10. Other accident and health	Development	43,334
11. Total		44,018

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2015 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK